



## 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](http://www.azdo.gov) | [questions@azdo.gov](mailto:questions@azdo.gov)

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# TEMPORARY LICENSE APPLICATION INSTRUCTIONS

## QUALIFICATIONS:

A physician may apply for a temporary license if he/she meets all of the following criteria:

1. Has applied for a full license pursuant to A.R.S. § 32-1822. The application for full licensure must be in process prior to filing for temporary licensure.
2. Holds an active, unrestricted license to practice medicine in a state, territory or possession of the United States.
3. Has never had a license revoked or suspended or surrendered a license for disciplinary reasons.
4. Is not the subject of an unresolved complaint in any jurisdiction.

## INSTRUCTIONS:

1. **Section 1: Attestation:** To qualify for a temporary license, you must attest to the existence of certain conditions. You are required to notify the Board immediately if there are changes to these circumstances during the application process or while holding a temporary license, at which time the Board may deny the pending application for licensure or revoke the temporary license.
2. **Section 2: Other State License:** List all full licenses you hold or have ever held. These must be listed on this application even if you listed them for your full license application. You do not need to list temporary licenses or permits. List all licenses regardless of the current status of the license. If you need additional room, please provide the required information on a separate sheet of paper.
3. **Section 3: Notarization:** Sign the form in the presence of a licensed notary public. You are attesting that all statements on the application are true and correct. False or misleading statements on an application are acts of unprofessional conduct and grounds for disciplinary action including denial or revocation of the temporary and full license applications.
4. Submit the original notarized application by mail or delivery service only. Copies are not acceptable.
5. If granted, the temporary license expires the earlier of 250 consecutive days after the date the temporary license is granted or on approval or denial of the license application previously submitted pursuant to A.R.S. § 32-1822.
6. A temporary license is not renewable.



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TEMPORARY LICENSE APPLICATION

No Fee Required

Name of Applicant: \_\_\_\_\_, D.O.

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.
D. This section may be enforced in a private civil action and relief may be awarded against the state.
E. A state employee may not intentionally or knowingly violate this section.
F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

SECTION 1. ATTESTATION: Please initial each statement below, attesting that the statement is true.

- I have submitted a license application with the Arizona Board of Osteopathic Examiners in Medicine and Surgery.
I hold an active and unrestricted license to practice medicine in a state, territory or possession of the United States.
I have never had a license revoked or suspended or surrendered for disciplinary reasons.
I am not the subject of an unresolved complaint.
I understand I must notify the Board immediately if any circumstance specified in this section changes during the temporary license application period or while holding a temporary license, at which time the Board may deny or revoke my temporary license.

SECTION 2: OTHER STATE LICENSES: List each license you hold or have held regardless of its status.

Table with 6 columns labeled 'Issuing State' and 5 empty rows for listing licenses.

SECTION 3: NOTARIZATION:

Signature of Applicant \_\_\_\_\_, D.O. Date Signed \_\_\_\_\_

State of \_\_\_\_\_ )
County of \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ before me personally appeared \_\_\_\_\_ (applicant), known to me or whose identity is proved to me by satisfactory evidence to be the person who he/she claims to be and who swore or affirmed before me that the information in this application is true, complete and correct.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

SEAL