Arizona Board of Osteopathic Examiners In Medicine and Surgery
9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258
Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

ORDER FORM: ARIZONA D.O. PHYSICIAN CREDENTIALING DATA FILE

The Arizona Board of Osteopathic Examiners produces an Excel file containing public information from the D.O. Physician database on a monthly basis. This data file includes the following:

License Number	Due to Renew By Date	Middle Initial/Name	Medical School
License Type	Expiration Date	Office Address, City, State, Zip	Graduation Date
License Status	Last Name	Office Phone Number	Area(s) of Interest
Licensed Date	First Name	In State or Out of State Practice	Board Action(s) Type and Date*

* See individual physician profiles on our website at www.azdo.gov for documents related to Board actions.

The **Arizona D.O. Physician Credentialing Data File** is provided as an attachment via email in Excel format.
Cost: $100.00 per data file transmission.
$25.00 for non-profit (501(c)(3)) organizations (must provide valid Federal documentation with order)
Government agencies – please forward your request to the Board office at questions@azdo.gov

To order, please complete the bottom portion of this form. Mail, email or fax the completed form together with a check, money order or completed credit card payment form (attached) to the Arizona Board of Osteopathic Examiners.

Name (please print) _____ Phone No. _____

Company Name _____ Fax No. _____

Address _____

City/State/Zip _____

REQUIRED: Email address for data transfer: _____
(please print)

Pursuant to A.R.S. § 39-121.03, please complete the following statement:

These records will be used for commercial ☐ non-commercial ☐ purposes.

If commercial purpose, specifically state for what purpose: _____

The public records requested and described above are to be used solely for the purpose stated. They will not be used directly or indirectly for a different purpose other than described. The information I have provided is true and correct.

By signing this form and submitting it to the Arizona Board of Osteopathic Examiners, I authorize this agency to debit the credit card identified on the attached form or accept the enclosed check or money order for the purchase of an Arizona D.O. Physician Credentialing Data File at the cost of $100.00 per data file unless otherwise noted above.

Authorized Signature _____ Date _____

Two ways to order and pay for the Arizona D.O. Physician Credentialing Data File

To pay by credit card
In addition to completing this form, please complete and submit the "Credit Card Payment Form" and fax both to 480-657-7715 or mail to the Board.

To pay by check or money order
Mail this form with your check or money order to the Board.

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CREDIT CARD PAYMENT FORM

Name of Physician_____ Date _____
(if applicable)

Item/Service Requested: _____

This form and your order/application may be faxed to: 480-657-7715
If faxing this form, please do not mail the original as you may be charged twice.

Amount: $_____

Type of Card: ☐ Visa ☐ MasterCard ☐ American Express

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

American Express #: _____ - _____ - _____

Expiration Date: _____ (MM/YY)

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**: _____

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