



Arizona Board of Osteopathic Examiners In Medicine and Surgery

1740 W. Adams Street, Suite 2410, Phoenix, Arizona, 85007

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

LICENSE VERIFICATION REQUEST FORM

Use this form to request that a verification of licensure and disciplinary history be sent to another board or organization.

FEE: Please email your request to questions@azdo.gov and pay the fees online to the Arizona Board of Osteopathic Examiners.

Payment must be made prior to submission of the form at osteoboardpayment.az.gov at \$10.00 per verification being sent.

Name of Licensee to be verified: _____ Lic. No. _____

Type of License to be verified: _____ D.O. Physician _____ D.O. PGT Permit _____ D.O. Locum Tenens

Requestor’s name, address and day phone number (If different than licensee):

Name: _____ Phone: _____

Address: _____

Address: _____

City, State, Zip: _____

Email: _____

Provide below the name of each organization, facility, or regulatory board to which a verification is to be sent. All state licensing board addresses are on file, so it is not necessary to provide these.

1. Name of Receiving Board/Organization: _____

Address, if other than another state licensing board:

Address: _____

Address: _____

City, State, Zip: _____

2. Name of Receiving Board/Organization: _____

Address, if other than another state licensing board:

Address: _____

Address: _____

City, State, Zip: _____

3. Name of Receiving Board/Organization: _____

Address, if other than another state licensing board:

Address: _____

Address: _____

City, State, Zip: _____

Verifications are mailed via United States Postal Service or email, please specify the entity and location or email you want the verification sent to.

Verifications may take up to two (2) weeks to be processed.

The Fee MUST be paid online at:
osteoboardpayment.az.gov