Arizona Board of Osteopathic Examiners In Medicine and Surgery
1740 W. Adams Street, Suite 2410, Phoenix, Arizona, 85007
Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

REQUEST FOR WAIVER OF CME REQUIREMENT

PLEASE NOTE: You are required to send copies of your CME Activity Report(s) or Certificates of Completion with this form.

Physician Name: _____ AZ Lic # _____

Daytime Phone #: _____ Email : _____

A. How many hours of AOA accredited Category 1-A CME hours have you taken to meet the forty (40) hour requirement? _____ (January 1, 2019– December 31, 2020)

B. How many hours of other AOA CME or ACCME accredited AMA Category 1 CME hours have you taken to meet the forty (40) hour requirement? _____ (January 1, 2019– December 31, 2020)

C. As allowed by A.R.S. § 32-1825(C), I hereby request a waiver from completing the CME requirement of 40 hours in the two (2) years preceding this renewal of my license for the reason(s) checked below. I have attached the listed documentation as required by the Board's rules (AAC R4-22-207).

- ☐ Disability: Attach letter from your treating physician stating nature of disability.
- ☐ Military service: Attach a copy of your current orders or a letter on official letterhead from your commanding officer.
- ☐ Absence from the United States: Attach a copy of the pages from your passport showing exit and reentry dates.
- ☐ Other circumstances beyond my control: Attach a letter stating the nature of circumstances. Attach documentation that provides evidence of the circumstances.

1. The Executive Director will decide on your request within seven (7) days. The written response will be sent to you at the mailing address you have on file with the Board.
2. Filing this Request for Waiver does **NOT** exempt you from having to pay penalty fees in addition to the renewal fee if your renewal application is submitted after January 31, 2021.
3. **You must submit your Request for Waiver no later than January 30, 2021. Waivers cannot be accepted after this date.**
4. **Your renewal application form, renewal fee (and penalty fee if needed) must be received before midnight April 30, 2021.** If you do not complete your renewal, your license will expire May 1, 2019 and you may not practice in Arizona until you re-apply as a new applicant, your application is approved and your new license is issued.

My renew by date is December 31, 2020. In submitting and signing this form, I am requesting a waiver of the CME requirement for my Arizona license renewal. I attest that I have read and understand the above requirements for obtaining a waiver and renewing my license if/when my waiver request is approved.

Physician Signature: _____ Date signed: _____