



ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY DENTAL ANESTHESIA REGISTRATION FORM

1740 West Adams Street, Ste. 2410, Phoenix, Arizona 85007 | www.azdo.gov

First Name: Initial: Last Name:

License Number: Board Certified: Yes No

32-1803. Powers and duties

A. The Board shall:

1. Protect the public from unlawful, incompetent, unqualified, impaired and unprofessional practitioners of osteopathic medicine

and

8. Issue registration to administer general anesthesia and sedation in dental offices and dental clinics pursuant to section 32-1272 to physicians who have completed residency training in Anesthesiology.

Applicants are required to completed all fields. Failure to provide required information or misinformation will result in your application being rejected.

I have completed Residency Training in Anesthesiology

Post Graduate Training Information

Institution: City: State:

Dates of Attendance: Beginning: Ending:

I declare under penalty of perjury that all of the information contained in this application and accompanying evidence or other credentials submitted are true and correct. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.

Physician Signature: Date: