

Arizona Board of Osteopathic Examiners In Medicine and Surgery

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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. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- 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 curren	nt government-issued pictur	re I.D.		
	. 			
Last Name	First Name	Middle I	Name	
Other Names Used: (Provide copies of marriage lice	nse or court records). If this d	oes 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 P	hone Number	
ractice/racinty Name		Tractice/Tacinty T	none 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 Phor	ne Number	
City St	ate Zip	Email Address	<u> </u>	
Date of Birth: Social Secu	rity Number:			
Mailing Address (Check One): Selection of a r	mailing address indicates w	nere you would like to receive B	oard mailings.	
Practice	e Address	Residential Address		

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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 Contac	t:		Phone Number:		
Name of Compa	Company: Email:				
Address/City/St	ate/Zip:				
I, the status of my	I,				
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	
	FESSIONAL HISTORY: Please provide the redeep your specialty/area of interest. This interest.				
COM Name:	OM Name: Year:				
Specialty/Area of	f Interest:		•		
SECTION 5: AT	TESTATIONS				
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: OA	TH and NOTARIZATION TO BE SIGNED	D BY APPLICANT AND N	OTARIZED		
Signature of Applicant Date Signed State of					
attirmed before	me that the information in this appli				
	SEAL	Notary Publi	c:		
		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 (Che	eck one) INITIAL APPLICATION RENEWAL			
TYPE OF LICENSE/PERMIT (Check one) □ DO Pro Bono Registration			
	SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION			
Are you a citizen or nationa	al of the United States?			
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

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Status or Alien Status". Name of document provided

Qualifi	ed Ali	ien 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.
Nonim	migra	ant 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 P	arole	d 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 <u>less than one year</u> under Section 212(d)(5) of the INA
Other I	Perso	ns (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.
Otherv	vise L	awfully 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 app	lican	ts must complete this section.
		der penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and ne best of my knowledge.
		APPLICANT'S SIGNATURE TODAY'S DATE

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.