

Arizona Medical Board

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MONITORED AFTERCARE PROGRAM Notice Requirements/Future Notice Requirements

As part of the requirements for participation in the Board's Monitored Aftercare Program, the Physician whose name appears below is required to immediately provide a copy of the Agreement to all employers, hospitals, and free standing surgery centers at which the physician currently has privileges. Within 30 days of the date of the Agreement, the physician shall provide the Board with a signed statement that the physician has complied with this notification requirement. The physician is further required to, under penalty of perjury, immediately notify the Board of any changes in employment and of any hospitals and freestanding surgery centers at which he gains privileges after the effective date of this Agreement.

Physician Name:	, M.D. License No	_
Employer:		
Employer Name: Address:		- - -
Copy of Agreement given to:		
Print Name	Title	-
Signature of Authorized Staff Member	Telephone #	-
Privileges:		
Address:		
Copy of Agreement given to:		
Print Name	Title	
Signature of Authorized Staff Member	Telephone #	

Privileges:			
Hospital/Surgery Center: Address:			
Copy of Agreement given	to:		
Print Name		Title	
Signature of Authorized St		Telephone #	
Privileges:			
Hospital/Surgery Center: Address:			
Copy of Agreement given	to:		
Print Name		Title	
Signature of Authorized St	aff Member	Telephone #	
and address(es) of all empractice. I am also requir	ployers, hospitals and ed to, under penalty	ty of perjury, state that I have provided free standing surgery centers at which of perjury, immediately notify the Boacenters at which I have privileges to pro-	ch I have privileges to ard of any changes in
, M.D) .		