



Arizona Board of Osteopathic Examiners In Medicine and Surgery

9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258

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OSTEOPATHIC MEDICINE & SURGERY
APPLICATION FOR PRO BONO REGISTRATION

The Board may issue a Pro Bono Registration to allow a doctor of osteopathy who is not a licensee to practice in this state for a total of sixty (60) days each calendar year if the doctor meets the requirements in accordance with A.R.S. § 32-1833.

Please follow instructions when filling out the application. Answer "none" or "N/A" if that is the correct response. Leave no fields blank.

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: CONTACT INFORMATION

APPLICANT IDENTIFICATION: Include a current government-issued picture I.D.

Last Name First Name Middle Name
Other Names Used: (Provide copies of marriage license or court records). If this does not apply to you, write N/A.

ARIZONA CHARITABLE ORGANIZATION FOR WHICH YOU WILL BE PROVIDING SERVICES: (Required): Provide the facility name, address and contact information for this location in Arizona.

Practice/Facility Name Practice/Facility Phone Number
Practice/Facility Address
City State Zip

CONFIDENTIAL INFORMATION (Required): Your residential address will remain confidential if a practice address is on file. If you do not provide a practice address, your residential address will default to your public address of record. Email address, Date of Birth and SSN are always confidential.

Residential Address Cell/Daytime Phone Number
City State Zip Email Address
Date of Birth: Social Security Number:

Mailing Address (Check One): Selection of a mailing address indicates where you would like to receive Board mailings.

Practice Address Residential Address

**SECTION 2: ALTERNATE CONTACT:** You may authorize someone else to check the status of your application by providing the following information and signing below. If this section is blank, only you, the applicant, will be told the status of this application.

Name of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Email: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

I, \_\_\_\_\_, give authorization for the above named person to be informed of the status of my application for licensure in Arizona.

**SECTION 3: OTHER STATE LICENSES:** Please fill in the information for each license you hold or have held. If you have more than fits in the table below, please use a separate blank sheet of paper for the 'overflow' information. If you were previously licensed in Arizona, list that also. On a separate sheet of paper explain any time you were not licensed. You must submit a verification of licensure from each state in which you were granted a license. This verification must include a current status and disciplinary history, if any.

Issuing State	License Number	Date of Issuance	Date of Expiration	License Status

**SECTION 4: PROFESSIONAL HISTORY:** Please provide the name of the COM from which you graduated and the year of graduation. On the next line, please provide your specialty/area of interest. This information is required for the National Practitioner Data Bank report.

COM Name: \_\_\_\_\_ Year: \_\_\_\_\_

Specialty/Area of Interest: \_\_\_\_\_

**SECTION 5: ATTESTATIONS**

- I agree to render all medical services without accepting a fee or salary or perform only initial or follow-up examinations at no cost to the patient and the patient's family through a charitable organization.
- I am not the subject of an unresolved complaint in any state, territory or possession of the United States.
- I have never had a license revoked or suspended by a health professional regulatory board of another jurisdiction.
- I will practice in Arizona no more than 60 days each calendar year under this registration.

**SECTION 6: OATH and NOTARIZATION TO BE SIGNED BY APPLICANT AND NOTARIZED**

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

SEAL

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

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

**ARIZONA STATEMENT OF CITIZENSHIP  
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Permit

Arizona Board of Osteopathic Examiners in Medicine & Surgery

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

**Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**SECTION I – APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_

TYPE OF APPLICATION (Check one)       INITIAL APPLICATION       RENEWAL

TYPE OF LICENSE/PERMIT (Check one)       DO       PGT       Locum Tenens

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?       Yes       No

If **Yes**, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

If you answered **Yes**,    1) Attach a legible copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status" page.  
Name of document \_\_\_\_\_

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status". Name of document provided \_\_\_\_\_.

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect (Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*);
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**Completed two-page form may be faxed to Board office at 480-657-7715**

# EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS OR ALIEN STATUS

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time). When submitting a birth certificate, a picture ID is also required.
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or Bureau of Indian Affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.