



# Arizona Board of Osteopathic Examiners In Medicine and Surgery

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## POSTGRADUATE TRAINING (PGT) APPLICATION INSTRUCTIONS

Arizona Revised Statutes § 32-1829 provides exemption from licensure of a person while participating in an approved hospital training program, provided he/she complies with the applicable registration requirements of the chapter. The individual must register with the Board for each year of training and pay the **\$50.00 registration fee**. The following information must be completed by a new applicant and the accredited training program and submitted to the Board’s office at least thirty (30) days prior to the beginning date of the requested registration.

### INSTRUCTIONS:

**NOTE: Postgraduate Training Registration only allows an individual to function in an approved postgraduate training program. The practice of medicine outside such a setting, i.e. insurance physicals, signing documents with a “D.O.” designation, etc., is a violation of law and may result in formal disciplinary action, denial of license, or both.**

<b>All New Applicants (including short rotations)</b>	Complete all parts of Section 1 and applicable forms. Submit the completed forms and required documentation to your Arizona program director. <u>Do not submit your application directly to the Board.</u> Your program director will complete Section 2 and submit your application packet to the Board.
<b>Renewing Permit Holders</b>	Please renew using the OSTEOPATHIC POSTGRADUATE TRAINING PERMIT RENEWAL APPLICATION. A copy of this form can be obtained from your residency coordinator or downloaded from our website at <a href="http://www.azdo.gov">www.azdo.gov</a> > For DOs > Postgraduate Permits.

- \$50 Registration Fee:** Visa, MasterCard, American Express, check or money order are accepted. This fee is for processing the application and issuing the PGT permit and is non-refundable. **Do not send the application fee ahead of the application.** We cannot hold checks or credit card payment forms. Checks will be voided and returned to the sender and credit card payment forms will be shredded if the payment is not accompanied by the application.
- Identification, Contact and Arizona PGT Program Information:** Applicants must complete this information. If you do not have an Arizona residency address yet, please list your current address. Most contact will be through email. Therefore, please provide a valid email address.
- Professional Conduct History:** All applicants are required to complete the Professional Conduct History page. If you answer *Yes* to any question in Section 1-F or 1-G (Professional Conduct History or Professional Conduct History-Confidential Questionnaire), provide a written explanation on a separate blank sheet of paper and include it and any and all documents related to the event(s). Your application will not be approved without this documentation.
- Medical Malpractice:** If you had a malpractice suit that resulted in an award or settlement to the plaintiff, or you have been notified that a suit or settlement is pending and/or was investigated by another state licensing board, complete the Malpractice Claim/Suit Questionnaire Form provided for each instance and attach supporting documents and include these with your application packet.
- Identification:** Include a copy of a current government issued identification showing the same name used on the application. A driver’s license, US passport or military ID are examples of acceptable identification.
- Change of Name:** Include copies of legal documentation showing change of name, if applicable. This includes change of name as a result of marriage, divorce or other legal means. Please note, if the name on your ID and the name on the other documents in your application packet do not match, you must explain the discrepancy if it is not self-explanatory by a marriage certificate, etc. You also need to fill in the line that asks for “other names used” on the first page of the application.

7. **Citizenship Status:** You are required to submit a completed and signed two page Arizona Statement of Citizenship and Alien Status Form. You are also required to submit a copy of acceptable documentation demonstrating citizenship, alien status, legal residency or lawful presence in the United States. See the "Evidence of U.S. Citizenship, U.S. National Status or Alien Status" page for a list of accepted documents.
8. **Education:** In Section 1-C, fill in the college of osteopathic medicine from which you graduated. This information must be verified by using Form No. 1 in the application packet.
9. **National Medical Exam Scores:** In section 1-D, list all national medical licensing exam levels passed at time of application and submit a copy of your scores to the Board. This can be a copy of the report(s) sent to you, a copy of the COMLEX or USMLE original transcript, or a legible print screen of your View Scores page from NBOME's website. You are responsible for all associated fees.
10. **Postgraduate Training:** In section 1-E, list all postgraduate training programs in which you have participated regardless of completion. All postgraduate training must be verified by using Form No. 2 in the application packet.
11. **Verification:** Verification of your professional education and training is required. You must send Form No. 1 to your College of Osteopathic Medicine and Form No. 2 to all programs at which you have trained regardless of completion. Have these form(s) sent directly to the Board in order to maintain integrity. We accept verifications by fax, email or mail from the verifying entities. *Verification is only accepted if it is completed and sent directly from the verifying entity to the Board.*

**VERIFICATION: THINGS TO REMEMBER**

- DO NOT have the original Verification Form No. 1 or No. 2 sent to you.
- DO NOT fill these out yourself below the line that says "to be filled out by ...."
- **DO NOT keep the signed originals and include them in your application packet. We cannot accept them as valid verifications if they come from the applicant.**
- If you are providing self-addressed stamped envelopes to these entities, DO NOT put your own return address in the corner of the envelope. When it arrives, we will immediately assume it is coming from you and it will not be accepted.

**If you follow the directions for verifications,  
you will avoid unnecessary delays and only have to do them once.**

12. **Section 2:** Your program director will complete this section.
13. **Approval:** When your application is approved, your program will be notified. A copy of the notification letter will be emailed to you at the email address provided on the application.

If you have any questions, please feel free to contact us at [questions@azdo.gov](mailto:questions@azdo.gov).  
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