



State of Arizona Naturopathic Physicians Medical Board

"Protecting the Public's Health"

1740 W. Adams, Ste. 3002 Phoenix, AZ 85007, 602 542-8242

Info@nd.az.gov

APPLICATION FOR SPECIALIST CERTIFICATE

THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. INCOMPLETE OR UNREADABLE APPLICATIONS WILL DELAY PROCESSING. TYPE OR PRINT LEGIBLY.

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. 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 to make the need known.

\$225.00 APPLICATION FEE.

The fee must accompany this application and be in the form of a MONEY ORDER OR CASHIERS CHECK, made payable to the State of AZ. Naturopathic Physicians Medical Board

APPLICANT INFORMATION

Applicant's Full Legal Name: _____ N.M.D. ____ N.D. ____
Designation Used

Applicant's Current State of Arizona Naturopathic Medical License No: _____ - _____

Applicant's Contact Information: _____
Email Phone

Applicant's Mailing Address: _____

APPROVED SPECIALTY COLLEGE OR PROGRAM

THE SPECIALTY COLLEGE OR PROGRAM MUST MEET THE DEFINITION OF R4-18-101(3)

"Approved Specialty College or Program" means a postdoctoral training program that awards a medical specialist certificate, and is certified by a Specialty Board of Examiners, The American Association of Naturopathic Physicians ("AANP") or another professional association or, another state's licensing agency, and which is recognized by the Board.

Name of Specialty College or Program: _____

Address of Specialty College or Program: _____

Website address of Specialty College or Program: _____

Phone Number: _____

WHO WAS THE SPECIALTY PROGRAM APPROVED BY

- The American Association of Naturopathic Physicians ("AANP")
- A Specialty Board of Examiners _____
- Another Profession association which is recognized by the Board _____
- Another states licensing agency which recognized by the Board _____

WHAT SPECIALTY DID YOU RECEIVE TRAINING IN

- Oncology
- Pediatrics
- Environmental
- Family Medicine
- Other _____

Date postdoctoral training in specialty was completed: _____/_____/_____

AS A REQUIREMENT FOR THIS APPLICATION THE BOARD MUST RECEIVE A LETTER FROM THE SPECIALTY BOARD THAT CONDUCTED THE SPECIALTY EXAMINATION, VERIFYIN THAT YOU ARE CERTIFIED AS A SPECIALISTS IN THE SPECIALTY FOR WHICH APPLICATION HAS BEEN MADE

I HAVE REQUESTED THE COLLEGE OR PROGRAM TO SEND A LETTER OF VERFICIATION OF MY SPECIALTY CERTIFICATION DIRECTLY TO THE NATUROPATHIC BOARD. Date requested _____

ANSWER THE FOLLOWING QUESTIONS

- Do you have any medical condition that in any way impairs or limits your ability to practice medicine?
 - Yes - Submit Explanation
 - No
- Have you ever been found guilty of any act of unprofessional conduct or any other conduct that would be grounds for refusal, suspension or revocation of a license
 - Yes - Submit Explanation
 - No
- Have you ever had any 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 that relate to your ability to skillfully and safely practice as a physician in this State.
 - Yes- Submit Explanation
 - No

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant's Full Name: _____ **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, correct 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 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 Medical Board to hold a hearing to revoke any naturopathic medical license or certificate that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 200_____
(OFFICIAL STAMP)

Notary Public Signature

Applicable Statutes and Rules

A.R.S. 32-1529. Specialists; certification; qualifications

A. To be eligible for a certificate to practice as a specialist an applicant shall:

1. Hold a current valid license to practice naturopathic medicine under this chapter.
2. Have satisfactorily completed an approved postdoctoral training program in the specialty.
3. Be board certified in the specialty by a specialty board of examiners that is recognized by the board.
4. Possess a good moral and professional reputation.
5. Be physically and mentally fit to practice the specialty.
6. Not be guilty of any act of unprofessional conduct or any other conduct that would be grounds for refusal, suspension or revocation of a license under this chapter.
7. Not have had any 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 that relate to the person's ability to skillfully and safely practice as a physician in this state.
8. File a completed application pursuant to section 32-1524.

B. The board may:

1. Require an applicant to submit credentials or other written or oral proof.
2. Make investigations it deems necessary to adequately advise it with respect to an applicant's qualifications.

C. A certificate issued to a physician pursuant to this section shall be concurrently renewed, suspended or revoked, with that physician's license to practice naturopathic medicine.

A.R.S. 32-1501 "Approved postdoctoral training" or "postdoctoral training" means that the program in which the training occurred or is being conducted has been approved for specialty training or for graduate medical education in naturopathic medicine by the board or **approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.**

Updated 9/2020

<i>Office Use</i>	<i>Processed</i>	<i>Emailed</i>	<i>Agenda</i>
<i>Receipted</i>			<i>Time Frame Report</i>