



State of Arizona Naturopathic Physicians Medical Board
 1400 W Washington Ste. 300 Phoenix AZ 85007
 Phone 602-542-8242 Fax 602-542-8804 www.aznd.gov

CERTIFICATE TO DISPENSE APPLICATION

Please Print or Type This Application, unreadable applications will be rejected THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT.

THE PRO RATED FEE DOES NOT APPLY TO PHYSICIANS WHO HELD A CERTIFICATE TO DISPENSE FOR PROFIT IN THE PAST. IF YOUR CERTIFICATE TO DISPENSE IS NOT CURRENT AND YOU WISH TO REINSTATE YOUR CERTIFICATE, YOU MUST PAY THE TOTAL FEE OF \$150.00

Application Fee: \$150.00 (FEE IS PRO RATED. PLEASE USE THE FOLLOWING CHART TO DETERMINE WHAT YOUR FEE WILL BE WHEN SUBMITTING YOUR APPLICATION TO THE BOARD. YOU MUST HOLD A CURRENT LICENSE IN ORDER TO APPLY FOR A CERTIFICATE TO DISPENSE. FEES WILL NOT BE REFUNDED)

Application is being submitted to the Board in:

January	\$ 62.50
February	50.00
March	37.50
April	25.00
May	12.50
June	150.00
July	137.50
August	125.00
September	112.50
October	100.00
November	87.50
December	75.00

Fee Due is:

Duplicate Fee is \$20.00 per request.

Non-Profit Fee is waived – Proof of non-profit status is required with application

Physician's Full Name: _____ License Number: ____ - _____

Social Security Number: _____/_____/_____ Practice Address: _____

Suite #: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax (_____) _____ Email _____

Does this location hold tax exempt status as a non-profit facility? _____ YES, *Supply Proof* _____ NO

If more than one office location, attach a list providing the same information requested above and a payment of \$20.00 for each duplicate Certificate

Have you been issued a DEA Number by the United States Drug Enforcement Administration to dispense controlled substances _____ YES _____ NO If you answered *yes* you are required to list below the DEA Number given to you by the DEA, and **supply the Board with a copy of your DEA certificate.** DEA #: _____

Has any complaint or action been taken against you by any court or by any Federal or state agency for the dispensing of any device, substance or drug? _____ YES _____ NO *If yes, on a separate sheet of paper attached to this application, list for each complaint filed, the name and address of the court or the state agency in which the complaint was filed; and official documentation of any action taken by the court or the state agency.*

I hereby make application to the State of Arizona Naturopathic Physicians Medical Board to be certified to dispense. I agree to dispense natural substances including those regulated by federal and state law as non-prescription, prescription, prescription-only and controlled substances in accordance with the provisions of A.R.S. Section 32-1581

Date: _____ **Signature of Applicant:** _____

If a disabled person needs this application in an alternative format, please contact the Board office at
 Phone (602) 542-8242, FAX (602) 542-8804, Voice Relay (800) 842-4681 or TDY (800) 367-8939. **Website www.aznd.gov**

Revised 08/2009