



**REQUEST FOR CANCELLATION / RETIRED LICENSE**

STATE OF ARIZONA | BOARD OF OSTEOPATHIC EXAMINERS  
1740 West Adams Street, Suite 2410 | Phoenix, Arizona 85007  
Telephone: (480) 657-7703 | E-mail: questions@azdo.gov | www.azdo.gov

Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

FOR BOARD OFFICE USE ONLY	
APPLICATION NUMBER	
LICENSE NUMBER	
STATUS CHANGE DATE (month, day, year)	
CHANGING STATUS FROM:	

BOARD OFFICE USE ONLY
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-----DO NOT WRITE ABOVE THIS LINE-----

APPLICANT INFORMATION		
1. Last Name of applicant	2. First Name of applicant	3. License #
6. Mailing Address (number and street or rural route) All correspondence will be mailed to this address, unless the Board is notified of a change in writing.		
City	State	ZIP code
Telephone number (home) (        )	7. E-mail address: (This address will not be a public record)	

8. CHANGE IN STATUS	
<b>I am requesting my licensure status changed to the below status:</b>	
<input type="checkbox"/> Cancellation of License - A.R.S. §32-1827	<input type="checkbox"/> Retired - A.R.S. §32-1832

**9. AFFIRMATION**

I, \_\_\_\_\_, I, the undersigned, do attest that I am not currently engaged in the practice of Osteopathic Medicine in the State of Arizona. I fully understand I will be subject to the penalties imposed pursuant to A.R.S. §32-1800 et seq., if I practice Osteopathic Medicine in Arizona while my license is canceled or retired. I acknowledge that if my license is retired, I must still renew my license annually and keep my address and telephone current with the Board in accordance with A.R.S. §32-1832.

A.R.S. §32-1800 et seq., Arizona Osteopathic Medicine Act.

	_____ Signature of Applicant
State of _____	
County of _____	
Subscribed and sworn before me this _____ day of _____, 20_____.	
	_____ Notary Public
My Commission Expires:	