



State of Arizona Naturopathic Physicians Medical Board  
 1740 W. Adams Ste.3002 Phoenix, AZ 85007  
 Phone: 602 542 8242 Email: info@aznd.gov

**Read the following: the complete information is available on our website [www.aznd.gov](http://www.aznd.gov)**

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.

**32-1561. Internship, clinical fellowship and preceptorship programs; duties; prohibitions**

- A.** A person who is a graduate of an approved school with a degree of doctor of naturopathic medicine and who wishes to engage in an internship program, a clinical fellowship or a preceptorship program shall submit an application for certification as prescribed in section 32-1524.
- B.** If the application submitted pursuant to subsection A of this section is approved by the board, that person may engage in a board approved internship program, clinical fellowship or preceptorship program under the direct supervision (Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.) of a physician licensed under this chapter or by a physician licensed pursuant to chapter 13, 17 or 29 of this title.
- C.** The board by rule may prescribe naturopathic medical treatment procedures that a person who is certified under this section may perform under the direct supervision (Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.) of a physician licensed under this chapter if the board determines that these procedures:
  - 1. May be competently performed by the graduate.
  - 2. Do not exceed the procedures that the supervising physician has been licensed by this state to perform.
- B.** A person who is certified under this section may do clerical tasks without direct supervision if the tasks do not involve diagnosing or treating a patient's condition.
- C.** If the supervising physician of a person who is certified under this section withdraws from direct supervision, the certificate to engage in the training program held by that person is automatically canceled.
- D.** A person who is certified under this section shall not employ that person's supervising physician and shall not have any financial interest in any business owned by that person's supervising physician.

**Application for Certificate to Conduct a Preceptorship Training Program No Fee Required**

*This is a fillable form, type in the blue areas, then the application can be emailed, or mail to the board.*

*Once your application is processed you will be notified by email.*

This application is:      Initial Application      Renewal expires on or before July 1.

**“Chief medical officer” means a physician who is responsible for a clinical, preceptorship, internship, or postdoctoral training program’s compliance with state and federal laws, rules, and regulations.**

Print name below:

I, \_\_\_\_\_, the Chief Medical Officer for the training named in this application, hereby make application to the State of Arizona Naturopathic Physicians Medical Board for a Certificate to Conduct a Preceptorship Training Program in Naturopathic Medicine.

[CMO]License No. \_\_\_\_\_ Email Address \_\_\_\_\_

Mail Address: \_\_\_\_\_

Cell number: \_\_\_\_\_

**Information Regarding the Preceptorship Training Program**

Name of the Program (if any): \_\_\_\_\_

Address of training facility: \_\_\_\_\_

Address of training facility: \_\_\_\_\_

Name and address of each facility where the training program will be conducted. Attach additional information to this document if needed.

Office Use Only

Receipt date	Entered	Emailed	Agenda
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1. Has this preceptorship training program been approved by another state agency or by an education association? If YES submit a copy of that agency's or association's letter or certificate of approval:	Enter: Yes or No
2. The total cost if any for an individual to take the training program?	\$

**Mission Statement outlining the goals of the training program:**

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**Designated Physicians who will be providing supervision in the training program:**

Licensed under Title 32, Chapter 13, 14, 17, or 29.

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Professional Degree: \_\_\_\_\_ Licensing Agency: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Professional Degree: \_\_\_\_\_ Licensing Agency: \_\_\_\_\_

Practice Address: \_\_\_\_\_

**YES NO 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.

**YES NO I have READ and UNDERSTAND the statutory provisions of Arizona Revised Statutes,**

Title 32, Chapter 14, Naturopathic Medicine and I understand all of the following: This application may be denied by the Board in accordance with A.R.S. 32-1501(10). A preceptorship training program is to be conducted in accordance with the provisions of A.R.S. Title 32, Chapter 14, "Naturopathic Medicine", Section 32-1501, et. Seq.

**Print the Chief Medical Officer's Full Name: I, \_\_\_\_\_ am the Chief Medical Officer named in this application. I have read and I understand the contents of this application and the information submitted with this application. The information that is contained in or submitted with this application is true and correct and the information submitted is without fraud, deceit, misrepresentation or the mistake of another person. I authorize the Board to tape record any application interview that is conducted with me in regard to this application.**

**Signature of the Chief Medical Officer** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

Applicant Name \_\_\_\_\_ Application Rcvd: \_\_\_\_\_

Date Entered into Database _____ Date Notice of Deficiency Sent: _____ Via: _____
Complete application, Signed
Information regarding CMO & Sup. Phys.: _____ Designated Supervising Physician complete and signed _____
All Documents received required for app. / Administrative completeness timeframe begins again. Number of days _____
On Agenda/Date of Meeting: _____ Board meeting notice sent: _____ Via: _____
Second check Agenda
Emailed to Physician _____ Certificate Issued: _____ Certificate # _____

Dear Chief Medical Officer:

Re: Renewal of Certificate to Conduct a Preceptorship Training Program

Your Certificate will expire on July 1 of each year. Please keep this date in mind.

In order to comply with statute, you must complete this application, marking renewal of the certificate. There is no fee associated with this renewal form. Please complete and email: [info@aznd.gov](mailto:info@aznd.gov) or mail to the boards address on or before July 1 of each year.

**The certificate will expire if not renewed.**

Alternative Format for Submitting Application contact the Board's Americans With Disability Voice Relay Service  
(800) 842-4681 or TTY at (800) 367-8939 to make their need known.