

REINSTATEMENT REQUIREMENTS FOR LICENSURE IN THE STATE OF ARIZONA
SEE THE WEBSITE TO REVIEW ALL REQUIREMENTS FOR LICENSURE <http://nd.az.gov>

Required

Check

Complete Application with Appropriate Fee	The application must be legible and complete. Check or Money order Payable to the Arizona Naturopathic Medical Board.	
Arizona Statement of Citizenship documents	All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit a copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application. 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.	
Photo	One passport size photograph taken within the last 60 days. Sign your name on the back of photograph	
Fingerprinting Required	<p>Background Check Procedures and Instructions Create an account on the portal by navigating to psp.azdps.gov Click the "Sign Up" link in the upper right portion of the screen. You will be given a choice of what account to create. Select the "Background Check for employment/licensure" icon. Answer "YES" to the next question. Select the "Individual" option. Complete the fields. (You MUST input your full legal name as it appears on your government-issued identification. Any other name may delay their process.) You will need to validate your email address by clicking on a "Verify Email" link sent to your registered email address. Once the account is created and verified, use the following fingerprint/purpose code NAT-012.A Scroll Down to you get to the Applicant Processing area, input the code there. Once the code is entered you will be taken to the rest of the application. When you complete this process, you will be taken to the "My Order" page to pay the background fee. Once the background check is submitted, you will receive instructions in the message center for the next steps on fingerprinting. Please elect to do fingerprints electronically through our vendor, Fieldprint. You will need the reference number that was given to you in the message center and follow the instructions included.</p> <p>OUT OF STATE APPLICANTS Create an account on the portal by navigating to psp.azdps.gov Use the portal to pay for your fingerprint processing. Fingerprints must be rolled on a FD-258 card. Most police stations can do this step. It will be the responsibility of the Applicant to send the fingerprint card, along with a copy of the receipt of payment from the DPS portal with the application.</p>	
Supporting Documents for each affirmative answer, signature required.	<ol style="list-style-type: none"> 1. With a completed application, you must submit explanation for Arizona statement of citizenship or alien status. (page 4) A.R.S. 41-1080 2. You must submit documents with detailed explanation for the 9 questions (page 3) 	
Signatures Notary	All applications must include 2 signatures by applicant. Subscribed and Sworn to Before a Notary Public	
Transcripts	Requested an official copy of my transcript issued by my naturopathic medical school, to be sent directly to the board.	
Jurisprudence Examination	Applicant must have taken and passed the jurisprudence examination.	
NPLEX transcripts	Requested official transcripts from NPLEX to be sent to the board providing evidence of passing 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 should they fail to provide evidence of passing the add ons)	
Verification for Endorsement	Requested to have verification of licensure in another state to be sent directly to the Arizona Board. (form is included with this application page 6)	
Continuing Medical Education	Submit a Complete CME Check sheet along with the proof of CME completion. The check sheet is available on the Board's website.	

Please be aware: Applications are processed in the order in which they are received.

Once the application has been reviewed by board staff, a notice will be emailed to you outlining any deficiencies found during the initial review. You will be given 365 days from the date of the notification to submit any deficiencies to board staff. Once your application is complete, it will be reviewed by the board. Applications are not considered complete prior to receipt of the background report from FBI/DPS

Secondary Office Location(S):	
If you have additional locations, use a separate piece of paper to list all information required.	
Mailing address:	Home Address
Primary Office Address: This is the office/principle place of business.	Primary Office Address
Secondary Location Address: Any other location in which you conduct business/maintain a continued activity. Home Address: You are required to provide a home address and home number. The home address will not be released to the public unless you fail to provide an office address.	
Secondary Office Address	
Name of Medical School:	
School Address:	
Date Graduated:	
Name of Training Clinical Facility:	
Clinic Address	
Date of clinical training completion:	I requested my official transcript to be sent directly to the Board on this date:
Required: Jurisprudence Examination taken within five-year period immediately preceding the submission of an application for licensure.	
Date Taken:	

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 examinations.

	Yes or No
A. Part One: I took and passed the NPLEX Basic Sciences Examination	
B. Part Two: I took and passed the NPLEX Clinical Science Examination	
C. I took and passed the NPLEX Acupuncture add on	
D. I took and passed the NPLEX Minor Surgery add on	

List all license and certificates that are held by you, were held by you, or denied by any licensing agency. Applicants are required to request each agency listed below to verify the status of the license or certificate. Request form included with this application (Page 6)

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

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. In a written supplemental statement to the Board, an applicant is required to list 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.

You are required to answer all of the following questions;

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 Naturopathic Medical 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?	
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 or another country?	
Do you have any medical condition that in any way impairs or limits your ability to practice medicine?	
I submitted a written supplement to this application for the above questions.	

- 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 the questions.

**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 licensing 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 See Document List Below.

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 list below.			
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. I have alien status allowing me to be in the United States and obtain public benefits.	
Yes	No
Attach a legible copy of the document you are supplying as evidence of alien status. The complete list is appropriate documents is available on our website or the Arizona Revised Statutes Website under Statutes § 41-1080	
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.

Applicant Signature

Evidence showing U.S. citizen or U.S. national status includes the following: a.

Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996,
- (2) A United States birth certificate with a government issued document containing picture
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.

See Arizona Revised Statutes § 41-1080 for a complete list

TO BE COMPLETED BY APPLICANTS FOR REINSTATEMENT OF A RETIRED LICENSE: 32-1528(D),

The Board may reinstate a retired physician to active practice on payment of the annual renewal fee and presentation of evidence satisfactory to the board that the physician meets the qualifications under 32-1522 (A) (4,5,6). (E) If an applicant for reinstatement of a retired license has not been licensed and actively practicing in a jurisdiction of the U.S. or Canada in the three years immediately preceding the application, the board may issue a limited license that requires a period of general or direct supervision by another licensed naturopathic physician not to exceed one year.

	Yes	or	No
Provide proof of completion of 30 hours of CME taken, within the last 12 months prior to application submission. The CME is in addition to the 30 hours required each year for license renewal, must cover clinical application of naturopathic medical philosophy, pharmacology, and be accredited by the Accreditation Council on Continuing Education, or approved by any of the programs listed in R4-18-201(B)(2). Have you submitted proof of CME with this application?			
Have you been licensed and actively practicing in a jurisdiction of the United States or Canada in the three years immediately preceding this application?			

TO BE COMPLETED BY APPLICANT FOR REINSTATEMENT OF AN EXPIRED LICENSE 32-1526

Licenses; certificates; issuance; renewal; failure to renew The board may reinstate a license or certificate on payment of all renewal and penalty fees as prescribed in section 32-1527 and, if requested by the board, presentation of evidence satisfactory to the board that the applicant for reinstatement of an expired license is professionally able to engage or assist in the practice of naturopathic medicine and still possesses the professional knowledge required. If an applicant for reinstatement of an expired license has not been licensed and actively

practicing in a jurisdiction of the United States or Canada in the three years immediately preceding the application, the board may issue a limited license that requires a period of general supervision by another licensed naturopathic physician not to exceed one year.

Pursuant to R4-18-207, an applicant for reinstatement of an expired license must demonstrate completion of 30 hours of continuing medical education for each year the license has been expired.

Yes or No

Have you submitted proof of CME with this application?	
Have you been licensed and actively practicing in a jurisdiction of the United States or Canada in the three years immediately preceding this application?	

TO BE COMPLETED BY APPLICANT FOR REINSTATEMENT OF A REVOKED MEDICAL LICENSE 32-1552

The applicant must submit with this application substantial evidence showing that the basis for the revocation has been removed and that the reissuance of the revoked license will not constitute a threat to the public health or safety. The Board shall make its determination in each application as it deems consistent with the public health and safety and just in the circumstances.

Yes or No

You are required to submit 30 hours of CME for the <u>each year</u> the license has been revoked. Have you submitted proof of CME with this application?	
You are required to submit evidence, showing the basis for revocation has been removed. Have you submitted evidence, revocation has been removed?	

ALL APPLICANTS MUST COMPLETE THE FOLLOWING: Subscribed and Sworn To Before A Notary Public:

Print the Applicant's Full Name: I, _____ **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. 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 Naturopathic Physicians Medical Board, 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 Medical Board, 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 regard to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ **day of** _____, _____

State of _____) County of _____)

(OFFICIAL STAMP)

Notary Public Signature _____



NATUROPATHIC PHYSICIANS MEDICAL BOARD

1740 W Adams Suite 3002, Phoenix, AZ. 85007 602 542-8242 info@nd.az.gov

<https://nd.az.gov>

Katie Hobbs
Governor

VERIFICATION REQUEST FORM

COPY AS NEEDED

Notice to Applicant:

You 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 have submitted an application of licensure to the State of Arizona Naturopathic Physicians Medical Board. 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 _____

Is the license, registration or certificate active ___Yes ___No

Is an action pending or has any action been taking against the applicant? ___Yes ___No

If **YES** provide information regarding any action pending or taken against the applicant.

Was license, registration or certificate denied to this applicant? ___Yes ___No

Name of Agency or Board

Signature of Person Completing This Form: _____ Date _____

Mail to address above or
Email to info@nd.az.gov

SEAL