



STATE OF ARIZONA
NATUROPATHIC PHYSICIANS BOARD OF MEDICAL EXAMINERS

1400 W. Washington ♦ Phoenix, AZ 85007
602-542-8242 ♦ Fax # 602-542-3093 ♦ www.npbomex.az.gov

Annual Renewal of Naturopathic Medical Assistant Certificate,

Renewal is DUE by July 1st of each year

Renewal fee is \$100.00: Include Late Fee of \$50.00 if postmarked after June 30th, 2007

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

Legal Name: Last Name First Name Middle Name

Birth date: SSN # Medical Assistant Number:

Clinic Name Where you will be working: Ph #

Work Address: Street City State Zip

Work Phone Number: / /

Name of Supervising Naturopathic Physician:

Additional Office Location:

Name:

Office Address: Street City State Zip

Name of Supervising Physician if different from above:

Applicants Home Mailing Address: Street City State Zip

Home Phone Number: / / Alt. Phone Number: / /

Email Address: Print legibly Print legibly

You are required to answer all of the following questions

- 1. Were you arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor in 2006/2007?
2. Did you have a license/certificate, including a driver's license, suspended or revoked by any agency in 2006/2007?
3. Were you disciplined by any agency for any act of unprofessional conduct in 2006/2007?
4. In lieu of disciplinary action by an agency, did you entered into a consent agreement or stipulation with a licensing agency in 2006/2007?
5. Do you have a complaint(s) pending before any agency?
6. Were you a defendant in any malpractice matter that resulted in settlement of judgment in 2006/2007?

*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.

1. I am renewing my Medical Assistant Certificate for 2006/2007 renewal period. 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 and, that I am not omitting any information which may be of value to the Arizona Naturopathic Physicians Board of Medical Examiners in considering this 2006/2007 application for annual renewal of Medical Assistant Certificate.

Date: Signature:

2. 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:

A.R.S. 32-1526 provides for the automatic suspension of the right and privileges of a person certified by this Board who failed to annually renew and pay the annual renewal fee.