**Arizona Homeopathic Examiners Board**

 **Applicant Application Fee Waiver Request Form**

 **APPLICANT INFORMATION:** *Print or type the information requested below.*

Name (Last, First, Middle Initial):

Mailing Address:

City, State, Zip Code:

Phone #:

)

(

Home

Work

Cell

Date of Birth (mm/dd/yyyy):

Email:

Medical School

:

Login ID for online application

(

if applicable

)

:



**WAIVER TYPE:** *Please check the box that indicates the basis for your request. Attach official documentation of the waiver you have selected. Without official documentation, your request will not be considered. This form alone does not constitute a request for an application fee waiver. In addition, fee waiver requests are not guaranteed and the Board will determine if a request is accepted or denied. If the waiver request is denied, you will be contacted to pay the application fee.*

  Initial Application for Licensure  License Renewal Application

  Other (specify)

 **CERTIFICATION:** *Please sign/date below.*

*I certify that the information provided is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply required information may result in rejection of this request and application.*

 Applicant’s Signature: Date:

 **Please submit this form along with the required supporting document to the Arizona Homeopathic Examiners Board 1740 W. Adams St #3017 Phoenix, AZ 85007 prior to applying for licensure/renewal.**