

ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

t o o | h , AZ 85 | PH: 480-657-7703 | FX: 480-657-7715 | www.azdo.gov | questions@azdo.gov

OSTEOPATHIC POSTGRADUATE TRAINING PERMIT RENEWAL APPLICATION

Fee: \$50.00 per Permit

Complete all sections. If your application is incomplete, it may cause a delay in renewing your permit. Please use the name change request form on our website at www.azdo.gov to report a change of name.

A.

Name:	Phone:
Arizona Residential Address:	
City, State & Zip:	Email:
Name of Program/Facility:	
Training Specialty:	

B. PROFESSIONAL CONDUCT HISTORY QUESTIONNAIRE

Failure to properly answer the questions below may result in board disciplinary action or denial.

If you answer "yes" to any of the following questions, please attach an explanation of the situation on a separate blank sheet of paper. As appropriate, attach copies of documents from hospitals, programs, State Boards, courts and law enforcement agencies confirming your explanation.	YES	NO
1. Have you ever been arrested for, charged with or convicted of any felony, or any misdemeanor? You must answer "yes" even if the offense occurred outside of Arizona, the case has not yet been adjudicated, you completed a diversion program, you received a suspended sentence or probation, the convictions were dismissed or set aside, your sentence was commuted, the records were expunged, your civil rights were restored or you received a pardon. <i>A list of reportable misdemeanors is on our website.</i>		
2. Have you had any disciplinary or adverse action imposed against any professional license, or were you denied a professional license, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board; OR have you been notified of any complaints or investigations against your license that have not yet been resolved?		
3. Has your DEA permit or prescription permit issued by any regulatory board been denied, restricted, suspended, lost, or had any other adverse action taken against it, OR have you been notified of any complaints or investigations against your authority to prescribe that have not yet been resolved?		
4. Has any award, settlement, or payment of any kind been made by you or on your behalf to resolve a civil suit or malpractice claim involving your practice even if it was not required to be reported to the National Practitioner Data Bank; OR have you been notified that any such suit or claim is pending?		
5. Have your hospital privileges or health care program affiliations been denied, restricted, lost, suspended or modified, or subjected to any other adverse action even if that action was not required to be reported to the National Practitioner Data Bank; OR have you been notified of any complaints against or reviews of your privileges or affiliations that have not yet been resolved?		
6. During an internship, residency or fellowship program were you placed on probation, had your privileges restricted or suspended, terminated from the program or had any other adverse action taken against your participation even if that action was not required to be reported to the National Practitioner Data Bank?		

C. PROFESSIONAL CONDUCT HISTORY - CONFIDENTIAL QUESTIONNAIRE

If you answer "yes" to either of the following questions, you must submit a detailed written narrative statement concerning matter(s) including the name of the healthcare providers and treatment centers where you were treated along with the discharge summary of your treatment and progress. If you are currently participating or have participated in a confidential agreement or order in a program for the treatment and rehabilitation of doctors of osteopathic medicine impaired by alcohol, drug abuse or for other issues, please submit a copy of the agreement/order along with compliance reports from the state monitoring programs.	YES	NO
1. Have you been diagnosed with or developed initial or worsening symptoms of a physical, mental or emotional condition which did or may impair or limit your ability to safely practice medicine?		
2. Have you entered into a diversion program for evaluation, treatment or monitoring for substance abuse or dependency or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a regulatory board, criminal or civil court; OR have you been notified that such action is pending? You must answer "yes" even if you received a pardon, the convictions were set aside, the records were expunged, your civil rights were restored and whether or not the sentence was imposed or suspended.		

D. I declare and attest that I am the applicant and the person named in this application and in all materials submitted in support of this application, that all facts stated herein as well as any facts stated on any separate sheets attached hereto are true, complete and correct. I understand any misrepresentation, including omission of information, may result in an unprofessional conduct action against this permit or any subsequent application for licensure.

Applicant's Signature: _____

Date: _____



Arizona Board of Osteopathic Examiners In Medicine and Surgery

1740 W. Adams Street, Suite 2410, Phoenix, Arizona 85007

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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*