

PAYMENT CARD AUTHORIZATION

First Name:

Last Name:

MD EDUCATION TEACHING PERMIT APPLICATION PROCESSING FEE \$100

Type of Card: Visa Mastercard Amex

Card Number:

Expiration Date

Name as Shown on Payment Card:

Billing Address of Cardholder:
(Required)

City:

State:

Zip:

Office Phone:

Mailing Address of Cardholder:
(If different from billing address)

City:

State:

Zip:

Cardholder Signature:

Date:

(Required)

The Arizona Medical Board will only accept credit card payment via mail (USPS, FedEx, UPS, or any other mail carrier). Any credit card information received via any other method will not be processed and will be destroyed.

Please complete and return this form with your license application and all necessary documents. Return the application and payment form (credit card form, check or money order) to the address listed below.

Mail to: Arizona Medical Board
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664