

RETIRE / CANCELLATION REQUEST FORM

A licensee or certificate holder whose license or certificate is current and who is not currently the subject of a probationary order or licensure suspension by the board may request at any time and shall be granted cancellation of the license or certificate or retirement of the license.

I am requesting retirement of my medical license in the State of Arizona to practice Naturopathic Medicine.
I am requesting cancellation of my Certificate to Dispense in the State of Arizona

LAST NAME _____ FIRST NAME _____
LICENSE NO. _____ EMAIL: _____
Reason for cancellation of the CTD required enter below:
R4-18-108. Titles, Use of Abbreviations E. A person who is permanently retired under A.R.S. § 32-1528 may use any of the designations listed in subsection (A) if that person also uses the designation "(Retired)" after each designation.
In the future you may choose to reinstate your Medical license refer to R4-18-208. Reinstatement of a Retired License. Be aware rule is subject to change.

CERTIFICATE CANCELLATION REQUEST

I am requesting cancellation of my Conduct Preceptorship Certificate in the State of Arizona

I am requesting cancellation of my Engage in Preceptorship Certificate in the State of Arizona

I am requesting cancellation of my Medical Assistant Certificate in the State of Arizona

I am requesting cancellation of my Specialist Certificate in the State of Arizona

LAST NAME _____ FIRST NAME _____
CERTIFICATE NO. _____ EMAIL: _____

I ATTEST THAT ALL INFORMATION SUBMITTED ON THIS REQUEST FORM IS TRUE.

Date (Required)

Signature (Required)

For Board Use Received	Entered	Agenda
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