



**FAILURE TO COMPLETE THE REQUIRED CME MAY BE CONSIDERED UNPROFESSIONAL CONDUCT.**

**I understand the above statement**

Check Box to Confirm:

**ANSWER THE ONE QUESTION THAT BEST APPLIES TO YOUR RENEWAL.**

In accordance with A.A.C. R4-18-205 I have completed a minimum of 30 hours of CME during 2011. 10 hours of the 30 CME hours have been in pharmacology and at least 8 hours have been from an approved naturopathic organization.

I graduated and my initial license was issued by the Board in 2011. I am not required to comply with the CME requirements until 2012. (This only applies to students who have recently graduate. Doctors who are newly licensed by endorsement from another state must comply with the CME requirements.)

I am requesting retirement of my medical license in the State of Arizona to practice naturopathic medicine. I am not required to submit CME for renewal.

\*\*\*Do not submit proof of CME unless you received notice you are subject to a CME audit.

**ANSWER ALL OF THE FOLLOWING QUESTIONS**

**Since your last renewal:**

- |   |     |    |
|---|-----|----|
| 1. Were you arrested, charged with, convicted of, or entered into a plea of no contest to any criminal act?   | yes | no |
| 2. Did any licensing agency or board [other than this board] initiate or take any action against any license or certificate that is or was held by you? | yes | no |
| 3. In lieu of disciplinary action, did you enter into a consent agreement of stipulation with any agency?   | yes | no |
| 4. Were you named in any malpractice suit?  | yes | no |
| 5. Do you have a complaint pending before any agency?   | yes | no |

**NOTE:** In the event that the response to any of the questions above is "yes", you must file with the renewal a detailed report concerning the matter.

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| <p>1. <b>CITIZEN STATUS DECLARATION:</b> Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, skip question 2.</b></p> <p>2. Are you a legal resident authorized to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes to 2. Provide the Board with proof of current legal resident status.</b></p> |
|---|

**I ATTEST THAT ALL INFORMATION SUBMITTED ON AND WITH THIS RENEWAL APPLICATION IS TRUE.**

\_\_\_\_\_  
Date (Required)

\_\_\_\_\_  
Signature (Required)

**LICENSURE RENEWAL CHECK LIST**

**PLEASE BE AWARE:** you must allow at least 30 days for processing of your renewal. **If you wait until the end of December to renew your license, it will not be processed until 2012.** Licensure renewals are processed in the order they are received. Incomplete or non-legible forms will be returned to the applicant and will cause a delay in the processing. Renewal forms and payment must be received together.

**DID YOU:**

Complete the renewal form, making sure all required information is provided. **Incomplete forms will not be processed.**

**2012 License Renewal Fee \$110.00.** **If postmarked after December 31, 2011,** you must include a LATE FEE OF \$55.00. (This fee cannot be waived, there are no exceptions.)

Include all applicable fees.

**Please Be Aware:** IF THE LICENSE IS NOT RENEWED WITHIN 60 DAYS OF THE EXPIRATION DATE, YOUR LICESNE WILL AUTOMATICALLY EXPIRE. **IF YOU ARE BEING AUDITED FOR CME** you would have been notified by the Board, and will need to provide proof of CME for the LAST THREE YEARS, along with this renewal form.

**ACCEPTABLE FORM OF PAYMENT:** Personal check or money orders are the only forms of payment accepted with this form.

**DO NOT SEND CASH OR PROVIDE A CREDIT CARD NUMBER.** Make payment directly to: **The AZ. Naturopathic Medical Board**

THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS

Mailing Address: **1400 W. Washington, Ste. 300  
Phoenix, AZ 85007**

Revised 11/17/2011