

**ARIZONA STATE BOARD OF HOMEOPATHIC and INTEGRATED
MEDICINE EXAMINERS
APPLICANT'S CHECKLIST**

The following eight items must come from you, in one envelope, to begin the review of your application. The packet must be received at least 30 days prior to the meeting at which you want the Board to review the application.

- _____ 1. The completed six page application, with all questions answered. The application must include your notarized signature (on the fifth page) that the information in the application is accurate, true, and complete.
- _____ 2. The explanations and documents required by all “yes” answers to questions 12-19 on the third page of the application.
- _____ 3. Two recent pictures of yourself (head and shoulders) on the fifth page of the application. Dual passport photos are ideal.
- _____ 4. Payment of the application fee of \$550 in U.S. funds, payable to “Board of Homeopathic and Integrated Medicine Examiners”. (If you are an in-state practitioner you may also apply for a dispensing permit. Please include the fee for the dispensing application in the amount of \$200.) You may submit one check in the amount of \$750 for both.
- _____ 5. The completed and signed “Authorization to Release Information” (page 6).
- _____ 6. A separate “*Summary of Post Graduate Coursework*” for each modality you have undergone post graduate training in. To each *Summary*, attach copies of certificates of the coursework completed that you have listed in the *Summary*.
- _____ 7. Your current Curricula Vitae, showing your professional history from medical or osteopathic college to present.
- _____ 8. Completed Arizona Statement of Citizenship w/accompanying copy of citizenship documentation.

The additional items below must be mailed independently to the Board (not in your envelope):

- _____ 9. Confirmation of graduation from your medical/osteopathic college.
- _____ 10. Three letters of recommendation from licensed physicians (MD, DO, or MD(H) only), on their professional letterhead, signatures notarized.
- _____ 11. Verifications of licensure and standing from EVERY jurisdiction in which you currently are, or ever were, licensed to practice.

**PLEASE CALL IF YOU HAVE QUESTIONS
(602) 542-3095, EXT. 4 OR (602) 542-8154**

www.azhomeopathbd.az.gov email: chris.springer@azhomeopathbd.az.gov