



ARIZONA MEDICAL BOARD APPLICATION FOR PRO BONO REGISTRATION

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

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

1. **First Name:** **Middle Name:**

Last Name: **Maiden:**

Other Names Used:

2. **Social Security Number:** *No dashes* 3. **Date of Birth:**

4. **City of Birth:** **State of Birth:** *Social Security Number, Date of Birth and Place of Birth are Confidential Information - Not for Public Disclosure*

OR **Country of Birth:**

Practice Address: This is the practice/principal place of business. The address and phone number will appear in the Medical Directory and on the Board's web site. 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. If you want your home address to be listed on your web site profile, please so indicate. Otherwise, no address will be provided on the profile, but it will be provided to the public if requested.

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

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, but the Board may occasionally send relevant news and information to you via email.

5. **Practice/Training Name:**

Practice/Training Address: **City:** **State:** **Zip:**

Practice Phone: **Practice Fax:**

Mailing Address: **City:** **State:** **Zip:**

Same as Home Address Same as Practice Address

Email:

Home Address: **City:** **State:** **Zip:**

Home Phone: **Mobile Phone:**

7. PROOF OF CITIZENSHIP: Effective January 1, 2008, based on Federal and State laws, 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.

I am a U.S. Citizen or U.S. National. (If this box is checked, please submit with your application a certified copy of your Birth Certificate or U.S. Passport.)*

I am NOT a U.S. Citizen or U.S. National. (If this box is checked, please submit with your application a copy of your permanent resident card or Visa.)*

*See Statement of Citizenship form for complete list of accepted documents available on the website.

8. List all states, territories or possession of the United States in which you either currently or previously held a license or registration to practice medicine, including license number, date issued and current status of the license. If more than four, attach a separate listing. If a license is pending or was not issued, so state. If none, please indicate "Not Applicable."

a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State Board	License No.	Date Issued	License Status	License Type (e.g., Full License, Permit Registration, etc.)

I agree to render all medical services without accepting a fee or salary or perform only initial or follow-up examinations at no cost to the patient and the patient's family through a charitable organization.

I am not the subject of any unresolved complaint in any state, territory or possession of the United States.

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

Name Phone# E-mail

First Name: Last Name:

QUESTIONNAIRE

1. 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

2. Are you currently under investigation by any medical board? Yes No

3. Have you been charged with or convicted of driving under the influence or any alcohol or drug related offenses within the last five years? If so, provide documentation. Yes No

NOTE: In the event that the response to any of the questions above is "Yes," you must file an explanation.

Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.

NOTE: Arizona law requires an applicant who has been charged with a felony or a misdemeanor involving conduct that may affect patient safety after submitting the application to notify the Board within 10 days after the charge is filed. A.R.S. §32-3208. For a list of reportable misdemeanors, see the website under Physician Center - Reportable Misdemeanors. All felonies are reportable.

First Name:

Last Name:

ATTESTATION

I attest that all of the information contained in the application and accompanying evidence or other credentials submitted are true. 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.

Signature of Applicant:

Date:

Information

The board may issue a pro bono registration to allow a doctor of medicine who is not a licensee to practice in Arizona for sixty days each calendar year if the doctor meets the following requirements:

1. Holds an active and unrestricted license to practice medicine in a state, territory or possession of the United States or an inactive license pursuant to Arizona Revised Statute section 32-1431.
2. Has never had the license revoked or suspended.
3. Is not the subject of an unresolved complaint.
4. Applies for registration on a yearly basis as prescribed by the board.
5. Agrees to render all medical services without accepting a fee or salary or performs only initial or follow-up examinations at no cost to the patient and the patient's family through a charitable organization.

Application Checklist

In addition to the appropriate completion of the applicable sections of this application, the applicant for a pro bono registration to practice medicine shall submit the following:

Signed copy of the Arizona Statement of Citizenship or Alien Status For State Public Benefits.

Evidence of U.S. Citizenship, U.S. National Status, or Alien Status as required by A.R.S. Sec. 41-1080 (A).

The Board will, promptly and in writing, notify the applicant of any deficiencies in the application that prevents the registration from being processed. On request, the Board shall grant an applicant who disagrees with the statement of deficiency a hearing before the Board at its next regular meeting if there is time at that meeting to hear the matter. The Board shall not delay this hearing beyond one regularly scheduled meeting. At any hearing granted pursuant to this subsection, the burden of proof is on the applicant to demonstrate that the alleged deficiencies do not exist.

First Name:

Last Name: