



State of Arizona Naturopathic Physicians Medical Board
 1740 W. Adams Ste.3002 Phoenix, AZ 85007
 Phone: 602 542- 8242 Email: info@nd.az.gov
 Website <https://nd.az.gov> Alternative Format for Submitting Application contact the Board's Americans With Disability Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939

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

This application is: _____ Initial Application _____ Renewal, due on or before July 1.

Print name below:

I, _____, the **Chief Medical Officer (CMO)** 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: _____

Mailing Address: _____

Phone number: _____

Information Regarding the Preceptorship Training Program. List the name and address of **EACH** facility where the training program will be conducted. Attach additional information to this document if needed.

Name of the Program (if any): _____

Address of training facility: _____

Mission Statement outlining the goals of the training program: _____

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
The total cost if any for an individual to take the training program?	\$

Designated Physicians who will be providing supervision in the training program must be licensed under any of the following: Title 32. Chapter 13, 14, 17, or 29. The name, professional degree, license number and licensing agency must be listed for **EACH physician** who will be **providing supervision** in the training program.

Supervising Physician: _____ **License #:** _____

Professional Degree: _____ **Licensing Agency:** _____

Supervising Physician: _____ **License #:** _____

Professional Degree: _____ **Licensing Agency:** _____

I have READ and UNDERSTAND: R4-18-108 regarding the use of title. 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. **"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.** The requirements under **A.R.S. §32-1561.** Internship, clinical fellowship and **preceptorship** programs; duties; prohibitions. **Additional information is available on the Board's website <http://nd.az.gov>**

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** _____

General Disclosures

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.

Revised 05/2019

OFFICE USE ONLY

Applicant Name _____ **Application Rcvd:** _____

	Application complete with signature
	Date Notice of Deficiency Sent: _____ Via: _____
	All Documents received required for application _____
	On Agenda/Date of Meeting: _____ Board meeting notice sent: _____ Via: _____
	Second check Agenda
	Emailed to Physician _____ Certificate Issued: _____ Certificate # _____
	Time Frame Report Completed FY _____