



Arizona Board of Osteopathic Examiners In Medicine and Surgery

1740 W. Adams Street #2410, Phoenix, AZ 85007

Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

TEMPORARY LICENSE APPLICATION INSTRUCTIONS

QUALIFICATIONS:

A physician may apply for a temporary license if he/she meets 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.
5. Has paid any applicable fees. (As established by A.A.C R4-22-102(A)(2) - \$250.00)

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 Licenses:** 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 have more licenses than can fit in the table in this section, 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 form and fee 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. The fee is non-refundable, whether the temporary license application is approved, denied or expires.
7. A temporary license is not renewable.



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TEMPORARY LICENSE APPLICATION

Fee: 250.00

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. 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: OTHER STATE LICENSES: Please list all states, territory or possession of the United States in which you have been granted a license or registration to practice medicine, including license number, date issued and current status of the license (active, lapsed, inactive, etc.). If more than 3, attach a separate listing.

State Board:	License No.:	Date Issued:	License Status:

SECTION 2: 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 3: NOTARIZATION

_____, 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.

Notary Public: _____

SEAL

My commission expires: _____

SUPPLEMENTAL: List additional other state licenses:

State Board:	License No.:	Date Issued:	License Status:



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**CREDIT CARD PAYMENT AUTHORIZATION FOR
TEMPORARY LICENSE APPLICATION FEE**

Name of Applicant: _____, D.O.

If paying by credit card, complete and return this form and mail with your application.
You may also pay with check or money order.

Application Fee: \$250.00

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: _____

Type of Card: Visa MasterCard American Express

Visa or MasterCard #: _____ - _____ - _____ - _____

OR

American Express #: _____ - _____ - _____

Expiration Date: _____ / _____ (MM/YY)

Note: The Board shreds this form after payment has been authorized by your credit card company