



Naturopathic Physicians Medical Board

“Protecting the Public’s Health”

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

Renewal of Certificate to Engage in a Clinical Training Program

If you are graduating prior to your expiration date **DO NOT** renew this certificate.

This renewal cannot be done online

THE DUE DATE IS THE EXPIRATION DATE PRINTED ON YOUR CLINICAL TRAINING CERTIFICATE

You should have received a copy of your certificate from the Registrars office.

_____ Renewal fee is \$150.00 payable by check or money order to State of Arizona NPBOMEX.

_____ Late fee of **\$75.00** will be assessed for failure to renew ***by the due date.***
(Pursuant to A.R.S. 32-1526 (H) and R4-18-107 (D) (4),)

For future reference, A.R.S. 32-1507 (A), “Each person who holds a license or **certificate** pursuant to this chapter shall inform the board in writing, within thirty days, of any change in status of that person's initial application including any change of name, residence, practice address and telephone number and of each subsequent change of status. A licensee's or a certificate holder's residential address and residential telephone number or numbers are not available to the public unless they are the only address and numbers of record. **(ADDRESS CHANGE FORM ON WEBSITE)**

Certificate # _____ **Expiration Date** _____

Name: _____ **SSN:** _____ / _____ / _____
Please print clearly

(Home Mailing address will not be publicized)

Home Mailing Address: _____
Street **Apt #**

_____ **City** **State** **Zip**

Telephone Number: _____ / _____ / _____

Clinical Supervising Physician; _____

Gail Anthony
Investigations and Licensing