



STATE OF ARIZONA
NATUROPATHIC PHYSICIANS MEDICAL BOARD

1400 W. Washington, Ste. 300 Phoenix, AZ. 85007 602-542-8242 Fax # 602-542-8804 www.aznd.gov

Annual Renewal of Medical Assistant Certificate DUE BY JULY 1, 2011

INCOMPLETE / UNREADABLE FORMS WILL NOT BE PROCESSED FEES ARE NON REFUNDABLE

Renewal fee \$100.00 Duplicate Certificate for Each Additional office location: Fee \$20.00

If postmarked after July 1, 2011 application is considered delinquent. Include late fee of \$50.00, Late fee cannot be waived.

Legal Name: Last Name First Name Middle Name

Birth date: SSN # Medical Assistant Number:

Are you a United States Citizen? Yes No Attach a legible copy of the front and the back of (AZ drivers license, or US Birth Certificate or US passport.)

Are you a legal resident authorized to work in the United States? Yes No Attach a legible copy of the front and the back (if any) of a document from the attached List B that evidences your status A.R.S. §1-501. Name of document provided List can be obtained via website www.aznd.gov

Clinic Name Where you will be working:

Work Address: Street City State Zip

Work Phone Number: Supervising Naturopathic Physician:

Attach list of additional office locations if applicable. You will be required to have a separate certificate for each location.

Applicants Home Address: Street City State Zip

Home Number Cell Number:

Email Address:

Since your last certificate renewal or certificate issuance:

- Yes No Were you arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?
Yes No Did you have a license/certificate, including a driver's license, suspended or revoked by any agency?
Yes No Were you disciplined by any agency for any act of unprofessional conduct?
Yes No In lieu of disciplinary action by an agency, did you entered into a consent agreement or stipulation with a licensing agency?
Yes No Do you have a complaint(s) pending before any agency?
Yes No Were you a defendant in any malpractice matter that resulted in settlement of judgment?

*An applicant is required to submit a written supplement to this application if the answer is YES to any of the above questions. The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 and 2.

I submitted a written supplement to this application for the above questions. Yes No

I am renewing my Medical Assistant Certificate. I have submitted the appropriate fee for the renewal of my certificate. I have submitted any additional fees that are applicable. I do hereby attest that I am the Medical Assistant named in this renewal; that all answers, facts and statements that are provided for in this annual renewal of Medical Assistant Certificate are true and correct.

Date: Signature:

I am no longer working as a Naturopathic Medical Assistant, and do not wish to renew my Naturopathic Medical Assistant Certificate at this time.

Date: Signature: