



REQUEST FOR EXTENSION OF TIME TO COMPLY WITH CME REQUIREMENT

Physician's Name _____ AZ License Number _____
 Practice Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone No. _____ Fax No. _____
 Email Address _____ If change of address, please check here

REQUIREMENTS FOR COMPLETING THE RENEWAL OF YOUR LICENSE WHEN FILING AN EXTENSION
Please read carefully. Your license is not renewed until the following steps are completed.

1. Complete this form and send it to the Board by midnight January 30, 2018. Extension requests cannot be accepted after January 30, 2018.
2. The following must be sent with your request for extension:
 - proof of CME completed since January 1, 2016 and
 - proof of registration for additional CME needed to meet renewal requirements.
3. Board approved CME hours taken during this extension period may be counted for only ONE renewal cycle. The hours you apply to this renewal cannot be applied to your next CME renewal requirement.
4. By filing this extension you will automatically be included in the CME Audit and must complete and submit the CME Audit Reporting Form AFTER you have completed the required forty (40) hours of CME. Twenty-four (24) of the forty (40) CME hours must be AOA Category 1-A. The remaining balance of sixteen (16) hours may be any category including AMA Category 1.
5. When submitting the CME Audit Reporting Form you must provide proof of completion of CMEs by sending a copy of your AOA CME Activity Report or your certifying Board's CME activity report verifying completion of at least forty (40) CME hours in Board approved categories. For CME not accounted for on the above reports, please send copies of your Certificates of Completion (do not send originals). Registration and receipt of payment for CMEs are not proof of completion. **CMEs completed prior to January 1, 2016 cannot be used for this renewal.**
6. You may submit your Renewal Application Form and renewal fee (online or by paper) at any time through April 30, 2018. **Please renew your license prior to February 1st to avoid the late renewal penalty fee of \$175 in addition to the renewal fee.**

If you do not complete the Renewal Application Form and pay the renewal fee (and late fee if applicable) by midnight April 30, 2018, your license will expire on May 1, 2018. You will not be permitted to practice in Arizona until you re-apply as a new applicant, the application is approved and your new license is issued. The application process may take up to six (6) months and is not a guarantee of re-licensure.

If you do not complete the CME Audit and submit proof of completion by midnight April 30, 2018, you may be required to appear before the Board.

My renew by date is December 31, 2017. In submitting and signing this form, I am requesting an extension to April 30, 2018 to complete the required CMEs for my Arizona license renewal. I attest that I understand the above requirements for renewing my license if/when my extension is approved.

Physician Signature: _____ Date signed: _____

License holder must sign the form