



Naturopathic Physicians Medical Board

“Protecting the Public’s Health”

1740 W Adams Ste 3002 Phoenix, AZ 85007

Phone: 602-542-8242 Email: info@aznd.gov

Renewal Application Engage in a Preceptorship Training Program

Application fee: **\$225.00** check or money order payable to the AZND Board (fees nonrefundable)

Due on or before July 1, if postmarked after July 1, include a late fee of \$113.00

The certificate will expire if not renewed within 60 days after the due date.

Certificate renewals are processed in the order they are received. Once your application is processed an email will sent with renewed certificate for you to copy.

Certificate # _____ Original Issue Date _____

Applicant Last Name: _____ First Name: _____

Former Names Used: _____

Email Address: _____

Date of Birth: _____ Last 4 Digits ss#: _____ Gender: Female Male

Practice Address _____

Home Mailing _____

Address: _____
Street Apt # City State Zip

Cell Phone Number: _____

***An applicant is required to submit a written supplement to this application if the answer is YES to any of the questions below. 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.**

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?	

I submitted a written supplement to this application for the above questions. ___ Yes ___ No

Furthermore I have read and understand R4-18-108 regarding the use of title an unlicensed graduate of a board approved school of naturopathic medicine who is certified by the board to engage in preceptorship training shall use the designation “(preceptee)”*after* any of the following designations, doctor of naturopathic medicine, N.M.D., doctor of naturopathy, N.D. Naturopath, naturopathic physician, or naturopathic medical doctor. The preceptee shall also ensure that any patient treated by the preceptee signs an informed consent treatment form stating clearly that the preceptee is undergoing training, is not licensed, and identifying the name of the supervising physician. The preceptee must not in any way lead the public to believe that he or she is a licensed naturopathic physician.

I hereby attest to the Board that I am the preceptee named on this renewal form; the answers provided and any statement submitted with the renewal form is true and correct.

Signature _____ **Date** _____

Revised 9/15/17

Office Use ONLY Receipted	Processed	Emailed	Agenda
------------------------------	-----------	---------	--------