Checklist for a MD Renewal License Application

Please do not submit this form with your application. Keep it for your records.

APPLICATION FEE	
☐ License Renewal Fee	$500 (if postmarked by due date)
☐ Late Fee	$350 (in addition to the License Renewal Fee, if postmarked 31 days after the due date)
LICENSE APPLICATION	
☐ Completed Application	Provide a complete application. You must complete all questions. If you fail to complete a question, your application will be considered deficient and the processing of your application will be delayed. If your application is not complete, the Board will send you a deficiency notice with a list of the deficient items. **If the deficient items are not submitted within 60 days from the date of the deficiency letter your license will expire.**
EVIDENCE OF LEGAL STATUS	
☐ Government Issued Photo ID	A copy of a government issued photo ID is required if the Board does not currently have a legible copy on file.
☐ Proof of Immigration Status	A copy of your immigration status is required if the Board does not have a current copy on file.
CONTINUING MEDICAL EDUCATION	
☐ CME Audit form	If you have been selected for a CME audit, please complete and submit the CME audit form. Please do NOT send CME documents
QUESTIONNAIRE AFFIRMATIVE RESPONSES	
☐ Narrative and Supporting documents	If you have answered "Yes", to a question on the questionnaire page, you must submit an explanation and photocopies of any corresponding documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.
Controlled Substances Prescription Monitoring Program Registration	
☐ CSPMP Registration Application	A CSPMP registration and questionnaire is included with this packet. You **must** complete and submit the CSPMP questionnaire. If you have a DEA permit in Arizona or intend to obtain a DEA permit in Arizona, you **must** complete and submit the CSPMP registration application for each DEA permit that you possess if you are not currently registered with the CSPMP. Failure to submit this information to the Board will delay the processing of your application.
Information requested to be sent directly to the Board can be sent to the following:	
Email: licensingreport@azmd.gov	Arizona Medical Board 9545 E. Doubletree Ranch Road Scottsdale, AZ 85258

ARIZONA MEDICAL BOARD
BIENNIAL MD LICENSE RENEWAL APPLICATION

9545 E. Doubletree Ranch Rd., Scottsdale, AZ 85258
www.azmd.gov; Email: licensingreport@azmd.gov

To be completed and signed by the applicant. All questions MUST be answered, even if only to indicate "None" or "N/A".

☐ **License Fee $500 (if postmarked by due date)**

☐ **License Fee $850 (if postmarked 31 days after due date)**

BEFORE COMPLETING THIS RENEWAL FORM: Please review your physician profile, located at www.azmd.gov. If any of the information is incorrect, please print a copy, line out the erroneous information, write in the correct information and submit it with your renewal. You are subject to discipline if you provide erroneous information. Please note that name changes must be made under separate cover.

NOTE: Effective February 14, 2012, the Arizona Medical Board (AMB) no longer issues **wallet cards**. A physician's AMB website profile is the most reliable way to verify current license status. The profile can be accessed at **www.azmd.gov**

1. **First Name:** _____ **Initial:** _____ **Last Name:** _____

License Number: _____

ADDRESS INFORMATION

Practice Address: This is the practice/principal place of your business. The address and phone number provided will appear in the Medical Directory and on the Board's website. **Every physician must have an address available to the public**. If only one address is provided, even if it is your home address, it will be available to the public upon request. If you want your home address to be listed as your practice address on the Board's website, include the address in the practice address field.

2. **Practice/Training Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ ***Practice address not required for licensure**

Home Address: You are **required** to provide a home address, telephone number and email address. Your home address and telephone number will not be released to the public *unless* you fail to provide an office address. Your email address will not be released to the public.

3. **Home Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Mobile:** _____

Primary Email Address: _____

Mailing Address: If no address is provided, all Board correspondence will be sent to your practice address.

4. **Mailing Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

☐ Same as Practice Address ☐ Same as Home Address

In addition to your primary e-mail address provided on page one of this application, please indicate if you would like to designate/authorize an individual, beside yourself, to receive status updates on your application.

Please note: If a substantive review/investigation is required during the application process, the applicant will be required to provide additional authorization, in writing, for the third party to receive status updates concerning the substantive review.

Name _____ Phone# _____ E-mail _____

5. AREA OF INTEREST/ABMS CERTIFICATION

AMERICAN BOARD OF MEDICAL SPECIALTY (ABMS) CERTIFICATION AND FIELDS OF PRACTICE: Please review and correct the fields of practice and ABMS board certification information as shown on your profile. Only certification from the American Board of Medical Specialties will be shown. Select the fields of practice from the drop down list. If you are Board certified check "yes".

Area of Interest	Practicing?	ABMS Certified?	Expiration Date (Or indicate if lifetime certificate)
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	

6. CITIZENSHIP ATTESTATION

PROOF OF CITIZENSHIP: All applicants must provide evidence that the applicant is lawfully present in the United States.

A.R.S. 41-1080 and A.A.C. R4-16-201(C)(1) require documentation of citizenship or alien status for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

However, if you provided documentation to the Board of your U.S. Citizenship or nationalization at the time of your last renewal or at the time of your initial application to the Board, no further documentation are required.

Alternatively, if you have become a U.S. citizen or U.S. national since the time of your most recent application with the Board or are not currently a U.S. citizen or national, you must submit proof of your current status to the Board before your license will be renewed.

Documentation can be submitted to the Board via email at Licensingreport@azmd.gov. Please see the Evidence list included with this application for a list of acceptable documents. Additionally, a notary copy of your birth certificate or passport must be submitted in accordance with R4-16-201(C)(1) if you have not previously established your citizenship or nationalization with the Board.

☐ I am a U.S. Citizen or U.S. National.

☐ I have become a U.S. Citizen or U.S. National since the time of my last renewal.

☐ I am not a U.S. Citizen or U.S. National.

First Name: _____ **Last Name:** _____

7. PROTOCOL FOR STORAGE, TRANSFER AND ACCESS OF PATIENT MEDICAL RECORDS

☐ I am aware that it is unprofessional conduct to fail to have a written protocol in place for the secure storage, transfer and access of patient medical records when a physician terminates or sells his/her practice and the medical records do not remain in the same physical location. I have a protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close, as required by A.R.S. §32-3211.

☐ I am exempt from the records protocol requirement as outlined in A.R.S. 32-3211(G). I am a health professional who is employed by a health care institution as defined in Section A.R.S. 36-401 that is responsible for the maintenance of the medical records.

☐ I have no patient records that I am required to maintain under A.R.S. Section 12-2297 or any other statute or federal law.

Note: ARS Section 12-2297 requires the maintenance of a patient's medical records as follows: 1. If the patient is an adult, for at least six years after the last date the adult patient received medical or health care services from that provider. 2. If the patient is a child, either for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received medical or health care services form that provider, whichever date occurs later. 3. Source data may be maintained separately from the medical record and must be retained for six years from the date of collection of the source data.

8. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

☐ I have completed a minimum of 40 hours CME during the two previous calendar years of renewal year as required by A.R.S. § 32-1434 and A.A.C. § R4-16-101.
**Please do not submit proof of CME unless you received notice on your renewal that you are subject to a CME audit.*
If an audit was indicated, submit CME documentation with your completed renewal.

9. REQUEST FOR CHANGE IN LICENSE STATUS

☐ **I request INACTIVATION of my medical license.** I am not presently under investigation by the Board, the Board has not commenced disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the Board will waive the annual renewal fees and requirements for CME. I understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, the Board may require me to pass the SPEX and any combination of physical, psychiatric, or psychological examinations or interviews it deems necessary to determine my ability to safely engage in the practice of medicine. A.R.S. §32-1431

☐ **I request CANCELLATION of my medical license.** I am not presently under investigation by the Board, the Board has not commenced disciplinary proceedings against me, and I am no longer practicing medicine in Arizona.

10. Training Unit Attestation

Renewal Applications - A.R.S. §32-1422(A)(10): Complete a training unit as prescribed by the board relating to the requirements of this chapter and board rules. The applicant shall submit proof with the application form of having completed the training unit.

I am aware that I am responsible for knowing and adhering to the laws governing the practice of medicine in Arizona. I declare under penalty of perjury that I have read and completed all four pages of the training unit provided with this application and available on the Board's website.

Revised 10/15/2015

Full Name (print):		**Signature:**	
License number:		**Date:**	

11. Questionnaire

1. Since your last renewal, have you had an application for medical licensure denied or rejected by another state or province licensing board? ☐ Yes ☐ No
2. Since your last renewal, have you had any disciplinary or rehabilitative action taken against you by another licensing board, including other health professions? ☐ Yes ☐ No
3. Since your last renewal, have you had any disciplinary actions, restrictions or limitations taken against you while participating in any program or by any health care provider? ☐ Yes ☐ No
4. Since your last renewal, have you ever had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation during an investigation, or entered into a consent agreement or stipulation? ☐ Yes ☐ No
5. Since your last renewal, have you had hospital privileges revoked, denied, suspended, or restricted? (do not report if your hospital privileges were suspended due to failure to complete hospital record and reinstated after no more than 90 days) ☐ Yes ☐ No
6. Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by an agency of the federal or state government? ☐ Yes ☐ No
7. Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action? ☐ Yes ☐ No
8. Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, a misdemeanor involving moral turpitude, or an alcohol or drug-related offense in any state? ☐ Yes ☐ No
9. Since your last renewal, have you failed the special purpose licensing examination (SPEX)? ☐ Yes ☐ No

12. Confidential Questions

1. Since your last renewal, have you received treatment for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently affects your ability to exercise the judgment and skills of a medical professional? If so, provide the following: ☐ Yes ☐ No

A.) A detailed description of the use, disorder, or condition; and

B.) An explanation of whether the use, disorder, or condition is reduced or ameliorated because you receive ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which you are currently participating.

C.) A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution within the last five years, if applicable.

The purpose of the confidential question is to allow the Board to determine the applicant's current fitness to practice medicine. The mere fact of treatment, monitoring or participation in a support group is not, in itself, a basis of which admission is denied; the Board routinely licenses individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The Board encourages those applicants who may benefit from assistance to seek it. The Board may limit or deny licensure to applicants whose ability to function is impaired in a manner relevant to the practice of medicine at the time the licensing decision is made or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Arizona Medical Board and to the applicants seeking licensure.

NOTE: In the event that the response to any of the questions is "Yes", you must file an explanation and submit photocopies of any corresponding documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.

Moral Turpitude includes but is not limited to: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Embezzlement, Fabricating and Presenting False Public Claims, False Reporting to Law Enforcement Agency, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale and Trafficking in Controlled Substances, Indecent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with transfer of Real Property, Perjury, Possession of Heroin for Sale/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting, Theft and Soliciting Prostitution.

First Name: _____ **Last Name:** _____

13. Attestation

I attest that all of the information contained in the renewal application and accompanying evidence or other credentials submitted are true. This includes any corrections made to the enclosed physician profile, and any information provided on or submitted with the CME Audit Form.

First Name: _____ **Last Name:** _____

Signature of Applicant: _____ Date: _____

14. Controlled Substances Prescription Monitoring Program Registration

State law, specifically, Arizona Revised Statutes § 36-2606, requires every Arizona medical practitioner who possesses a Drug Enforcement Administration ("DEA") permit to also hold a Controlled Substances Prescription Monitoring Program ("CSPMP") registration issued by the Arizona State Board of Pharmacy ("Pharmacy Board"). The failure of a medical practitioner to obtain a CSPMP registration may result in disciplinary action by the practitioner's licensing board. See A.R.S. § 36-2607.

Arizona Revised Statutes § 32-3219, mandates the Arizona Medical Board ("Board") to notify the Pharmacy Board of newly-licensed physicians who intend to apply for a DEA permit and physicians who renew their licenses. The Board is also required to submit to the Pharmacy Board information to assist the Pharmacy Board in the registration of medical professionals for the CSPMP. To facilitate the Board's collection of this information please complete the enclosed form and submit it to the Board along with your license application/renewal application.

If you have any questions regarding the attached form, please contact the Kim Crawford, CSPMP Manager at 602-771-2732 or Elizabeth Dodge, CSPMP Director at 602-717-2744.

1. Do you currently prescribe controlled substances in Arizona?	☐ Yes ☐ No
2. Do you hold a DEA Certificate associated with a location in Arizona?	☐ Yes ☐ No
3. Are you registered with the CSPMP	☐ Yes ☐ No

THIS FORM MUST BE RETURNED TO THE ARIZONA MEDICAL BOARD IN ORDER TO COMPLETE YOUR APPLICATION.

First Name: _____ **Last Name:** _____

Signature: _____ **Date:** _____

Arizona State Board of Pharmacy

Application for REGISTRATION - Medical Practitioner and Access to the Arizona Controlled Substances Prescription Monitoring Program

FOR OFFICE USE ONLY

PRINT CLEARLY USING CAPITAL LETTERS

License Type ☐ MD ☐ MD(H) ☐ DO ☐ DO(H) ☐ DDS ☐ DMD ☐ DPM ☐ PA ☐ NP ☐ ND ☐ OD

State Licence Number

Expiration Date / /

***DEA Number** -

MEDICAL RESIDENTS - Add the suffix assigned to the Facility DEA# above

Expiration Date of DEA / /

MEDICAL RESIDENTS:

Assigned Resident License #

Expiration Date of Resident License # / /

NPI Number

SECURITY QUESTIONS:

Mother's Maiden Name

Your birth City:

1. DEMOGRAPHICS

Legal First Name

Middle Name

Legal Last Name

Last 4 Digits of SSN

Date of Birth / /

2. PRACTICE ADDRESS

Street Address Line 1

Street Address Line 2

City

State Zip Code County

Work Phone - - Fax - -

3. Complete If Mailing Address is NOT the same as PRACTICE ADDRESS

Street Address Line 1

Street Address Line 2

City

State Zip Code County

4. Medical Practitioner's - Work or Personal E-mail Address

***If a Medical Practitioner has multiple DEA numbers, you MUST complete one form for each DEA number**

Directions:
Please read the case studies and general questions along with the correct responses to each of the questions posed. This training module is designed to increase your awareness of the statutes and rules that govern the practice of medicine in Arizona. When you have read through the material, please sign the attestation indicating you have done so and that you are aware that the Medical Practice Act contains the statutory obligations you must meet when you practice medicine in Arizona. Please be advised that you may access the Medical Practice Act and the corresponding rules on the Board's website: www.azmd.gov

Medical Practice Act Training & Questionnaire

CASE STUDIES (Multiple Choice)

This section illustrates common violations of the MPA by using case scenarios. Each scenario is followed by a multiple-choice question and the answer.

1. Sexual Conduct

Scenario: You and a patient develop mutual feelings for each other during the course of treatment. You begin dating the patient and mutually agree to begin a sexual relationship. Should you continue to medically treat the patient?

A. Yes. The treatment began before a sexual relationship was developed. Therefore, it is appropriate to continue treating the patient as you were before.
B. Yes. You can maintain a boundary between your personal feelings for the patient and your professional practice.
C. No. The physician-patient relationship must be terminated six months before engaging in sexual conduct.
D. No. A physician should never establish a sexual relationship with a current or former patient.

Answer: C. No. The physician-patient relationship must be terminated six months before engaging in sexual conduct.

A.R.S. 32-1401(27)(z) states that it is unprofessional conduct to engage in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee.

2. Controlled Substances

Scenario: You are experiencing back pain after a weekend spent moving into a new home. You know the appropriate dose of Oxycodone to relieve your pain. Instead of requesting an appointment with your primary care physician you call in a prescription to the pharmacy for yourself. Are your actions appropriate?

A. No. Regardless of how seemingly obvious the cause of the pain and type of controlled substance needed, it is never appropriate for a physician to self-prescribe a controlled substance.
B. No. There are alternative over the counter drugs that can provide the same effect.
C. Yes. You had the same back pain in the past and you were previously prescribed the same medication.
D. Yes. You are a licensed physician. You know exactly what medications you need to feel better.

Answer: A. No. Regardless of how seemingly obvious the illness and type of controlled substance needed, it is never appropriate for a physician to self-prescribe a controlled substance.
A.R.S. 32-1401(27)(g) states that it is unprofessional conduct to use controlled substances except if prescribed by another physician for use during a prescribed course of treatment.

3. Professional Connection

Scenario: Your friend "Bob" wants to open a laser clinic and perform varicose vein removal. Bob is not a licensed doctor in Arizona, but he holds a medical license in New Mexico. You are confident that Bob has the education and training to safely perform varicose vein removal, even though it is considered to be the practice of medicine in Arizona. You decide to help Bob out and let him operate his laser clinic under your name. Is this appropriate?

A. Yes. Even though Bob is not licensed in Arizona, he is a doctor and you know he will do a good job.
B. Yes. The clinic operates under your name and you know Bob will call you with any problems.
C. No. Varicose vein removal is considered to be the practice of medicine and Bob is not licensed to practice medicine in Arizona.
D. No. The state where Bob is licensed may have different regulations for operating a laser clinic than Arizona and you can't be sure if Bob's clinic will meet Arizona regulations.

Answer: C. No. Varicose vein removal is considered to be the practice of medicine and Bob is not licensed to perform medicine in Arizona.

A.R.S. 32-1401(27)(cc) states that it is unprofessional conduct to maintain a professional connection with or lend one's name to enhance or continue the activities of an illegal practitioner of medicine.

4. False or Fraudulent Statements

Scenario: You are applying for privileges at a hospital and one of the questions asked of you is whether your license has ever been revoked or suspended. Knowing that the hospital will likely deny you privileges if you answer affirmatively, you opt to knowingly withhold the fact that your license was previously suspended over 15 years ago. Are your actions justified?

A. Yes. Because your suspension was so long ago, it is likely the hospital will never find out about it.
B. Yes. Ever since you got your license back, you have been a model physician and you have obeyed all laws.
C. No. The hospital will eventually find out and report you to the Board, resulting in more trouble.
D. No. It is never okay to make a false statement when applying for hospital privileges.

Answer: D. No. It is never okay to make a false statement when applying for hospital privileges.

A.R.S. 32-1401(27)(t) states that it is unprofessional conduct to knowingly make any false or fraudulent statement, written or oral, in connection with the practice of medicine or if applying for privileges or renewing an application for privileges at a health care institution.

5. Financial Interest

Scenario: You are a pain specialist and many of the patients you see benefit from a combination of pain medication and other forms of therapy, such as physical therapy. In addition to your pain clinic, you are also part owner of an outpatient physical therapy clinic. If you prescribe physical therapy at the clinic where you are part owner, should you inform the patients that you have a direct financial interest in the clinic?

A. No. Your patients will receive good care at the physical therapy clinic and do not need to know.
B. No. The amount of money you receive from your ownership interest in the clinic is not enough to require you to inform your patients.
C. Yes. You should inform patients of your financial interest and let them know they can receive therapy elsewhere.
D. Yes. You should inform patients of your financial interest, but stress that they will receive the best therapy at your clinic.

Answer: C. Yes. You should inform patients of your financial interest and let them know they can receive therapy elsewhere.

A.R.S. 32-1401(27)(ff) states that it is unprofessional conduct to knowingly fail to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the doctor has a direct financial interest in a separate diagnostic or treatment agency or in non-routine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one doctor of medicine to another doctor of medicine within a group of doctors of medicine practicing together. A "Notice To Patients" form can be downloaded off the Board's website.

6. GENERAL QUESTIONS (True or False)

1. It is acceptable practice for me to prescribe controlled substances to my spouse and family.

   (False: A.R.S. 32-1401(27)(h) states that it is unprofessional conduct to prescribe controlled substances to members of the physician's immediate family.)

2. If a patient requests her medical records, I can provide a copy of the records, not the original.

   (True: A.R.S. 12-2297 states that a health care provider shall retain the original or copies of the medical records.)

3. If I don't provide the Arizona Medical Board with an office address, the Board can give the public my home address.

   (True: A.R.S. 32-3801 states that a professional's residential address and residential telephone number or numbers maintained by the Board are not available to the public unless they are the only address and numbers of record.)

4. I can ask my medical assistant to provide injections to my patients while I am out of the office.

   (False: Medical assistants may only administer injections under the direct supervision of a physician, physician assistant or nurse practitioner. A.R.S. 32-1456. Direct supervision is defined in A.R.S. 32-1401 as being in the same room or office suite as the medical assistant.)

5. I can earn one credit hour of continuing medical education by reading scientific journals and books.

   (True: A credit hour may be earned for activities that provide an understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine, including reading scientific journals and books. R4-16-101(B)(8).)

6. If the Board issues me a non-disciplinary advisory letter, I can file a written response with the Board within thirty days of receiving the advisory letter.

   (True: An advisory letter cannot be appealed, but physicians do have the right to file a written response. The written response is considered to be part of the public record and will be included with any public records requested on a physician.)

7. I am required to report to the Board any information that appears to show that a doctor of medicine is or may be medically incompetent, is or may be guilty of unprofessional conduct, or is or may be physically unable safely to engage in the practice of medicine.

   (True: A doctor of medicine is required to report to the Board any information that appears to show that a doctor of medicine is or may be medically incompetent, is or may be guilty of unprofessional conduct, or is or may be physically unable safely to engage in the practice of medicine. A.R.S. 32-1451(A).)

8. I can charge a patient for medical records before I agree to send them to another physician.

   (False: A health care provider may not charge for medical records provided to another health care provider for the purpose of providing continuing care to the patient. A.R.S. 12-2295.)

9. If a patient asks for his medical records to be transferred to another provider, I am no longer responsible for retaining the records according to state retention laws.

   (False: The law does not provide an exception to the medical record retention requirements. A.R.S. 12-2297.)

10. The Arizona Medical Board can charge me $100 for failing to provide a current office and home address within 30 days of the date of the address change.

    (True: The Arizona Medical Board may assess the costs incurred by the Board in locating a licensee and in addition a penalty of not to exceed one hundred dollars. A.R.S. 32-1435(B).)

11. If I self report to the Board my substance abuse problem I may be eligible to participate confidentially in the Arizona Medical Board's treatment and rehabilitation program.

(True: The Arizona Medical Board has a program for the treatment and rehabilitation of physicians who are impaired by alcohol or drug abuse. Physicians meeting the program requirements may participate confidentially. A.R.S. 32-1452.)

12. I can prescribe to patients who fill out an on-line health questionnaire, even if I have never met them.

(False: It is unprofessional conduct to prescribe, dispense or furnish a prescription or prescription-only device to a person without first conducting a physical examination or previously establishing a doctor-patient relationship. A.R.S. 32-1401(27)(ss).)

13. If I don't receive a reminder from the Arizona Medical Board to renew my license on time, I am not responsible for a late fee or non-renewal.

(False: It is your responsibility to ensure your license is renewed on time.)

14. If my patient refuses to notify her spouse that she is HIV positive, I can report the name of her spouse to the Arizona Department of Health Services.

(True: A.R.S. 32-1457 states that it is not an act of unprofessional conduct for a doctor to report to the department of health services the name of a patient's spouse or sex partner or a person with whom the patient has shared hypodermic needles or syringes if the doctor knows that the patient has contacted or tests positive for the human immunodeficiency virus and that the patient has not or will not notify these people and refer them to testing.)

15. The Arizona Medical Board will only investigate a malpractice complaint if there was a settlement over one million dollars.

(False: On receipt of a malpractice report and a copy of a malpractice complaint as provided in section 12-570, the health profession regulatory board shall initiate an investigation into the matter to determine if the licensee is in violation of the statutes or rules governing licensure. A.R.S. 32-3203.)

PAYMENT CARD AUTHORIZATION
MD BIENNIAL LICENSE RENEWAL

First Name: _____ **Last Name:** _____

License Number: _____

☐ **License Fee $500 (if postmarked by due date)**

☐ **License Fee $850 (if postmarked 31 days after due date)**

Type of Card: ☐ **Visa** ☐ **Mastercard** ☐ **Amex**

Card Number: _____ **Expiration Date:** _____

(No dashes between numbers)

Name as Shown on Payment Card: _____

Billing Address of Cardholder: _____ **City:** _____ **State:** ____ **Zip:** _____
(Required)

Office Phone: _____

Mailing Address of Cardholder: _____ **City:** _____ **State:** ____ **Zip:** _____
(If different from billing address)

Cardholder Signature: _____ **Date:** _____

(Required)

Please complete and return this form *with your license application and all necessary documents* if paying by credit card. Or return the application and payment (this credit card form or check or money order) to the address listed below. PLEASE NOTE: If faxing the credit card, do not mail as you may be charged twice.

Mail to: **Arizona Medical Board**
9545 East Doubletree Ranch Road
Scottsdale, AZ 85258

Or Fax to: 480-551-2707

For receipt, please include an e-mail address for submission: **Email Address:** _____