

State of Arizona
Board of Homeopathic and Integrated Medicine Examiners

1400 W. Washington, Room 230 Phoenix, AZ 85007
Telephone (602) 542-8154 Fax (602) 542-3093

APPLICATION for REGISTRATION as a HOMEOPATHIC MEDICAL ASSISTANT

(*NOTE: If you hold or have held a license, certificate, or registration in another health care discipline please utilize Form III entitled Previously Licensed Practitioners)

Submit one form for each applicant for registration within two weeks of employment and \$200 registration fee

A. Applicant Information

(Refer to R4-38-306 for more information and R4-38-303 or R4-38-304 for standard educational guidelines.)

1. Applicant's Name: _____

Home Address (confidential information) _____

Home/ Mobile Phone Number (confidential) _____

Email address (confidential) _____

Required Information (confidential):

SSN _____ Date of Birth _____

2. Clinic Address(es) where procedure(s) are to be performed (list others on separate sheet)

Clinic Phone Number _____ Clinic FAX Number _____

3. Have you ever been licensed as a health care practitioner in a U.S. jurisdiction?

Yes _____ No _____

If yes, list all jurisdictions, types of health care licenses and license numbers that the applicant has had in the past or currently possesses. (please list on a separate sheet if additional space is required)

State/ Country _____ Type of License/Registration/Certificate _____ Certificate Number _____

4. Have you ever been disciplined by any health care regulatory board in any jurisdiction?

Yes _____ No _____

(If yes include a copy of any order or consent agreement issued by the regulatory board.)

5. Have you been arrested or charged with any criminal act?

Yes _____ No _____ (If yes, attach a written explanation of the charge and include a certified copy of the initial charging document.)

6. In compliance with the Personal Responsibility/Work Opportunity Reconciliation Act (PRWORA) regarding State and local benefits (professional license/registration is defined as a benefit). Are you a citizen of the United States?

Yes _____ (attach a copy of documentation listed on the form entitled 'Statement of Citizenship')

No _____

If you are not a citizen of the United States, do you hold qualified alien status?

Yes _____ (Please attach a copy of a document that evidences your status as a qualified alien).

No _____

7. I am applying for registration as a homeopathic medical assistant on the basis of: (check 1)

_____ completion of a formal education program (standards at AAC R4-38-303)
(If this blank is checked proceed to Question 8 and sign the application under applicant's signature)

_____ completion of a practical education program (standards at AAC R4-38-304)
(If this blank is checked, sign the application under applicant's signature and proceed to Question 9)

8. Formal education program - Make an "X" on the line by the modality in which you have completed formal educational training. As required by AAC R4-38-306 (C) include an official transcript from the educational institution(s) to verify your training.

_____ Neuromuscular Integration Therapy Procedures

a. Completed training designed to qualify a graduate as a physical therapy assistant in a US jurisdiction; or

b. If you are assisting in the techniques of Feldenkrais, Rolfing, Hellerwork, Trager, Orthobionomy, Shiatsu, Reiki, Polarity, Jin Shin Jyutsu please provide evidence of at least 750 hours of classroom training and 250 hours of supervised clinical experience

_____ Homeopathic Repertorization Procedures

(Provide documentation of 200 hours of education and 100 hours of supervised clinical experience in classical homeopathy)

_____ Nutritional Counseling Procedures or Orthomolecular Therapy

a. Provide documentation of 500 hours of education and 175 hours of supervised internship;

b. Certification by the Clinical Nutrition Certification Board

_____ Other Homeopathic Modality

Please submit official transcripts of training showing degree of educational training and clinical supervision equivalent to requirements specified in R4-38-103(C).

9. On-The-Job Training/Practical Educational Make an "X" on the line by the modality in which you have completed practical education raining. Include copies of training certificates in the checked modality.

_____ Homeopathic Repertorization Procedures without electrodermal testing device
(documentation of 200 hours of instruction with 100 hours in supervised clinic)

_____ Homeopathic Repertorization Procedures with electrodermal testing or kinesiology
(documentation of 180 hours of instruction with 45 hours in supervised clinic)

_____ Nutritional Counseling Procedures

(provide documentation of 500 hours in clinical nutrition and 170 hours in supervised clinic)

_____ Neuromuscular Integration Therapies

(Examples: Feldenkrais, Rolfing, Hellerwork, Trager, Orthobionomy, Shiatsu, Reiki, Polarity, Jin Shin Jyutsu (documentation of 375 hours of instruction with 125 hours in supervised clinic)

_____ Other Training (Submit documentation of training received and Board will review under R4-38-304(C)4)

I hereby attest that the information indicated in this application is true and correct.

Applicant's Signature

Date signed

(The information below is to be completed by the supervising physician)

B. Proposed job description: (to be completed by the supervising physician)

C. Supervising Physician Information

(Refer to AAC R4-38-302.) The physician must submit evidence of your education/practice experience in the delegated procedure the medical assistant will perform under your supervision.

- 1. Physician's name: _____
- 2. Attach evidence of your training in the designated homeopathic modality of the procedure you are proposing for the homeopathic medical assistant. You may attach a resume or CV along with training certificates.)

I hereby attest that the information contained in this application is true and correct.

Physician signature and date: _____

Signature Date signed

The following items must be attached and returned with this application:

Applicant:

- 1. Curriculum vitae or resume
- 2. Official transcripts showing completion of formal educational training in the modality checked in Question 8; or Training Certificate or education if you checked that you completed practical education described in Question 9
- 3. Proof of Citizenship
- 4. In you marked yes in questions 4. Or 5. Include copies of consent agreements or charging documents.

Physician:

- 1. Proposed job description
- 2. Proof of your training in the designated homeopathic modality of the procedure you want the medical assistant to perform in your practice.
- 3. CV or resume
- 4. Fee \$200

Revised July 6, 2015

A.R.S.41-1030(B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

A.R.S. 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030(E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency’s adopted personnel policy.

A.R.S. 41-1030(F) This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.