Requirements for Naturopathic Medical Licensure in the State of Arizona

ATTENTION APPLICANT: Prior to applying for medical license, review the requirements for licensure on https://nd.az.gov under the Arizona Revised Statutes and Rules to confirm you meet the requirements.

- **Once your application has been received and reviewed**, the Board will send you **ONE NOTICE OF INCOMPLETENESS** indicating any required materials that have not yet been received. The notice is typically sent via email, so make certain the Board has your current email address. The Board shall consider an application withdrawn if within 365 days from the sending of the incomplete notice, the applicant fails to supply the missing information requested in the notice. The filing of an application grants the Board the authority to obtain information from any licensing Board or agency in any State, district, territory or county of the United States or another country, from the Arizona Criminal Justice information system in the Department of Public Safety and from the Federal Bureau of investigations. Pursuant to A.R.S. 32-1524(D); All applications submitted to the board and any attendant evidence, credentials or other proof submitted with an application are the property of the board and part of the permanent record of the board and shall not be returned to a withdrawing applicant.
- **Pursuant to R4-18-201, R4-18-202** Successful completion of the Jurisprudence Examination is a requirement for licensure. If you have not already taken the examination, arrangements can be made by contacting the Board office.
- **Pursuant to A.R.S. § 41-1080 requires**, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.
- **Pursuant to A.R.S.** § **41-1030 (B)** An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- **Pursuant to A.R.S. §41-1030 (D)** This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for violation of this section.
- **Pursuant to A.R.S. §41-1030 (E)** A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- **Pursuant to A.R.S. §41-1030 (F)** This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.
- **Pursuant to Section 41-1093.01, Arizona Revised Statutes,** An agency shall limit all occupational regulation to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to Sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.
- **Pursuant to A.R.S.** § **32-1522**. To be eligible for a license to practice naturopathic medicine pursuant to this chapter, the applicant shall: (1) Be a graduate of **an approved school** of naturopathic medicine. (2) Have satisfactorily completed an approved internship, preceptorship or clinical training program in naturopathic medicine. (3) Possess a good moral and professional reputation.(4) Be physically and mentally fit to practice as a doctor of naturopathic medicine. (5) Not be guilty of any act of unprofessional conduct or any other conduct which would be grounds for refusal, suspension or revocation of a license under this chapter. (6) Not have had a license to practice any profession refused, revoked or suspended by any other state, district or territory of the United States or another country for reasons which relate to his ability to skillfully and safely practice as a physician in this state. (7) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525.
- **Pursuant to A.R.S. § 32-4302.** A person shall be granted an occupational or professional license or certificate if the person has been licensed or certified in another state for at least twelve months, the license or certificate is in the same discipline and at the same practice level as the license or certificate for which the person is applying in this state and **the person meets other conditions prescribed by Section 32-4302, Arizona Revised Statutes.**

Fingerprinting can be done at a local police department, sheriff's office, or entity that provides fingerprinting services.

Notice to Applicant:
Your fingerprints will be used to check the criminal history records of the FBI If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record. The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under "Identity History Summary Checks" or by calling (304) 625-5590. To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website .

State of Arizona Naturopathic Physicians Medical Board
"Protecting the Public's Health"
1740 W. Adams, Ste. 3002 Phoenix, AZ 85007
Phone: 602-542-8242 Email: **Info@nd.az.gov** Website: https://nd.az.gov

APPLICATION FOR NATUROPATHIC MEDICAL LICENSE

Governor Douglas Ducey

APPLICATION TYPE

1. [ ] **Medical License by Examination**
   In Part, Applicant must have **passed NPLEX Part, I, Part II, Acupuncture and Minor Surgery**.

2. [ ] **Medical License by Endorsement** from the State/Province of _____
   In Part, Applicant must have passed NPLEX Part I, Part II, Acupuncture and Minor Surgery.

   OR

   [ ] **Medical License by Endorsement - Reduce Scope** from the State/Province of_____
   In Part, applicant must have passed NPLEX Part I, and Part II.

3. [ ] **Medical License by Universal Recognition from the State of _____**
   In Part, Applicant must hold a naturopathic medical license x 1 year, and reside in AZ.

[ ] I am requesting a temporary license upon application completion. There is no additional fee required. I understand a temporary license is valid until the last day of the month in which the Board approves my application.

You are being asked the following questions pursuant to Executive Order 2021-02(7.)
Are you a Veteran __yes ___no Are you a Military Spouse ___yes ___no

REQUIRED FEES

- **The Application Fee is $225.00 and must be submitted with the application.** Accepted forms of payment: Personal Check or Money Order made payable to AZND Board. (There will be a **$25.00** fee to the applicant for any NSF check submitted). Although cash is an accepted form of payment, it is not advisable to send cash through the Mail. Credit Card payments are not accepted for initial application fee at this time.
- **Background Reporting Fee is $22.00** and must be submitted with the application. The accepted form of payment is a **Money Order Payable to DPS**, along with a completed fingerprint card.
- **The fee for the Jurisprudence Examination is $60.00. The fee should be sent with the application in the event the examination is required to be taken. If the applicant already has an examination on file with the Board, staff will notify the applicant upon review of application in the event another examination is required.** Accepted forms of payment: Personal Check or Money Order made payable to AZND Board. (There will be a **$25.00** fee to the applicant for any NSF check submitted). Although cash is an accepted form of payment, it is not advisable to send cash through the Mail. Credit Card payments are not accepted for initial application fee at this time.

APPLICANT INFORMATION

Applicant's LEGAL Name: _____
Last First Middle

List Any Former Names Used:_____
(Maiden or Other)

Date of Birth: _____/_____/_____Place of Birth: _____
City State/ Country

Social Security Number_____-_____-_____

Home Address _____Apt. #_____

City: _____, State: _____ Zip Code: _____

Cell Number (_____) _____ Telephone: (_____) _____

Email Address:_____

If your home address is the only applicable address at this time, it becomes your address of record (the address available to the public). You may choose to opt out of this disclosure. By choosing to opt out, the home address will not be available for public view on our website.

Opt out by checking the following: ☐

Business Name: (if any)_____

Office Address**:** (if any)_____Ste. #_____

City: _____, State: _____ ZIP Code: _____

Office Phone:(____)_____Office Fax: (____)_____Office Email:_____
This information will appear on the website**.**

Mailing Address:_____Apt. /Ste#_____

City: _____, State: _____ Zip Code: _____

APPLICANT EDUCATION

Name / address of Approved naturopathic college from which you Graduated:_____

_____

Date of Clinical Training Completion: _____/_____/_____ Date of Graduation: _____/_____/_____

It is the responsibility of the applicant to request the medical school transcript to be sent directly to this board from the college.

National Examination Information

Pursuant to A.R.S. 32-1525, an applicant for licensure in the State of Arizona must take and pass the North American Board of Naturopathic Examiners (NABNE) NPLEX examination. Note: If applying by examination, all required examinations must have been taken and passed within the **5 years immediately preceding the submission of this application to the Board.**

- **Part One**: I took and passed the NABNE Basic Sciences Examination on _____/_____/_____.
- **Part Two:** I took and passed the NABNE Clinical Science Examination on _____/_____/_____.
- **I took and passed** the NABNE elective practice area examination in **Acupuncture on** _____/_____/_____.
- **I took and passed** the NABNE elective practice area examination in **Minor Surgery on** _____/_____/_____.

State of Arizona Jurisprudence Examination
I took and passed the Jurisprudence examination on: _____/_____/_____
OR
I will schedule a time to take the examination by contacting the Board.

Other Licenses or Certificates
List ALL licenses and certificates issued or denied by any licensing agency. (If additional space is needed, attach a supplement to this application.) Applicants are required to request each agency listed below to verify the status of the license or certificate. The document for requesting said information is enclosed with this application and may be copied as needed. Include a copy of the license(s) held as a Naturopathic Physician in another State or Jurisdiction.

Name of Licensing Agency	Location	Status of License or Certificate	Next Renewal Date

BACKGROUND

All Applicant are required to answer questions 1-9
The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of Investigation is inclusive of all arrests including juvenile arrests even when records are expunged by a court of law. An applicant is required to disclose all

arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview. ** 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 the questions.

__Yes __No 1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a Felony, or a misdemeanor?

__Yes __No 2. Have you ever had any health profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country?

__Yes __No 3. Have you ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S.§ 32-1501?

__Yes __No 4. In lieu of disciplinary action, have you ever entered a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country?

__Yes __No 5. Do you currently have an open complaint or are you involved in any open investigation in any agency or court of law, in any state, district or territory of the United States of another country?

__Yes __No 6. Have you ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law, in any state, district or territory of the United States or another country?

__Yes __No 7. Have you ever been found medically incompetent?

__Yes __No 8. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment?

__Yes __No 9. Do you have a medical condition that in any way, impairs or limits your ability to practice medicine?

You must supply a detailed narrative explaining the circumstances that led to the issue disclosed. Include supporting documentation for each affirmative answer to the above questions, example: Court documents, Board Orders, etc.

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License / Arizona Naturopathic Physicians Medical Board
Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit. **Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.**

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - Applicant's Name_____

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Primary Evidence:
1. **An Arizona driver license issued after 1996 or an Arizona non-operating identification license.**
2. A driver license issued by a state that verifies lawful presence in the United States.
3. **A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.**
4. **A United States certificate of birth abroad**.
5. **A United States passport.**
6. **A foreign passport with a United States visa.**

7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.

If a document listed in 1-12 above does not contain a photograph of the individual, the individual shall also present a government issued document that contains a photograph of the individual. A complete list of accepted documentation regarding authorized presence is available on https://www.azleg.gov/ars/41/01080.htm

Are you a citizen or national of the United States? ☐Yes ☐No If you answered **yes**,
(1) Attach a legible copy of a document from the attached list.
(2) Name of Document_____
(3) Go to section IV.
If you answered **No**, you must complete Section III and IV

SECTION III- ALIEN STATUS DECLARATION: To be completed by applicants who are not citizens or nationals of the United States. Indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided_____
Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c)), Nonimmigrant Status (8 U.S.C. § 1621(a)(2)), Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3)), Other Persons (8 U.S.C § 1621(c)(2)(A) and (C)

SECTION IV - Declaration ALL APPLICANTS MUST COMPLETE THIS SECTION

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

_____
Signature of Applicant

If applying via Endorsement you must also complete this section

A.R.S. §32-1523, 4(B); requires an applicant for licensure by endorsement to show competency in the elective practice areas of Acupuncture and Minor Surgery, by taking and passing the NPLEX examinations in those areas. However; the statute further establishes that if the applicant is otherwise qualified, the Board may issue a license that does not include elective practice areas.

☐ I currently hold licensure in another state that does not require that competency be shown in the same elective practice areas as this state; specifically by passing the NPLEX examination(s) in acupuncture and/or minor surgery. I understand I shall be required to successfully complete examinations in these elective practice areas or, **if otherwise qualified**, will be issued a **limited scope** license that does not include the ability to perform these elective practice areas.

Pursuant to A.R.S. §32-1525(4): If applicant was **licensed** in another state or Canadian province **BEFORE January 1, 2005** applicant is required to provide evidence of completion of an additional 60 hours course and examination in pharmacotherapeutics.R4-18-902 required the 60 hour course to be offered, approved, or recognized by one of the following organizations. Education certified as category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education or accredited by the American Association of Naturopathic Physicians, The Arizona Naturopathic Medical Association or any naturopathic licensing authority in the United States of Canada.

I was licensed AFTER January 1, 2005 _____ I am not required to present evidence of completion of the additional course.

I was licensed Before January 1, 2005 _____ I meet the pharmacotherapeutics requirement by presenting evidence of completion of a 60 hour course and examination offered, approved or accredited by:

____ ACCME _____ AANP ____ AzNMA _____ naturopathic licensing authority. Include proof of completion.

OR

I have taken and passed the **NPLEX Pharmacology Add On Examination** and have requested a copy of the transcript to be sent to the Board.

Review the following statute before applying making sure you meet the qualifications for license by endorsement.
A.R.S. § 32-1523. Qualifications for license to practice by endorsement; restrictions

A.R.S. § 32-1523. Qualifications for license to practice by endorsement; restrictions
A. To be eligible for a license to practice naturopathic medicine pursuant to this chapter by endorsement, the applicant shall:
1. Qualify under section 32-1522.
2. Be licensed to practice as a doctor of naturopathic medicine by either:
(a) Another state, district or territory of the United States.
(b) Another country that requires a written examination that is substantially equivalent to the written examination provided for in section 32-1525.
3. Be **continuously active**, for at least three years immediately preceding the application, in one or more of the following:
(a) Active practice as a doctor of naturopathic medicine.
(b) An approved internship, preceptorship or clinical training program in naturopathic medicine.
(c) An approved postdoctoral training program in naturopathic medicine.
(d) The resident study of naturopathic medicine at an approved school of naturopathic medicine.
4. Pass the examinations provided for in section 32-1525.
B. If an applicant for licensure pursuant to this section is licensed in another state, district or territory of the United States or another country that does not require that competency be shown in the same elective practice areas as this state, the applicant shall be required to successfully complete examinations in these elective practice areas or, if otherwise qualified, be issued a license that does not include these elective practice areas.

Active practice as a doctor of naturopathic medicine. An applicant for licensure by endorsement must hold an active license as a naturopathic physician in another licensed State, district or territory of the United Stated or Canada. **Verification** of licensure must be provided to the Board directly by those entities and include the following information: The applicant name, the date of issuance of the license, the current status of the license, a statement of whether the applicant has ever been denied a license by the agency, and a statement of whether any disciplinary action is pending or has ever been taken against the applicant. This form must be signed and dated by an official of the agency.

I have held an active naturopathic license for 3 years or more, immediately prior to submission of this application.
Documentation required: Licensure verification(s)

And

I have been actively practicing naturopathic medicine for 3 years immediately prior to submission of this application.
Documentation Required: Evidence of actively practicing as a doctor of naturopathic medicine, (ie: business card, tax return, office lease agreement/evidence of rent payment, copy of schedule patient schedule, or any other documentation that would provide evidence of an active practice as a naturopathic physician.)

OR

I have only held a naturopathic medical license for _____years or months, and have been actively practicing during that time.
Immediately prior to obtaining a naturopathic license, I was **continually active** in

An **"Approved clinical training program**" means a program for naturopathic medical students in which the training occurred or is being conducted by or in conjunction with an approved school of naturopathic medicine."
Approved Clinical Training Documentation Required: Documentation Required: Submit with your application, or cause to have submitted directly to the Board, any of the following documentation. Copy of the certificate showing dates of entry and completion, letter signed by the Supervising Physician verifying program date of entry, date of completion, and who approved the program, or any other documentation that would provide evidence of meeting the qualifications under clinical training.

An **"Approved internship program"** means that the program in which the training occurred or is being conducted has been approved for internship training for physicians or for graduates of a school of naturopathic medicine by the board or was approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.
Approved Internship Documentation Required: Submit with your application, or cause to have submitted directly to the Board, any of the following documentation. Copy of the certificate showing dates of entry and completion, letter signed by the Supervising Physician verifying program date of entry, date of completion, and who approved the program, or any other documentation that would provide evidence of meeting the qualifications under internship.

An **"Approved preceptorship program"** means that the program in which the training occurred or is being conducted has been approved for preceptorship training for physicians or for graduates of a school of naturopathic medicine by the board or was approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board. Approved Preceptorship Documentation Required: Submit with your application, or cause to have submitted directly to the Board, any of the following documentation. Copy of the certificate showing dates of entry and completion, letter signed by the Supervising Physician verifying program date of entry, date of completion, and who approved the program, or any other documentation that would provide evidence of meeting the qualifications under Preceptorship.

An **"Approved postdoctoral training" or "postdoctoral training"** means that the program in which the training occurred or is being conducted has been approved for specialty training or for graduate medical education in naturopathic medicine by the board or approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board. Approved Postdoctoral Documentation Required: Submit with your application, or cause to have submitted directly to the Board, any of the following documentation. Copy of the certificate showing dates of entry and completion, letter signed by the Supervising Physician verifying program date of entry, date of completion, and who approved the program, or any other documentation that would provide evidence of meeting the qualifications under postdoctoral training.

A resident study of naturopathic medicine at an approved school of naturopathic medicine, as defined in A.R.S. § 32-1501(8)(a) and (b). R4-18-101(18) "Resident physician in training" means a person who holds a degree of doctor of naturopathic medicine and is certified by the Board to diagnose and treat patients under supervision in an **internship, preceptorship**, or a **post doctoral training program**.

Active Licensure Documentation Required: verification of licensure, proof of practice of naturopathic medicine.
Active Practice Documentation Required: Evidence of actively practicing as a doctor of naturopathic medicine, (ie: business card, tax return, office lease agreement/evidence of rent payment, copy of schedule patient schedule, or any other documentation that would provide evidence of an active practice as a naturopathic physician.)

The Board may request additional evidence from you demonstrating how you meet the qualification(s) you have chosen.

IF APPLYING BY UNIVERSAL RECOGNISION

- Prove residency in the State of Arizona. Enclose a copy of an AZ Drivers License issued after 2006, or a current utilities bill or rental agreement.
- Be currently licensed for **at least one year** in another U.S. State in the discipline applied for and at the same level of practice as recognized in Arizona. Verification of Licensure must be sent directly to the Board by the licensing entity.
- Be in good standing in all states where currently or previously licensed or certified.
- Have met all applicable education, work, exam, and/or clinical supervision requirements in the other state where originally licensed or certified. Applicants are required to have taken and passed NPLEX Part I, Part II. In the event the required NPLEX examinations of acupuncture and/or minor surgery have not been taken and passed, a limited license may be issued.
- Complete a criminal background check.
- Pay all applicable fees to the State of Arizona Naturopathic Physicians Medical Board.

All Applicants Must Complete the Following

AFFIDAVID

Subscribed And Sworn To Before A Notary Public:
State of_____)

County of_____)

Print The Applicant's Full Name: _____ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. 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 I am aware of. I am the lawful holder of the credentials. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20_____
(OFFICIAL STAMP)

_____
Notary Public Signature

Revised 2021

State of Arizona Naturopathic Physicians Medical Board

"Protecting the Public's Health"

Phone: (602) 542-8242 Email: Info@nd.az.gov

VERIFICATION REQUEST FORM

Notice to Applicant:

<u>You</u> are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate in the practice of medicine or in any healing art. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

Applicant Name: _____

Last First Middle

Applicant License,
Registration or Certificate Number: _____SS# _____/ _____/_____

I hereby authorize you to send directly to the state of Arizona the information requested herein

Signature_____Date_____

Following Information to be Completed by the Licensing Agency or Board

Verification of License, Registration or Certificate

Is the person named above licensed, registered or certified by your Agency or Board? □ yes □ no

Name of the individual as it appears on the license, registration or certificate:

_____

Check all that apply; □ license □ registration □ certificate

License, registration or certificate number _____ Initial date issued_____

__ Yes __No . Is the license, registration or certificate active
If **No**, attach the information to this document

__ Yes __No . Is an action pending or has any action been taking against the applicant?
If **YES** provide information regarding any action pending or taken against the applicant.

__ Yes __No. Was license, registration or certificate denied to this applicant?

_____
Name of Agency or Board

_____
Street City State Zip

_____
Signature Title Date

Return this document to: State of Arizona Naturopathic Physicians Medical Board Seal

Check List for Applicant

- ☐ Complete the application form printing *legibly*. Sign application and attach the required documents and fees. Only "complete" applications are considered by the Board. Failure to provide all the requested information will delay the processing of your application. Applicants are subject to requirements in effect at the time of filling.
- ☐ Included one passport size photograph taken within the last 60 days. Print name on back of photograph.
- ☐ I have requested an official copy of my transcript issued by my naturopathic medical school, to be sent to the Board.
- ☐ I have requested official transcripts from NABNE to be sent to the Board providing evidence of passing NPLEX Part I, Part II and the required add ons of acupuncture and minor surgery. (Applicants for licensure by endorsement may be issued a limited scope license in the event one or more add on NPLEX examinations were not required in the state they currently hold licensure.
- ☐ I have enclosed a complete fingerprint card along with A **MONEY ORDER** in the amount of $22.00 payable to DPS.
  PLEASE NOTE: Finger print clearance cards are not accepted.
- ☐ I took and passed the Jurisprudence Examination OR I have made arrangements to take the Examination.
- ☐ Provided Citizenship /Alien Status Documentation Required State Law (**A.R.S. § 41-1080)**
- ☐ I have included the application fee.
- ☐ Applicant by endorsement or universal recognition. I have requested verification of licensure to be sent directly to the Arizona Board.
- ☐ I have included a detailed explanation and supporting documentation for each affirmative background answer.

FEES ARE NONREFUNDABLE INCOMPLETE OR UNREADABLE APPLICATIONS WILL RESULT IN DELAYS
For an alternative format of submitting this application who requires this application in an alternative format as a result of a disability, may contact the Board. or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known.

Chain-of-Custody Form for Identity-Verified Fingerprints

ATTENTION FINGERPRINT TECHNICIAN

A chain-of-custody must be maintained.

Compare the demographics on the applicant's photo ID to the applicant and to the information on the fingerprint card. Once the prints have been taken, place the fingerprintcard and this form in an envelope, seal and sign the flap before returning the fingerprint card to the applicant.

PRINT the following information:

Date

Name of Applicant

Fingerprint Technician's Agency/Company Name

Type of Photo ID Provided

For
State of Arizona Naturopathic Physicians Medical Board
Applicant Fingerprint ID