



STATE OF ARIZONA  
**NATUROPATHIC PHYSICIANS MEDICAL BOARD**  
 1740 W Adams Ste 3002 Phoenix, AZ. 85007 602-542-8242 www.aznd.gov

**Annual Renewal of Medical Assistant Certificate**

Medical Assistant Renewal Certificate is due on or by July 1<sup>st</sup> of each year. Fee is \$150.00, fees are nonrefundable. If postmarked after July 1<sup>st</sup>, application is considered delinquent. Include late fee of \$75.00, late fee cannot be waived.

I am no long working as a Naturopathic Medical Assistant, and I would like to cancel my Medical Assistant Certificate at this time. Print your legal name: _____ Certificate Number _____	
Signature _____	Date _____

Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Email Address \_\_\_\_\_

Birth date: \_\_\_\_\_ SSN # \_\_\_\_\_ Medical Assistant Number: \_\_\_\_\_

Applicants Home Address: \_\_\_\_\_  
Street City State Zip

Home Number \_\_\_\_\_ Cell Number: \_\_\_\_\_

Clinic Name Where you will be working: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip

Work Phone Number: \_\_\_\_\_ **Supervising Naturopathic Physician:** \_\_\_\_\_  
 Attach list of additional office locations if applicable. You will be required to have a separate certificate for each location.

**Since your last certificate renewal or certificate issuance:** Yes or No

Were you arrested or charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?	
Did you ever have a license/certificate, or any health profession license or certification denied, suspended, rejected, or revoked by any state, or another country?	
Were you disciplined by any agency in any state, or another country, for any act of unprofessional conduct as defined in ARS 32-1501?	
In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency?	
Do you have a complaint pending before any agency or court of law?	
Have you ever been found guilty of being medically incompetent?	
Were you a defendant in any malpractice matter that resulted in a settlement or judgment?	

\*An applicant is required to submit a written supplement to this application if the answer is YES to any of the above questions. The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions.

**I submitted a written supplement to this application for the above questions. \_\_\_ Yes \_\_\_ No**

\_\_\_\_\_ **I read and understand R4- 18-605 Authorized Procedure for Medical Assistants.**

I am renewing my Medical Assistant Certificate. I have submitted the appropriate fee for the renewal of my certificate. I do hereby attest that I am the lawful holder of the Medical Assistant credentials named in this renewal; that all information contained in the application and evidence submitted with it are true and correct. The credentials submitted were not procured by fraud or misrepresentation or any mistake of which the applicant is aware.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<i>Office Use</i>	<i>Receipted</i>	<i>Emailed</i>	<i>Agenda</i>
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