



ARIZONA STATE BOARD OF HOMEOPATHIC and INTEGRATED MEDICINE EXAMINERS

Janice K. Brewer
Governor

1400 West Washington, Suite 230
Phoenix, Arizona 85007
(602) 542-8154 phone • (602) 542-3093 fax
email: chris.springer@azhomeopathbd.az.gov
<http://www.azhomeopathbd.az.gov>

Todd Rowe, MD, MD(H), President
Martha Grout, MD, MD(H)
Don Farris
Mary Ackerley MD, MD(H)
Les Adler, MD, MD(H)
Alan Kennedy

ABOUT LICENSURE IN ARIZONA

Thank you for your interest in licensure in Arizona. The Arizona Board of Homeopathic and Integrated Medicine Examiners licenses homeopathic physicians independently of licensure by allopathic or osteopathic boards. This information packet explains the requirements for licensure.

The scope of a homeopathic license includes the practice of acupuncture, chelation, homeopathy, minor surgery, neuromuscular integration, nutrition, orthomolecular therapy and pharmaceutical medicine (see A.R.S. § 32-2901(22)). ***If you practice chelation, you are required to file additional information with the Board for approval, before offering this therapy. (Refer to number 14 and 15 below for more information).***

If you locate to Arizona and wish to dispense medicine, substances or devices as part of your practice, you are required to obtain a dispensing permit. The application for the dispensing permit is separate from the application for licensure and requires payment of additional fees.

This packet contains:

1. This information flier
2. Applications for license and for a permit to dispense

This document is available in alternative formats by contacting the Board's Executive Director at (602) 542-8154, (TDY 711).

REQUIREMENTS FOR INITIAL LICENSURE

To be considered for licensure in Arizona, you must have the following:

1. An active license in good standing to practice allopathic or osteopathic medicine in a state, district or territory of the United States.
2. A completed application on file, with all questions answered and your signature notarized. Pursuant to A.R.S. §32-2912(F)(4) the date that the Board receives your application **and fee** begins the one-year time frame for completion of all licensing requirements, including examinations, interviews and payment of issuance fees.
3. Payment of the **\$550 application fee**, in U.S. funds. This fee is not refundable. The Board will accept a personal or business check, or guaranteed funds such as a money order or certified check. *No cash can be accepted through the mail.*

4. Written verifications of licensure and good standing from every state, province or jurisdiction certifying that your license is in good standing, or was in good standing when the license went inactive. These verifications must be mailed to the Board directly from the state, province or jurisdiction that issued the license and bear the appropriate seal. It is recommended that you call the state or jurisdiction that issued the license to determine if there is a fee to provide the verification of license status.

5. Written confirmation that you graduated from a medical school approved by the Association of American Medical Colleges, the Association of Canadian Medical Colleges, the American Medical Association, the American Osteopathic Association or the equivalent as determined by the Board. **This confirmation must come directly from the medical school.** It may be in the form of a transcript, a diploma or a letter from the medical school as long as the confirmation identifies you, the school, the date you graduated AND the original (usually embossed) seal of the school. Graduates who have not graduated from an approved school of medicine shall hold a standard certificate issued by the ECFMG or have completed a Fifth Pathway program with a 24 month internship, residency, or clinical fellowship program accredited by the ACGME.

6. In lieu of a degree of doctor of medicine in homeopathy, an applicant must provide on the form included in the application packet (entitled *Summary of Post Graduate Course Studies*) documentation of at least 300 hours of formal postgraduate education *with at least 40 hours of the 300 hour requirement in a course of classical homeopathy*. The remaining hours may be one or more of the treatment modalities that are recognized within Arizona as making up a *“practice of homeopathic medicine”*. In addition to classical homeopathy the remaining modalities include any combination of coursework in nutrition, acupuncture, chelation therapy, neuromuscular integration, or orthomolecular therapy. You must also include a copy of the certificate of attendance or letter documenting your attendance (on the professional letterhead of the organization offering the course). The documentation must show the following: 1) name of organization offering the course, 2) name of instructor, 3) brief description of the course, and 4) dates attended and credit hours granted. Examples of Board-approved courses are included in this packet under the heading *“Post Graduate Training Courses”*.

7. In lieu of formal postgraduate courses an applicant may qualify for licensure based on completion of a preceptorship conducted by a preceptor qualified to provide instruction in one of more of the treatment modalities described in number 6. You must submit the following: a notarized affidavit from the preceptor on their professional letterhead attesting to: the preceptor’s educational qualifications to include the number of years the preceptor has been conducting preceptorships, the dates of the preceptorship, an outline of the training conducted and the type of treatment modality involved in the training, the number of didactic and clinical training hours in the preceptorship, and the nature of services performed during the training.

8. Notarized letters from three licensed doctors (homeopathic, allopathic or osteopathic) attesting to their personal and professional knowledge of your fitness, both mental and physical, to practice medicine. ***These letters must be on the professional letterhead of the doctor writing the recommendation and must contain the doctor's notarized signature.*** It is not necessary that the letters be from doctors licensed in Arizona, as long as the doctors writing the letters identify the state in the U.S. or any province in Canada in which they are licensed. ***These letters must come to the Board directly from the doctors who write them.***

9. A copy of your current curriculum vitae that documents internships, residencies and practice history.

10. A written examination on modalities that comprise the practice of homeopathic and integrated medicine as define by Arizona law.

11. An oral interview with the Board as described at number 13.

THE WRITTEN EXAMINATION AND ORAL INTERVIEW

12. The written examination consists of 100 questions covering the practice of homeopathic medicine. The following therapies are included with the approximate percentage of questions related to the topic

Classical homeopathy	60%
Materia medica	
Repertory	
Philosophy	
Posology and treatment	
Case taking and analysis	
Ethics and law	
Chelation therapy	5%
Orthomolecular Medicine	5%
Nutrition	15%
Acupuncture	5%
Neuromuscular Integration	10%

The three-hour examination consists of questions written in multiple choice, “matching” and open answer format. A portion of the exam requires use of a repertory which will be furnished to you by the Board. No other written materials, notes or materia medica references may be brought into the examination room or used during the written exam. **Computer repertories are not permitted.** Unless you are otherwise notified, the written examination will be conducted at the Board office. A passing score of at least 70% must be obtained. (To prepare for the written examination you may wish to review the last page of this document to view a list of reading materials related to chelation therapy, acupuncture, and homeopathy).

In addition, the Board suggests that you study the following homeopathic remedies:

Aconite, Aloe Vera, Anacardium, Antimonium Tartaricum, ,Apis Mellifica, Arnica, Arsenicum Album, Baptisia, Belladonna, Bryonia Alba, Calcarea Carbonica, Calcarea Phosphorica, Calendula, Cantharis, Carbo Vegetabilis, Causticum, Chamomilla , China Officinalis, Colocynthis, Drosera, Eupatorium Perfoliatum, Ferrum Phosphoricum, Gelsemium, Hepar Sulphuris, Hypericum, Ignatia, Ipecac, Kali Bichromicum, Lachesis, Ledum Pallustre, Lycopodium, Magnesium Phosporicum, Mercuris Vivus, Natrum Muriaticum, Nux Vomica, Phosphorus, Phytolacca Decandra, Podophyllum peltatum, Pulsatilla, Rhus Toxicodendron, Ruta Graveolens, Sanguinaria, Sepia, Silica, Spongia tosta, Staphysagria, Sulphur, Symphytum, Urtica Urens, Veratrum Album.

13. The oral interview consists of a discussion of your background and credentials. You should be prepared to answer questions about your credentials and background at this time. Unless you are otherwise notified, your oral interview will be held the same day as the regularly scheduled meeting.

ADDITIONAL REQUIREMENTS FOR OPTIONAL ASPECTS OF PRACTICE:

A. If you also want to treat patients using *chelation therapy*:

14. Documentation of post graduate education of at least 16 hours of coursework offered by any of the following: American Board of Clinical Metal Toxicology, American College of Alternative Medicine, International College of Integrative Medicine, or the American Academy of Environmental Medicine or other sponsor approved by the Board that provides training for eligibility for certification.

15. A copy of informed consent document and the protocols you intend to follow in administering chelation therapy (see A.A.C. R4-38-113)

<http://www.azhomeopathbd.az.gov/rules.htm>

. The Board will review these consents and protocols at the same meeting that they consider the initial application. Note: It is an act of unprofessional conduct to provide the therapy and to not have the consents and protocols on file at the Board office. Please review A.R.S. §32-2933(27).

<http://www.azhomeopathbd.az.gov/statutes.htm>

B. If you also want to treat patients using *experimental procedures*:

16. Submit to the Board a copy of your informed consent document, and the protocols you intend to follow (review A.A.C. R4-38-109 and R4-38-112 at www.azhomeopathbd.az.gov , click on the tab entitled Rules).

APPLICATION FOR A DISPENSING PERMIT

If you also intend to dispense (offer for sale) drugs and devices, including controlled substances, prescription-only drugs, homeopathic medications and nonprescription drugs from your practice located within Arizona, you must apply for and receive a ***dispensing permit***.

17. Complete the enclosed form titled "*Application for a Dispensing Permit*". You must also **attach a copy of your current DEA registration** if you intend to dispense controlled substances.

18. Submit an **additional fee of \$200**. You may include this amount in the check with the application for license fee.

DATES AND DEADLINES

19. The schedule of Board meetings and written examinations are attached to this information document. **Your application and fee must be received at least 15 days in advance of the next scheduled written examination. Once the Board has received these items you are eligible to sit for the written examination.**

However, please note: we are unable to place your application on the regular meeting agenda for Board consideration, until all documentation has been received and we have provided *written notice* that the application process is complete. Please plan accordingly.

THE COST OF LICENSURE IN ARIZONA

20. It will cost you at least \$800 to become licensed in Arizona; that is \$550 for the application and \$250 for issuance of the initial license. In addition, if you dispense drugs and devices from a practice location within Arizona there is a \$200 fee to apply for a dispensing

permit. **Do not submit the issuance of the initial license fee (\$250) until the Board votes to grant you a license. You may bring this fee to the oral interview if you wish.**

21. The annual renewal of your license is \$975. If you have a dispensing permit, you must also renew that annually. At present, the total cost of renewal for both is \$1175 (\$975 for licensure and \$200 for dispensing permit). Annual notices are sent 30 days in advance of the month that the license became effective.

22. There is no additional cost to file chelation protocols. Once filed their renewal is included in your license renewal fee.

ABOUT THE BOARD'S USE OF YOUR SOCIAL SECURITY NUMBER and CITIZENSHIP

23. Pursuant to ARS §25-320, disclosure of your *social security account number* to this agency is **required**. We request social security numbers of our applicants and licensees for the purpose of identification in carrying out our statutory functions. **Your social security number will be not released to the general public.** Your social security number may be released to authorized persons pursuant to a provision of the law. Authorized persons include: an officer or employee of the United States; an officer or employee of any State, political subdivision of a State, or agency of a State or political subdivision of a State, or an officer or employee thereof, who is acting pursuant to a provision of law. 42 U.S.C. § 405(c)(2)(C)(vii)(III). Upon request by the Arizona Department of Economic Security, your social security account number will be disclosed for purposes of establishing paternity pursuant to A.R.S. § 12-852(B) and establishing and enforcing child support orders pursuant to A.R.S. §§ 12-2452 (F) and 25-320(K). The Board may also use your social security number as a confidential identifier when inquiring about your education, background or fitness to practice. (An example of this type of use would be to request information from the National Practitioner's Data Bank).

24. Arizona has determined that a license is a public benefit and therefore it is required that all applicants satisfactorily demonstrate that an applicant is lawfully present in the United States. The application form will require that you provide a copy of documentation demonstrating *US citizenship or Alien Status Declaration*.

POST GRADUATE TRAINING COURSES

25. The following are examples of institutions and organizations whose postgraduate training programs are of a quality that would merit approval by the Board. Those with * following their name have already had their programs approved by the Board.

Classical and contemporary homeopathy

National Center for Homeopathy, Alexandria VA*	(703) 548-7790
Hahnemann College of Homeopathy, Berkeley CA*	(1-800-876-7798) or (503)-236-0475
New England School of Homeopathy, Amherst MA*	(413)-256-5949
American Medical College of Homeopathy, Phoenix AZ*	(602) 347-7950
Colorado Institute for Classical Homeopathy*	(303) 440-3717
British Institute of Homeopathy	(310) 577-2235

Acupuncture (including electro-diagnosis)

Medical Acupuncture for Physicians, UCLA Extension	(213) 825-7257
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Chelation therapy

American Board of Clinical Metal Toxicology*

(800) 356-2228 or
(513)-863-6277

International College of Integrative Medicine*

(419)-358-0273

Neuromuscular integration

North American Academy of Manipulative Medicine

American Academy of Osteopathy*

American Association of Orthopaedic Medicine*

Sutherland Cranial Teaching Foundation*

(817)926-7705

Nutrition/Orthomolecular medicine/Clinical ecology

Wright-Gaby Nutritional Seminars*

<http://www.doctorgaby.com>

American Academy of Environmental Medicine*

(316) 684-5500

ARIZONA PRACTICE REQUIREMENTS

26. A.R.S. §32-2933(41) Arizona law requires licensed homeopathic physicians to obtain from a patient, before an examination or treatment, a ***signed informed consent*** that includes language to make it clear that the physician is providing homeopathic medical treatment instead of or in addition to standard conventional treatment.

27. A.R.S. §32-3211 Arizona law requires a ***written protocol for the secure storage, transfer and access of patient medical records***.

28. The law requires you to obtain ***20 hours of continuing medical education*** each annual renewal cycle. Renewal is based on the license issue month.

DISCLAIMER

29. Every attempt is made to ensure that the information given in this application packet is correct. However, the laws, rules and policies of the Board may change; regardless of what this packet says, you must meet the qualifications in effect on the day your application is received. You may still submit an older application, although you will be asked to supplement and update your application, if necessary, to meet current requirements.

Suggested Reading Materials to Prepare for the Written Homeopathic Examination:

CHELATION:

Adult women's blood mercury concentration vary regionally in USA

Link - <http://www.ehponline.org/docs/2008/11674/abstract.pdf>

Children With Moderately Elevated Blood Lead Levels: A Role for Other Diagnostic Tests?

Link - <http://www.ehponline.org/members/1997/105-10/markowitz-full.html>

Iron Deficiency Associated With Higher Blood Lead In Children Living In Contaminated Environments

Link <http://www.ehponline.org/members/2001/109p1079-1084bradman/bradman-full.html>

Environmental Health Perspective, Volume 103, 1995, Developing Brain As The Target of Toxicity

Link - <http://www.ehponline.org/members/1995/Suppl-6/rodier-full.html>

Adult Lead Exposure Time For Change

Link - <http://www.ehponline.org/members/2006/9782/9782.html>

Environmental Health Perspectives, Volume 116, No. 10, October 2008, Effects of

Prenatal Exposure to Pollutants on Children's Development

Link - <http://www.ehponline.org/docs/2008/11763/letter.html>

Epidemiology of Lead Toxicity in Adults Measuring Dose and Considering Other Issues

Link - <http://www.ehponline.org/members/2006/9783/9783.html>

HOMEOPATHY

Organon of the Medical Art. Sixth ed. Edited and annotated by Wenda Brewster O'Reilly. Berkley, CA: Publishers Group West

The Science of Homeopathy, 1980, George Vithoulkas, New York, N.Y., Grove Press

Sensation Refined, 2007, Rajan Sankaran, Homeopathic medical Publishers,

Mumbai, India

Desktop Guide to Keynotes and Confirmatory Symptoms, 1993, R. Morrison, Grass Valley, CA, Hahnemann Clinic Publishing

ACUPUNCTURE

Acupuncture Energetics, JM Helms, Medical Acupuncture Publishers, Berkeley, CA 1995

The Foundations of Chinese Medicine, G. Maciocia, Churchill Livingstone, New York, NY 1989

A Manual of Acupuncture, P Deadman et.al., Cushing Malloy, Inc., Ann Arbor, MI 1998

NEUROMUSCULAR INTEGRATION

AOA Glossary of Osteopathic Terminology, 2009 ed.,
www.aacom.org/resources/Documents/Downloads/GOT2009ed.