

Checklist for an Initial or Endorsement License Application

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

APPLICATION FEE	
<input type="checkbox"/> Application Fee	The application fee is \$500 payable by check or credit card. The application fee must be submitted with the application and is non-refundable
<input type="checkbox"/> License Fee	Once your license application is approved, you will be required to pay a prorated licensure issuance fee up to \$500. This fee is prorated based on your birth year and month.
LICENSE APPLICATION	
<input type="checkbox"/> Completed Application	Provide a complete application, pages 1 - 9. Make sure page 7 is notarized. You <u>must</u> 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.
FINGERPRINTS	
<input type="checkbox"/> Fingerprint Card	Applicants are required to undergo a criminal background check according to A.R.S. § 32-1422(12). A fingerprint packet will be sent to the applicant's mailing address provided on the application. The fingerprint card is specific and pre-printed for the Board; therefore, the applicant must use the fingerprint card provided by the Board. Fingerprinting can be done at a local police department, sheriff's office, or an entity that provides fingerprinting services. Please contact the entity that provides the fingerprint service and confirm availability and payment requirements. The applicant is required to return the fingerprint card along with a check, money order or credit card for \$50.00 made out to "Arizona Medical Board" together in the return envelope. The fingerprint technician is required to fill out and date the identity verification form, place it with the fingerprint card and check or money order, seal and sign the envelope flap before returning the fingerprint card to the applicant. If the applicant forgets to place the check or money order with the fingerprint card, <u>do not reopen the sealed envelope</u> . The applicant can include the check or money order in a separate envelope attached to the return fingerprint card envelope. Failure to return the sealed envelope with the fingerprint card, identity verification form, check or money order and the fingerprint technician's signature across the envelope flap will delay the processing of your application. Do not send the fingerprint card prior to the submission of your application.
EVIDENCE OF LEGAL STATUS	
<input type="checkbox"/> A notarized Copy of Your Birth Certificate or Passport	Applicants must provide a notarized photocopy of a Birth Certificate or Passport. A Notarized Certificate of Identification form is provided with the application packet for your convenience.
<input type="checkbox"/> Proof of Immigration status	A list of the documents that are required to be submitted to the Board is included with the application.
<input type="checkbox"/> Government Issued Photo ID (Copy)	A copy of a government issued photo ID is required if the proof of legal status does not include a photo. Example: driver license or state I.D.
<input type="checkbox"/> Evidence of legal name change	Applicant must provide evidence of legal name change, if applicable. Example: Marriage Certificate, court documents showing legal name change.

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona Medical Board

M.D. License Applicants

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - APPLICANT INFORMATION

APPLICANT'S NAME (Print or Type)

TYPE OF APPLICATION (Check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE/CERTIFICATION (Check one)

<input type="checkbox"/> MD Initial or Endorsement Application	<input type="checkbox"/> Teaching License
<input type="checkbox"/> Education Teaching Permit	<input type="checkbox"/> Pro bono registration
<input type="checkbox"/> Post Graduate Training Permit	<input type="checkbox"/> Locum Tenens

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If Yes, indicate place of birth:

City of Birth: **State (or equivalent):** **Country or Territory:**

If you answered **Yes**, 1) Attach a photocopy of a document from the attached list, section A. Documents from List B also apply to U.S. Citizens, but submission of a List B document does not negate the requirement to submit a copy of an item from List A.

Name of document:

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a certified copy of a document from the attached list section A. Additionally, submit an item from the attached list section C or other document as evidence of your status.

Name of document provided:

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

PAYMENT CARD AUTHORIZATION

First Name

Last Name

MD APPLICATION PROCESSING FEE \$500

MD FINGERPRINT FEE \$50

TOTAL DUE: \$550

Type of Card:

Visa

Mastercard

Amex

Card Number:

(No dashes between numbers)

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:
(Required)

Date:

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

Note: At the time the application is approved an additional prorated fee will be required up to \$500. This is in addition to your \$500 application fee and will cover your license through the next renewal period.