



State Of Arizona
Naturopathic Physicians Medical Board
"Protecting the Public's Health"

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Janice K. Brewer - Governor

LICENSE WALLET CARD REQUEST FORM

If you would like a wallet card please complete the form below and mail it to the State of Arizona Naturopathic Physicians Medical Board, along with the appropriate fee.
The fee for each card is \$20.00. Personal Check or Money Orders are acceptable forms of payment.

Name of Physician: _____

License No. _____

I am requesting _____ wallet card(s)

_____ I have included the appropriate fee.

Mailing address: AZND Board
1400 W. Washington, Ste. 300
Phoenix, AZ 85007