

**STATE OF ARIZONA
NATUROAPTHIC PHYSICIANS MEDICAL BOARD
1740 W. Adams, Ste. 3002
Phoenix, AZ 85007**

Request for written verification of licensure

There is a **\$5.00 fee** for written verification. A personal check or money order is required, made payable to AZND Board. The form and the fee must be submitted together.

Name and license number of naturopathic physician requesting this verification.

_____ **License No.** _____

_____ **I am requesting written verification of my license to be mailed directly to:**

or

_____ **I am requesting written verification of my license to be emailed to:**

Indicate the agency or person you would like the verification mailed to. Include the full mailing address or full email address. If you have a specific agency form, please include it with this request.

Thank you