



**State of Arizona
Arizona Naturopathic Physicians Medical Board
1740 W. Adams, Ste. 3002 Phoenix AZ 85007**

**Annual Naturopathic Physicians Medical License Renewal Application.
Proof of CME is required to be submitted with this application.**

ATTENTION – ONLY USE THIS FORM IF YOU NEED TO MARK YES TO ANY OF THE BACKGROUND QUESTIONS ON PAGE 2. IN THE EVENT YOU DO NOT HAVE AN AFFIRMATIVE ANSWER TO ANY OF THE QUESTIONS – YOU NEED TO RENEW ONLINE USING THE ONLINE OPTIONS TAB.

Renewal Fee is \$165.00: License must be renewed on or before **January 1st**. (Fees are non-refundable)
Late fee of \$83.00 is required if application is post marked after **January 1st**. (Late fees cannot be waived)
Payment must be received with the renewal form. Renewal forms received without payment will not be processed.
 Accepted forms of payment are personal check or money order. Cash is also accepted. THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS. CREDIT CARD PAYMENTS ARE ONLY ACCEPTED WHEN RENEWING ONLINE.
PLEASE BE AWARE: you must allow at least 30 days for processing of your renewal. If you wait until the Mid- December to renew your license; it will not be processed until 2023. Licensure renewals are processed in the order they are received. Once your application is processed, you will receive an email regarding how to print the license copy off the website.

I am requesting **RETIREMENT** of my medical license in the State of Arizona to practice Naturopathic Medicine.

Signature _____ Date _____

LICENSE NO: _____ DATE OF INITIAL ISSUANCE _____

Physician Last Name: _____ First Name _____ Middle Initial _____

Email Address: _____

PRIMARY OFFICE: PRACTICE NAME _____

Address: _____ City _____ State _____ Zip _____

OFFICE PHONE: _____ FAX: _____

SECONDARY OFFICE LOCATION(S): PRACTICE NAME: _____

OFFICE ADDRESS: _____ City _____ State _____ Zip _____

OFFICE PHONE: _____ FAX: _____

If you have additional locations, use a separate piece of paper to list all information required.

Home Address: _____ City _____ State _____ Zip _____

CELL PHONE: _____

Check One Mailing Address: Primary Office Address Home Address Other
 Other _____

For Board Use Received	Received Date	Yes Questions	
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	Processed	Agenda	FY _____
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You MUST submit evidence of completion of the 30 hours of required CME for 2023 when renewing.

- Failing to submit the required CME may result in unprofessional conduct.
- Use the Check Sheet available on the Board’s website located under the Resources tab. (<https://nd.az.gov>)
- **Submit the completed check sheet along with the required proof of CME completion along with this application.**

_____ My initial license was issued by the Board in 2023. I am not required to comply with the CME requirements until 2024.
 (This only applies to licensees who have recently graduated) **Physicians who are newly licensed by ENDORSEMENT or UNIVERSAL RECOGNITION from another state must comply with the CME requirements.**

ANSWER ALL OF THE FOLLOWING QUESTIONS

NOTE: In the event a response to any of the questions is “yes”, you must also submit-explanation with this application.

ONLY REPORT NEW INFORMATION, DO NOT REPORT CASES CURRENTLY OPEN BY THE BOARD, OR CASES THAT HAVE BEEN ADJUDICATED BY THE BOARD.

During the last 12 months

Circle Answer

Were you arrested or charged with, convicted of, or entered into a plea of no contest to any criminal act?	Yes	No
Have you had any licensing agency or board, in any state, district of the U.S. or another country initiate or take any action against any license or certificate that is or was held?	Yes	No
In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency?	Yes	No
Were you a defendant in any malpractice matter?	Yes	No
Do you have a complaint in any state, district of the U.S. or another country pending before any agency or court of law?	Yes	No

Submit a detailed explanation and supporting documentation with this application for each affirmative answer.

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

1. Are you a United States Citizen? Yes No

2. To be completed by applicants who are not a citizens or nationals of the United States. Attach a legible copy of the front, and the back (if any), of a current document that evidences your status. A.R.S. § 1-501.

Name of document provided _____

I hereby attest to the Board that I am the physician named on this renewal form; the answers provided and any statement submitted with the renewal form are true and correct. Signature of licensee is required

Signature _____

Date _____