

State of Arizona
Board of Homeopathic and Integrated Medicine Examiners
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FORM III
MEDICAL ASSISTANT APPLICATION

(Note: PREVIOUSLY LICENSED PRACTITIONERS please utilize this form)
Submit one form and fee of \$200.00 for each Medical Assistant within two weeks of
employment.

Medical Assistant status with supervision by an Arizona-licensed Homeopathic Physician is NOT intended to allow a health care practitioner, who would otherwise be subject to regulation by licensure in Arizona to practice his or her profession outside of that profession's formal regulatory authority. Homeopathic physicians proposing to employ as a Medical Assistant a person previously licensed or subject to professional regulation as a health care professional in a U.S. jurisdiction shall document and submit for approval to the Board the following information: (Refer to AAC R4-38-307 for more information).

A. Applicant Information:

1. _____
Name of Applicant

Home Address (confidential)

Home or Mobile Phone Number (confidential) _____
Email address. (confidential) _____
Required Information (confidential): SSN _____

2. Clinic Address(es) where procedure(s) are to be performed: (Public Information)

Clinic Phone Number _____ Clinic FAX _____
(If more room is needed to list other practice locations please attach on a separate sheet)

3. Applicant: please attach current curriculum vitae or resume with this form.
4. Enclose evidence of on the job training or formal education related to the job duties you will be provide for the physician. (Acceptable evidence would include official transcripts of formal education or certificates showing specific training in the job duties you will perform for the physician (Please refer to A.A.C. R4-38-303 or R4-38-304 for more detail on what to provide).
5. 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)

<u>State/ Country</u>	<u>Type of License/Registration/Certificate</u>	<u>Certificate Number</u>
_____	_____	_____
_____	_____	_____

6. 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.)
7. Have you been charged with or convicted of any criminal act? Yes _____ No _____ (If yes, attach a written explanation of the nature of the criminal act and include a **certified** copy of the initial charging document and a copy of all court documents relating to the **current status** of the action.)
8. Are you a United States citizen? Yes _____ No _____
- If you are not a citizen of the United States, do you hold qualified alien status?
Yes _____ No _____
(Attach a **copy** of a document that evidences your status as either a citizen or a qualified alien).
9. Attach an **affidavit** stating the reasons why you are seeking employment as a Homeopathic Medical Assistant rather than as a licensed AZ health care provider in accordance with your professional training.
10. I hereby attest that the information indicated in this application is true and correct.

Applicant's Signature

Date of signature

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

- B. Proposed job description for the applicant: (REQUIRED)**
(What procedures are you delegating to the assistant? *Include the duties and job description the assistant will perform for your practice.*)
- C. Supervising Physician Information (REQUIRED)**
1. Physician's name: _____
 2. Homeopathic License Number: _____
 3. Attach educational qualifications and practice experience that relate to your qualifications necessary to supervise the applicant. (You may attach a resume or CV).
 4. I hereby attest that I have reviewed the supervision standards in A.A.C R4-38-302 (standards are on next page) and agree to comply with those standards and that the information in this application is true and correct.

Physician Signature

Date signed

NOTICE: According to AAC R4-38-307(E) The applicant and supervising physician are required to attend an interview with the Board. You will be notified of the next Board meeting when your application is ready for Board review.

AAC R4-38-302 Supervision Standards

- D.** A homeopathic physician who supervises a registered medical assistant shall:
1. Perform and document in the patient record the following for each patient for whom the medical assistant performs a delegated procedure:
 - a. Initial evaluation,
 - b. Treatment planning including any modification in the treatment plan, and
 - c. Re-evaluation of the patient's health status every fourth visit and at the time of discharge or termination of treatment;
 2. Respond within 15 minutes to a telephone call or other telecommunication from a medical assistant who performs a delegated procedure when the homeopathic physician is not physically present at the location at which the medical assistant is working;
 3. Ensure that a note is placed in the patient record every time the medical assistant seeks direction from the homeopathic physician regarding a delegated procedure performed for a patient;
 4. Ensure that the medical assistant performs only delegated procedures that are in the medical assistant's Board-approved job description;
 5. Provide a specific written order for any procedure delegated to and performed by the medical assistant for a patient;
 6. Ensure that the specific written order required under subsection (D)(5) is placed in the patient record on the day that the medical assistant performs the delegated procedure;
 7. Ensure that the medical assistant makes a contemporaneous note in the patient record of any procedure performed by the medical assistant for the patient;
 8. Review, initial, and date the medical assistant notes placed in patient records within one week after each note is made and initial and date each note; and
 9. Review with the medical assistant a patient's response to treatments performed by the medical assistant:
 - a. Within three months of the initial visit,
 - b. After any significant change in the initial treatment plan, and
 - c. After an adverse reaction.

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