

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

**Pursuant to A.R.S. 32-1522**

- A. 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) Required: Jurisprudence Examination taken within five-year period immediately preceding the submission of an application for licensure.
  - (4) Possess a good moral and professional reputation.
  - (5) Be physically and mentally fit to practice as a doctor of naturopathic medicine.
  - (6) 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.
  - (7) 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.
  - (8) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525

**B The Board may:**

**Require an applicant to submit credentials or other written or oral proof. Make investigations it deems proper to adequately advise the Board with respect to the qualifications of an applicant.**

***All applications must include***

<b>Application</b>		<b>Checklist for Applicant</b>
Application Fee	Check or Money order Payable to the Arizona Naturopathic Medical Board	
Fingerprint processing fee	<b>MONEY ORDER ONLY</b> in the amount of \$22.00 made payable to DPS.	
Photo	One passport size photograph taken within the last 60 days. Sign your name on the back of photograph	
Fingerprint card	Enclosed a complete finger print card PLEASE NOTE: (fingerprint clearance card not accepted)	
Supporting Documents for each affirmative answer, signature required.	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	Taken and passed the examination, OR I have made arrangements with the board to take the examination. The fee is 60.00 for the exam and you can email the board to set up a date to take the exam.	
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)	

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



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NATUROPATHIC PHYSICIANS MEDICAL BOARD  
"Protecting the Public's Health"

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<https://nd.az.gov>

**APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSE**

Incomplete or unreadable applications may be denied by the Board. Application and Fingerprint Card Processing Fees are Not Refundable. Alternative format of Submitting this Application: An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939. THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. 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.

**This Application is for:**

Reinstatement of <b>Retired</b> Medical License: Application Fee \$165.00 Payable to the Naturopathic Board
Reinstatement of <b>Revoked</b> Medical License - Application Fee \$225.00 Payable to the Naturopathic Board
Reinstatement of <b>Expired</b> Medical License Require <b>ALL</b> Renewal and Late Fee(s) <b>Contact the Board to find out the exact amount due?</b>
Request Reinstatement of Specialty Certificate with this application (if applicable)
<i>Reinstatement of a Surrendered Medical License - Must apply as a new applicant.</i>

Applicant's Name:			
If license was originally issued under another name, indicate name:			
Email Address:			
Date of Birth:	Social Security #	Gender:	Male      Female
Place of Birth City:	State:	Country:	
Home Address			
Cell Phone:		Other Phone:	
<b>Primary office name:</b>			
Office address:			
Office phone:		Fax:	
<b>Secondary office name:</b>			
<b>Secondary Office Location(S):</b>			
If you have additional locations, use a separate piece of paper to list all information required.			
<b>Mailing address:</b>	<b>Home Address</b>	<b>Primary Office Address</b>	<b>Secondary Office Address</b>
<b>Primary Office Address:</b> This is the office/principle place of business. <b>Secondary Location Address:</b> Any other location in which you conduct business/maintain a continued activity. <b>Home Address:</b> You are required to provide a home address and home number. <b>The home address will not be released to the public unless you fail to provide an office address.</b>			

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:
<b>Required:</b> 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 <b>yes</b> ,
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 of 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.**

\_\_\_\_\_  
**Signature of Applicant**

**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
- (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
You are required to submit 30 hours of CME taken within the previous 12 months from the date of submission of the application. 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** \_\_\_\_\_



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NATUROPATHIC PHYSICIANS MEDICAL BOARD  
Protecting the Public's Health™

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[info@nd.az.gov](mailto:info@nd.az.gov)

<https://nd.az.gov>

**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

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Signature Title Date

**Return this document to:**

State of Arizona Naturopathic Physicians Medical Board  
1740 W. Adams, Ste. 3002 Phoenix, AZ 85007

**SEAL**