APPLICATION FOR OSTEOPATHIC LICENSE

Arizona Board of Osteopathic Examiners In Medicine and Surgery
1740 West Adams Street, Suite 2410 | Phoenix, Arizona 85007
Telephone: (480) 657-7703 | E-mail: questions@azdo.gov | www.azdo.gov

Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

* Your Social Security number is being requested by this state agency in accordance with A.R.S. § 25-320(P). Disclosure is mandatory, and this record cannot be processed without it.

Attach a photograph
for identification purposes
Approximately
2" x 2"
TAKEN WITHIN THE
PAST SIXTY (60) DAYS

DO NOT STAPLE PHOTO
Transparent tape at edges
is preferred

FOR BOARD OFFICE USE ONLY

APPLICATION FEE:	$450
DATE APPLICATION FEE PAID:	
APPLICATION NUMBER:	
LICENSE ISSUANCE DATE:	

Download the license application instructions from www.azdo.gov and follow them carefully to avoid delays.

FAXED APPLICATIONS WILL NOT BE ACCEPTED. Answer all questions. Answer "none" or "N/A" if that is the correct response. If you fail to complete a question, your application will be considered deficient and the processing of your application will be delayed.

In accordance with Arizona Revised Statutes § 32-1822, you may be required to submit additional information, be evaluated for fitness to practice or appear before the Board for a personal interview in addition to submitting this application and requested documentation.

In accordance with A.R.S. § 41-1030 The Board is required to notify you of the following:

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 in statute 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.
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 a violation of this section.
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.
F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Submitting this application does not authorize you to practice medicine or surgery in the State of Arizona.

-----DO NOT WRITE ABOVE THIS LINE-----

SECTION 1: APPLICANT IDENTIFICATION AND CONTACT INFORMATION -REQUIRED

Last Name of applicant	First Name of applicant	Middle Name of applicant
Maiden Name of applicant ("None" or "N/A" is acceptable)	List all other names or aliases: ("None" or "N/A" is acceptable)	
Mailing Address (*number and street or rural route*) All correspondence will be mailed to this address until you are licensed, unless the Board is notified of a change in writing.		
City	State	ZIP code
Cell/Daytime Phone number ( )	E-mail address: (This address will not be a public record)	
Gender:	If using FCVS for verification of education, training and national medical exam scores, Check here:	FCVS Yes ❑
Date of Birth:	Social Security Number*:	
Place of Birth:	State of Established Residency:	

BASIS FOR LICENSURE

Application for: (*Please check appropriate box.*)

❑ License to Practice Osteopathic Medicine and Surgery	❑ Teaching License for Osteopathic Medicine and Surgery
❑ Universal Licensing Recognition [1] – A.R.S. §32-4302 (This is an Arizona Only License. Individuals are not eligible for the Interstate Medical Licensure Compact.)	

[1]In accordance with A.R.S.§32-4302, requirements for licensure may be waived if the applicant qualifies for Universal Licensure Recognition.

SECTION 2: ALTERNATE CONTACT

You may authorize someone else to check the status of your application by providing the following information and signing below. If this section is blank, only you, the applicant, will be told the status of this application.

Name of Contact:	Phone Number:
Name of Company:	Email:
Address/City/State/Zip:	

I, _____, give authorization for the above named person to be informed of the status of my Arizona application.

SECTION 3: PROFESSIONAL EDUCATION [1]

Please have a copy of your graduating transcripts sent from your Osteopathic college or submit Form No. 1 to the Osteopathic College from which you graduated. The form must be completed by the school Registrar or Dean and returned **DIRECTLY** to the Arizona Osteopathic Board in order to provide verification of your education.

NAME OF COLLEGE	CITY, STATE	DATE OF GRADUATION (*month, day, year*)

SECTION 4: POSTGRADUATE TRAINING [1]

Please fill in areas completely and accurately. Please submit Form No. 2 to each postgraduate training facility/program at which you trained, regardless of completion. The form must be completed by the Program Director and returned **DIRECTLY** to the Arizona Osteopathic Board in order to provide verification of your training. If the facilities or programs are now defunct, please so indicate. If more space is needed, use a separate sheet.

Type of Program	Name of Institution or Program	City/State	Specialty	Dates Attended	
				Start (M/D/YYYY)	End (M/D/YYYY)
Internship/ PGY-1					
Residency					
Residency					
Residency					
Fellowship					
Fellowship					

SECTION 5: NATIONAL LICENSURE EXAMINATION RECORD [1]

Please list the national licensure examinations you passed and the dates you passed. Please contact the NBOME or the USMLE and have a copy of your examinations scores sent **DIRECTLY** to the Board office.

Name of Exam / Part or Level	Date Passed

SECTION 6: PRIMARY FIELD OF PRACTICE / BOARD CERTIFICATION OF SPECIALITIES

Please list your primary field of practice. If you are currently completing PGT, list the field in which you are training. If you are Board certified in a specialty by either AOA-BOS or a specialty board of ABMS, list those. Please write either AOA-BOS or ABMS to indicate by which Board you are certified. The Arizona Osteopathic Board does not recognize specialty certifications by other credentialing bodies. Attach a copy of each certification listed.

Primary Specialty/Field of Practice:	

ABMS / AOA Board Specialty Certification	Date Certified	Expiration Date

[1] In accordance with A.R.S.§32-4302, requirements for licensure may be waived if the applicant qualifies for Universal Licensure Recognition.

SECTION 7: OTHER STATE LICENSES

Please fill in the information for each license you hold or have held. If you have more than fits in the table below, please use a separate blank sheet of paper for the 'overflow' information. If you were previously licensed in Arizona, list that also. On a separate sheet of paper explain any time you were not licensed. A verification of license must be submitted from each state in which you were granted a license, regardless of the status of the license. This verification must include a current status and disciplinary history, if any.

STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	LICENSE STATUS

Section 8: Practice Experience* [1]

Provide a list of all health care facilities, clinics, urgent cares, offices, etc., at which you have practiced medicine, consulted medicine or had staff privileges, whether employed or in private practice. This list must account for all years since initial licensure. This does not include facilities at which you were doing PGT rotations. If more space is needed, please use a separate blank sheet of paper. If this information is in your CV, you may write "see CV" in the table and include your CV with your application instead.

Verification of the last seven (7) years of practice experience may be required. If you receive notice from the Board regarding your Practice Experience, please send Form 3: Practice Experience Verification to the appropriate entities in order to obtain this, and then have the completed form(s) sent directly to the Board in order to maintain the integrity of the verification. We accept verifications by fax, email or mail from the verifying entities only.

** If you have extensive Locum Tenens history, please organize by facility, then by date on a separate sheet of paper.*

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Name of Health Care Facility or Employer	City, State

[1] In accordance with A.R.S.§32-4302, requirements for licensure may be waived if the applicant qualifies for Universal Licensure Recognition.

Section 9: Professional Conduct History		
Failure to properly answer the questions below may result in Board disciplinary action including revocation or denial of license.		
If you answer "yes" to any of the following questions, please attach an explanation of the situation on a separate blank sheet of paper. As appropriate, attach copies of documents from hospitals, programs, State Boards, courts and law enforcement agencies confirming your explanation.	**YES**	**NO**
1. Have you ever been arrested for, charged with or convicted of any felony, or any misdemeanor? You must answer "yes" even if the offense occurred outside of Arizona, the case has not yet been adjudicated, you completed a diversion program, you received a suspended sentence or probation, the convictions were dismissed or set aside, your sentence was commuted, the records were expunged, your civil rights were restored or you received a pardon.		
2. Have you had any disciplinary or adverse action imposed against any professional license, or were you denied a professional license, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board; OR have you been notified of any complaints or investigations against your license that have not yet been resolved?		
3. Has your DEA permit or prescription permit issued by any regulatory board been denied, restricted, suspended, lost, or had any other adverse action taken against it, OR have you been notified of any complaints or investigations against your authority to prescribe that have not yet been resolved?		
4. Has any award, settlement, or payment of any kind been made by you or on your behalf to resolve a civil suit or malpractice claim involving your practice even if it was not required to be reported to the National Practitioner Data Bank; OR have you been notified that any such suit or claim is pending?		
5. Have your hospital privileges or health care program affiliations been denied, restricted, lost, suspended or modified, or subjected to any other adverse action even if that action was not required to be reported to the National Practitioner Data Bank; OR have you been notified of any complaints against or reviews of your privileges or affiliations that have not yet been resolved?		
6. During an internship, residency or fellowship program were you placed on probation, had your privileges restricted or suspended, terminated from the program or had any other adverse action taken against your participation even if that action was not required to be reported to the National Practitioner Data Bank?		

Section 10: Confidential Questions		
If you answer "yes" to either of the following questions, you must submit a detailed written narrative statement concerning matter(s) including the name of the healthcare providers and treatment centers where you were treated along with the discharge summary of your treatment and progress. If you are currently participating or have participated in a confidential agreement or order in a program for the treatment and rehabilitation of doctors of osteopathic medicine impaired by alcohol, drug abuse or for other issues, please submit a copy of the agreement/order along with compliance reports from the state monitoring programs.	**YES**	**NO**
1. Have you recently been notified, diagnosed with or made aware of any initial or worsening symptoms of a current condition which did or may impair or limit your ability to safely practice medicine?		
2. Have you entered into a diversion program for evaluation, treatment or monitoring for substance abuse or dependency or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a regulatory board, criminal or civil court; OR have you been notified that such action is pending? You must answer "yes" even if you received a pardon, the convictions were set aside, the records were expunged, your civil rights were restored and whether or not the sentence was imposed or suspended.		

Section 11: Declarations & Attestation

a. I hereby give my permission for the Arizona Board of Osteopathic Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
b. I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Arizona Board of Osteopathic Examiners any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for chiropractic licensure.
c. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
d. I further authorize the Arizona Board of Osteopathic Examiners to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosure.
e. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
f. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for licensure pursuant to A.R.S. § 32-3208 (B).
g. I will notify the Board in writing immediately if I become the subject of an investigation or disciplinary action by any licensing Board.
h. I certify that I have read and personally answered all the questions on this application.
i. I certify that the photograph I have included with this application is a true and correct likeness of me.
j. I understand these fees are non-refundable.

I, the applicant herein, swear or affirm that I have read the statements listed under the Declarations and agree to same, state and depose that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information that may be of value to the Board of Osteopathic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure. Such falsification, omission, or withholding shall serve as sufficient grounds for the revocation or suspension of my license, if discovered after issuance of the license. A.R.S. § 32-1800 et seq., Arizona Osteopathic Medicine Act.

_____, D.O. _____
Signature of Applicant Date Signed

State of _____)
County of _____)
Subscribed and sworn before me this ____ day of _____, 20_____.

_____
Notary Public
My Commission Expires:_____

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Permit

Arizona Board of Osteopathic Examiners in Medicine & Surgery

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 license 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 INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF APPLICATION (Check one) ☐ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE/PERMIT (Check one) ☐ DO ☐ PGT ☐ Locum Tenens

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☐ Yes ☐ No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

If you answered **Yes**,
1) Attach a legible copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status" page.
Name of document _____
2) 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. Please indicate alien status by checking the appropriate box. Attach a legible copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status". Name of document provided _____.

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1),-1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C)

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect (Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq*.);
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

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'S SIGNATURE _____ TODAY'S DATE _____

Completed two-page form may be faxed to Board office at 480-657-7715

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS OR ALIEN STATUS

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. If proof of legal status does not include a photo, a copy of a current government issued photo ID such as a driver's license or US passport is required.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.

2. A driver license issued by a state that verifies lawful presence in the United States.

3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)

4. A United States certificate of birth abroad.

5. A United States passport. ***Passport must be signed***

6. A foreign passport with a United States visa.

7. An I-94 form with a photograph.

8. A United States citizenship and immigration services employment authorization document or refugee travel document.

9. A United States certificate of naturalization.

10. A United States certificate of citizenship.

11. A tribal certificate of Indian blood.

12. A tribal or Bureau of Indian Affairs affidavit of birth.

13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

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ARIZONA BOARD OF OSTEOPATHIC EXAMINERS
INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD

1. GENERAL INFORMATION

All initial applicants are required to undergo a background check in accordance with A.R.S. § 32-1822 (A) (9). A clearance card issued by DPS or any recent fingerprinting report does with another agency will not be accepted. If the Fingerprint Card and Fingerprint Verification Form are not submitted correctly, they will not be accepted. Fingerprints must be submitted on a standard FD-258 Card. However, a digitally printed fingerprint card on Form FD-258 is acceptable. **RETURN** the completed and signed **fingerprint card** and **identity verification form together** to the Board in a sealed envelope. Please make sure they are both signed by you and the fingerprint technician. **There are no exceptions to any of the requirements for fingerprinting or the background check.**

2. HOW TO COMPLETE THE FINGERPRINT CARD

- Type or print legibly, in **Black ink or dark Blue ink**, in the following blocks and use the abbreviations listed below for the physical description items:

NAME	Enter your full name (Last Name, First Name, Middle Name)
SIGNATURE	Be sure to sign in the Signature of Person Fingerprinted block.
RESIDENCE	Enter your current physical residence address.
ALIASES/AKA	Enter any aliases used, including maiden name or previous married names.
DATE OF BIRTH (DOB)	Use the format: MM/DD/YYYY
CITIZENSHIP	Enter the name of the Country of your established Citizenship.
SSN	Your Social Security Number: XXX-XX-XXXX
SEX	F = Female M = Male
RACE	A = Asian/Pacific Islander I = American Indian/Alaskan Indian B = Black W = White or Hispanic U = Unknown
HEIGHT (HGT)	Enter in feet and inches. Do not use fractions of an inch; round off to the nearest inch. EX: 5' 9" enter 509. DO NOT USE METRIC SYSTEM.
WEIGHT (WGT)	Enter the weight in pounds as a whole number. DO NOT USE METRIC SYSTEM.
EYE COLOR	BLK = Black BRO = Brown GRN = Green MAR = Maroon PNK = Pink BLU = Blue GRY = Gray HAZ = Hazel MUL = Multicolored XXX = Unknown
HAIR COLOR	BLK = Black BRO = Brown SDY = Sandy GRY = Gray PNK = Pink BLU = Blue BLN = Blonde or Strawberry WHI = White RED = Red or Auburn PLE = Purple ONG = Orange XXX = Unknown or completely bald
PLACE OF BIRTH (POB)	Enter the two-letter state abbreviation *OR* spell out a foreign country.

- Stay within the blocks – DO NOT OVERLAP THE BLUE LINES.
- The name on the card must be identical to the name on the application (use your legal name).
- No staples anywhere on the card.
- Do not fold the fingerprint card before or after completion.
- DO not enter data within the blocks marked "Your No. OCA", "ORI" or "Miscellaneous NO. MNU". Those areas are for Board use when submitting your fingerprint card.

- Please do not use highlighter anywhere on the card. The Department of Public Safety will not process fingerprint cards with highlighted areas.
- If you have any questions about the fingerprinting process please contact the Board office for assistance.
- ***Do not send the fingerprint card before your initial application. Your fingerprint card will only be processed if it comes with or after your license application.***

3. PROCESSING TIME

Processing of the fingerprint card takes approximately 3-6 weeks. However, the FBI has 120 days to complete their portion of the background check. This process cannot be expedited for any reason. The Board will not consider for approval your application for licensure until your application is complete including your background check is received. Delays may occur if the above instructions are not followed. Delays may also occur if the fingerprint card is returned by DPS/FBI because the "FINGERPRINTS ARE NOT LEGIBLE". A new fingerprint packet may need to be completed. No permanent license will be issued until both state and federal criminal history clearance has been completed.

4. WHERE DO I OBTAIN FINGERPRINTING SERVICES?

At a local law enforcement agency, sheriff's office, mobile fingerprinting service or a business that provides fingerprinting service. The service provider will need to supply you with an FD-258 Fingerprint Card. Your identity must be verified with a valid, unexpired government-issued photo ID. It is the responsibility of the applicants to make sure that the fingerprint technician follows all the instructions on the Fingerprint Verification Form. **Fingerprint Cards and Fingerprint Verification forms must be submitted correctly or they will not be accepted.**

CRIMINAL HISTORY RECORD INFORMATION NOTIFICATION AND DISCLOSURE

By submitting your fingerprints to the Board you are attesting that you have read and understand this information.

Notification

A.R.S. § 32-1822 (A) (9) authorizes the Board to require all applicants to submit a full set of fingerprints for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. Fingerprints submitted will be used to check the criminal history records maintained by the Federal Bureau of Investigation and the Arizona Department of Public Safety. The criminal justice information received by this agency will be used solely for the purpose of determining your eligibility for licensure and may not be disseminated outside of this agency. The Board cannot provide you with a copy of your criminal history record.

If you feel that your criminal history record is inaccurate or incomplete, you are able to complete or challenge the accuracy of the information in the record and this Board will afford you a reasonable amount of time to correct or complete the record should you wish to do so.

Obtaining a Copy for Changes, Corrections or Updates

The procedures for obtaining a copy of an FBI criminal history record (for changes, corrections or updates) are set forth in Title 28 Code of Federal Regulations §16.30 - 16.34. Information is available on the FBI website: https://www.fbi.gov/services/cjis/identity-history-summary-checks *OR* call (304) 625-5590.

To obtain a copy of your Arizona criminal history, per A.A.C. R13-1-08, (in order to review, update or make corrections to the record) contact the Arizona Department of Public Safety by calling (602) 223-2222. Information is available on the DPS website: www.azdps.gov.

WHY FINGERPRINT CARDS ARE REJECTED

1. There is highlighter on the fingerprint image blocks (the scanners cannot read the information).
2. The fingerprint image bleeds on the blue line or overlaps the borders of that block (scanners cannot read the entire image).
3. There are more than two tabs per fingerprint impression block.
4. There is writing in the fingerprint blocks. **ONLY EXCEPTION:** amputation (amp).
5. Staples are anywhere on the card.
6. Any fingerprint image is obscured.
7. "Best Prints Possible" stamp is on the card.
8. Prints are not straight up and down on the card.
9. Cards have been folded or bent.
10. There is any indication that the returned, sealed envelope with the completed fingerprint card and identity verification form, has been opened or tampered with.
11. The Identity Verification Form is not included or properly completed.

INSTRUCTIONS FOR FINGERPRINT TECHNICIAN

1) Please fill out or ensure that the applicant has filled out the required blocks on the fingerprint card prior to take the applicants' fingerprints.
2) Verify identification of individual with a **valid, unexpired government-issued photo ID**.
3) Fill out the Identity Verification Form.
4) Stay within the blocks – DO NOT OVERLAP THE BLUE LINES.
5) Do not use more than two (2) retabs per fingerprint impression block.
6) Ensure notations are made for any missing fingerprint impression (i.e. amputation).
7) Date and Sign your name on the fingerprint card (third block down on the left).

8) Place the completed fingerprint card and this signed identity verification form in the return envelope and seal immediately before returning it to the individual.

IDENTITY VERIFICATION FORM

Name of Individual: _____
(Print – Last Name, First Name)

Fingerprinting was performed at or by (name of fingerprinting facility) _____.

I, (fingerprint technician's printed name) _____ have verified the identity of the individual through a government-issued photo ID.

Type of ID provided (check one):

_____ Driver License/MVD Issued ID _____ Passport

_____ Other (please specify) _____

I, the undersigned, do attest that the above information as well as the information provide on the fingerprint card is correct bases upon the verification of a valid, unexpired, government issued photo ID and confirm that the applicant was fingerprinted on the included card.

Date: _____ _____
Signature of Fingerprinting Technician

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1740 W. Adams Street, Suite 2410, Phoenix, Arizona, 85007
Ph : 480-657-7703 | www.azdo.gov | questions@azdo.gov

Form No. 2: VERIFICATION OF POSTGRADUATE TRAINING

FOR APPLICANT: Make as many copies as needed. **Mail or fax this form to the program director of each Postgraduate Training (PGT) program in which you participated regardless of completion.** This completed form is a requirement of licensure in Arizona. Your signature below is authorization to release any information about you in your PGT program's files of record, favorable or otherwise **DIRECTLY to the Arizona Board of Osteopathic Examiners in Medicine and Surgery.**

Applicant Name: _____, D.O.

Signature _____ Date (Month/Day/Year) _____

THIS SECTION TO BE COMPLETED BY PROGRAM DIRECTOR

FOR PGT PROGRAM DIRECTOR: The above named individual has applied for licensure in Arizona and has stated that he/she has participated in a PGT program at your facility. He/she is required to submit this form to you for completion. Therefore, please complete this form and return it to our office at the address above.

1. Important – Program Participation: Please report internships, residencies and fellowships separately. Please report incomplete postgraduate years (PGY) separately from those successfully completed. If the postgraduate year is currently in progress, report the expected completion date in the "To" field.

PG Year(s):_____ **DEPARTMENT/SPECIALTY:** _____

○ **Internship** ○ **Residency** ○ **Fellowship**

From: _____/_____/_____ **To:**_____/_____/_____

Successfully completed? ○ **Yes** ○ **No** ○ **In Progress**

PG Year(s):_____ **DEPARTMENT/SPECIALTY:** _____

○ **Internship** ○ **Residency** ○ **Fellowship**

From: _____/_____/_____ **To:** _____/_____/_____

Successfully completed? ○ **Yes** ○ **No** ○ **In Progress**

PG Year(s):_____ **DEPARTMENT/SPECIALTY:**_____

○ **Internship** ○ **Residency** ○ **Fellowship**

From: _____/_____/_____ **To:** _____/_____/_____

Successfully completed? ○ **Yes** ○ **No** ○ **In Progress**

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2. The following questions apply to the PGT years stated above. Please check the appropriate response.

a. This program was approved for postgraduate training during this individual's attendance by: ○ AOA ○ ACGME ○ DUAL

b. Did this individual ever take a leave of absence or deferment/break from his/her training? ○ Yes ○ No

c. Was this individual disciplined and/or placed under investigation or on probation? ○ Yes ○ No

d. Did this individual participate in a confidential or public diversion program for substance abuse monitoring? ○ Yes ○ No

Please explain below any "Yes" response(s) to the questions above. Use a separate blank sheet of paper if more room is necessary.

3. COMMENTS: _____

_____

Signature: _____ Date: _____

Name Typed or Printed: _____ Title: _____

Full name of Program or Hospital: _____

Address: _____ Phone No.: _____

City/State/Zip: _____ Fax No.: _____

Contact person, if different from above: _____ Email: _____

Arizona Board of Osteopathic Examiners License Application
MALPRACTICE CLAIM / SUIT QUESTIONNAIRE

Complete the information below for each instance of any award, settlement or payment of any kind either made by you or on your behalf to resolve a civil suit or malpractice claim involving your practice even if it was not required to be reported to the National Practitioners Data Bank; OR if you have been notified that any such suit or claim is pending. Duplicate this form as necessary and use as a cover sheet with all supporting documentation required.

1. Applicant's name: _____

2. Name of patient: _____ _____ _____
   Last name First name Middle name/initial

3. Date of occurrence: _____

4. Location of occurrence: _____
   Name of hospital / office / clinic) City / State

5. Current status of suit/claim: ☐ Pending ☐ Settled

   If settled, was it settled: ☐ in court ☐ out of court Date of settlement: _____ /_____ /_____

6. Total Amount of Settlement / Award $_____ Amount attributable to you $_____

7. Name of your insurance company: _____

8. Has this case been investigated or reviewed by any state board? ☐ No ☐ Yes ☐ Pending

   If Yes or Pending, name of Licensing Board: _____

   What was the outcome? Please include a copy of the Licensing Board's final disposition:

   _____

9. On a separate sheet of paper, in your own words, **describe the claim / suit** and your involvement. Attaching the NPDB description is <u>not</u> an acceptable response.

10. **Attach the following documents to this form**. Your application will not be decided upon until the following attachments have been received:
    a. plaintiff's complaint or claim to insurer;
    b. settlement agreement, court order or dismissal letter (if case has concluded) and
    c. Board resolution after investigation of case (if case has concluded).

_____ _____
Signature of applicant Date signed

Completed form and documentation may be faxed to Board office at 480-657-7715

License Application Checklist

License Application packets with original notarized signatures must be mailed or delivered to the Board office.
Scanned or faxed license applications are not acceptable.

A. Before you send us your application packet, please make certain you have completed the following.

☐ 1.	A current version of the Board's license application downloaded from www.azdo.gov.
☐ 2.	All sections of the four page application are filled in with correct information OR marked N/A if not applicable.
☐ 3.	A clear passport type color picture of you (2" x 2") taken within the past 60 days attached to the front page of the application. We prefer you use transparent tape around the edges because your application packet will be scanned.
☐ 4.	Your name, date and notarized signature in Section 11 of the application. DO NOT LEAVE ANY QUESTION UNANSWERED IN THE APPLICATION OR ANY FIELD IN THE OATH AND NOTARIAL CERTIFICATE BLANK.
☐ 5.	Photocopy of a current valid government issued photo ID. For example, a driver's license, U.S. Passport or military ID.
☐ 6.	Copy of court records of any name changes, if applicable.
☐ 7.	Explanations and supporting documentation of all "yes" answers to Professional Conduct History. This includes medical malpractice settlements, etc. Use the form "Malpractice Claim/Suit Questionnaire" as a coversheet for each instance of medical malpractice.
☐ 8.	Copy of AOA-BOS or ABMS specialty certification or letter verifying specialty and/or subspecialty, dates of issuance and expiration, if applicable.
☐ 9.	Completed Citizenship/Alien status two page form signed in section IV.
☐ 10.	Photocopy of current U.S. passport, birth certificate or a legible copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status or Alien Status" page included in this packet**.**
☐ 11.	Copy of your osteopathic diploma. This may be a digital photo of your framed certificate sent by email.
☐ 12.	Copies of your PGT certificates, as applicable. This may be a digital photo of your framed certificate sent by email.
☐ 13.	$450 application fee. The fee can be paid by Visa, MasterCard, American Express, check or money order. This fee is for processing the application only and is non-refundable.

B. It is your responsibility to make certain the following Verifications are sent directly to the Board.

☐ 14.	Verification of graduation from college/school of osteopathic medicine (Official Transcripts or Form No. 1).
☐ 15.	Verification of all postgraduate training regardless of completion (Form No. 2).
☐ 16.	Original transcript of your medical licensure examination scores. Contact NBOME or NBME for its requirements to have an original transcript sent to the Arizona Osteopathic Board.
☐ 17.	Verification of state licensure and professional conduct history, if applicable. Contact each state board for its requirements. Boards may require payment of a fee for this service.
☐ 18.	A list of each health care facility or employer at which the applicant obtained practice experience. If the applicant has not passed an examination approved under R4-22-203 with within the last seven years, the Board may contact you and request verification of practice experience from the health care facilities or employers listed for the last seven years.

C. Fingerprint Packet – You will be sent a fingerprint packet after your application has been received by the Board.

☐ 19.	Applicants for licensure are required to undergo a background check. Follow the instructions in the packet. Fingerprint cards cannot be accepted prior to the license application. The fingerprint fee is included in the application fee.

You do not need to include this checklist with your application. Its purpose is to help you complete the paperwork associated with licensure and submit a satisfactory application which will prevent any unnecessary delays.

Questions? Please call the licensing division at 602-771-2525
or email your question(s) to Questions@AZDO.gov

Arizona Board of Osteopathic Examiners In Medicine and Surgery
1740 W. Adams Street, Suite 2410, Phoenix, Arizona, 85007
Ph : 480-657-7703 | www.azdo.gov | questions@azdo.gov

CREDIT CARD PAYMENT AUTHORIZATION

Name of Applicant: _____, D.O.

If paying by credit card, complete and return this form and mail with your application.
You may also pay with check or money order.

Application Fee: $450.00

Name as Shown on Payment Card: _____

Billing Address: (Required)

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number of Card Holder: (Required) _____

Mailing Address (Required if different from billing address)

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number of Card Holder: (Required) _____

Signature of Cardholder: _____ **Date:** _____

Type of Card: ☐ **Visa** ☐ **MasterCard** ☐ **American Express**

Visa or MasterCard #: _____ - _____ - _____ - _____

OR

American Express #: _____ - _____ - _____

Expiration Date: _____/ _____ **(MM/YY)**

Note: ***The Board shreds this form after payment has been authorized by your credit card company***

Application Processing Overview

YOU HAVE SUBMITTED YOUR APPLICATION, WHAT HAPPENS NEXT?

EMAIL ACKNOWLEDGEMENT: When Board staff has received your application packet, you will be sent an email acknowledging receipt. If you do not provide an email address, no acknowledgment will be sent. This acknowledgment does not mean that all required documents have been received.

FINGERPRINT PACKET: As of September 1, 2017, initial license applicants are required to undergo fingerprinting per A.R.S. § 32-1822(A)(9). The instructions for fingerprinting are included in this application packet. Follow the instructions in the fingerprint packet to avoid delays or having to repeat submission of your fingerprints. Your application will remain administratively incomplete until all required documentation has been received including fingerprint processing.

ADMINISTRATIVE COMPLETENESS/DEFICIENCY LETTER: Within 30 days after sending the acknowledgment email, staff will mail a letter to you listing the missing or incomplete information needed to complete your application. This will include the date we received your license application. Your application remains open for 360 days from this date. If all required documents and verifications are not received within 360 days, your application will expire. The fee is non-refundable.

ADMINISTRATIVELY COMPLETE: After everything in the License Application Checklist has been received, the Board staff will independently obtain the following:

1. National Practitioner Data Bank report
2. Federation of State Medical Board's Practitioner Profile

At this point your application is administratively complete and moves to substantive review.

SUBSTANTIVE REVIEW: This stage of the application process is the evaluation of all answers, documents and verifications collected, and the decision whether they demonstrate you are qualified for licensure in Arizona. This process is conducted by the Executive Director and may take 1 – 90 days. You may be required to appear before the Board at a regularly scheduled Board meeting for a decision on your application.

ISSUANCE OF LICENSE: If at the conclusion of the substantive review your license is approved, you will receive a letter of congratulations and an invitation to request issuance your license. At this point your license is approved but has not been issued and you cannot yet practice medicine in Arizona.

Enclosed with the approval letter is the **Request for Issuance of License** form. To have your Arizona license activated, please complete this form, sign and date it and submit it with the license issuance fee. We will accept scanned or faxed copies of this form if accompanied by the credit card payment form included with the letter or you can submit the form and fee by check or money order via mail or delivery service.

You have 90 days from the approval date to accept and pay for your license. We cannot accept issuance requests in advance. There is a prorated fee table on the issuance form. Your credit card will be charged the applicable month's fee for the date the license is issued. Your license effective date will be the date we receive your issuance request form and fee.

You can check on the status of your license after it is issued by going to www.azdo.gov > Doctor Search and performing a license search on your last name. Your web profile only appears after the license is issued and will be your proof of licensure.

MAINTAINING YOUR LICENSE: Your initial license will be valid until the end of the calendar year in which it is issued. Please see the License Renewal and CME FAQ on our website at www.azdo.gov for more information regarding maintaining and renewing your Arizona license.

Arizona Revised Statutes and Rules for osteopathic licensure can be found on our website at www.azdo.gov > Statute and Rules. As a licensed physician you will be subject to all state and local laws and regulations pertaining to public health and subject to all the same duties and obligations and authorized to exercise all the same rights and privileges possessed by physicians and surgeons of other complete schools of medicine in the practice of their profession per A.R.S. § 32-1852.

ASU SURVEY

The Arizona State University Center for Health Information and Research with the Arizona Board of Medicine and the Arizona Board of Osteopathic Examiners in Medicine and Surgery conducts this survey to gather information on the factors that influence physicians to practice in Arizona. **Your participation is voluntary and your responses are confidential. The data is stored in a secure facility at Arizona State University and only aggregate results are published.**

Applicant Name_____, D.O.

1. I am applying for an Arizona license because (check the **most important** reason)

- ☐ Completed residency, entering practice
- ☐ Beginning fellowship in Arizona
- ☐ Completing fellowship in another state
- ☐ Federal physician transitioning to private practice
- ☐ Transfer by corporate employer health insurer
- ☐ Locum tenens
- ☐ To treat Arizona patients via Telemedicine
- ☐ Other (Specify) _____
- ☐ Bought into a practice/partnership in Arizona
- ☐ Accepted hospitalist position in Arizona
- ☐ Joint job change with spouse/significant other
- ☐ Bad malpractice climate
- ☐ Poor reimbursement
- ☐ To do utilization review on Arizona patients
- ☐ Managed care penetration

2. I am **moving to** (city/town)_____Arizona **from** (city/town)_____State_____

3. How did you learn of the position that you accepted in Arizona:

- ☐ Recruited by hospital/university
- ☐ Recruited by professional acquaintances
- ☐ Through a search firm
- ☐ Through an ad in a journal/professional publication
- ☐ Through information obtained during residency/fellowship
- ☐ Other_____

4. Please select, from the following list**, <u>up to three</u>** of the important influences on your decision to practice in Arizona rather than in some other state.

- ☐ Family/personal ties
- ☐ Job opportunity for spouse/significant other
- ☐ Climate
- ☐ Lack of positions in chosen field in other states
- ☐ Quality of elementary/secondary schools
- ☐ Compensation/cost of living
- ☐ National Service Corp obligation
- ☐ Quality and availability of emergency facilities
- ☐ Availability of specialists for consultation
- ☐ Relatively low malpractice premiums

☐ If other important factor, specify_____

_____

5. If your new position includes treating patients, do you plan to accept: *Medicare* ☐ Yes ☐ No *Medicaid* ☐ Yes ☐ No

6. Can you converse, without a translator, to patients who speak the following as their only language? **(Check all that apply):** English ☐ Spanish ☐ French ☐ Chinese ☐ Vietnamese ☐ Arabic ☐ Tagalog ☐ Other: ☐ _____

7. Did you use electronic medical records in your last practice setting? ☐ Yes ☐ No

8. Do you expect to use electronic medical records in your new practice setting ☐ Yes ☐ No ☐ Don't Know

THANK YOU FOR TAKING THE TIME TO HELP PLAN FOR THE FUTURE PHYSICIAN WORKFORCE