

## 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

## REQUEST FOR EXTENSION OF TIME TO COMPLY WITH CME REQUIREMENT

REQUEST FOR EXTENSION OF THME TO COMPET WITH CIME REQUIREMENT			
Ph	nysician's Name AZ License Number	AZ License Number	
Pra	ractice Name		
Str	reet Address		
Cit	ty State Zip		
Ph	none No Fax No		
Em	mail Address If change of address, please check here		
	REQUIREMENTS FOR COMPLETING THE RENEWAL OF YOUR LICENSE WHEN FILING AN EXTENSION Please read carefully. Your license is not renewed until the following steps are completed.		
1.	Complete this form and send it to the Board by midnight January 30, 2025. Extension requests cannot be accafter January 30, 2025.	epted	
2.	The following must be sent with your request for extension:  • proof of CME completed since January 1, 2024 and  • proof of registration for additional CME needed to meet renewal requirements.		
3.	Board approved CME hours taken during this extension period may be counted for only ONE renewal cycle. The you apply to this renewal cannot be applied to your next CME renewal requirement.	hours	
4.	By filing this extension you will automatically be included in the CME Audit and must complete and submit th Audit Reporting Form AFTER you have completed the required forty (40) hours of CME. Twenty-four (24) of the (40) CME hours must be AOA Category 1-A. The remaining balance of sixteen (16) hours may be any category inc AMA Category 1.	forty	
5.	When submitting the CME Audit Reporting Form you must provide proof of completion of CMEs by sending a compound your AOA CME Activity Report or your certifying Board's CME activity report verifying completion of at least forth CME hours in Board approved categories. For CME not accounted for on the above reports, please send copies of Certificates of Completion (do not send originals). Registration and receipt of payment for CMEs are not procompletion. CMEs completed prior to January 1, 2023 cannot be used for this renewal.	y (40) of your	
6.	You may submit your Renewal Application Form and renewal fee (ONLINE ONLY) at any time through April 30, 2025. Pleas renew your license prior to February 1 <sup>st</sup> to avoid the late renewal penalty fee of \$175 in addition to the renewal fee.	ie	
r u	If you do not complete the Renewal Application Form and pay the renewal fee (and late fee if applicable midnight April 30, 2025, your license will expire on May 1, 2025. You will not be permitted to practice in Ar until you re-apply as a new applicant, the application is approved and your new license is issued. The applic process may take up to six (6) months and is not a guarantee of re-licensure.	izona	
	If you do not complete the CME Audit and submit proof of completion by midnight April 30, 2025, you may be requ to appear before the Board.	uired	
20	By renew by date is December 31, 2024. In submitting and signing this form, I am requesting an extension to Ap O25 to complete the required CMEs for my Arizona license renewal. I attest that I understand the equirements for renewing my license if/when my extension is approved.		
Ph	hysician Signature: Date signed:		