

ARIZONA STATE BOARD OF HOMEOPATHIC and INTEGRATED MEDICINE EXAMINERS

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 Website: <http://www.homeopath.az.gov>
 Email: info@homeopath.az.gov

Homeopathic Medical Assistant Renewal

1. YOUR NAME, ADDRESS, PHYSICIAN SUPERVISOR

The renewal receipt and renewal notice will be sent to the office address listed.

Name: _____ Registration #: _____

Office Address: _____

Home Address: _____

Office Phone: _____ Home Phone: _____

Email: _____

Homeopathic Physician Supervisor: _____

Check here if there have been any changes: _____

- 2. FEES: registration expires on December 31.** The renewal form with fees must be *postmarked on or before the expiration date*. There is no reinstatement or grace period. You must apply for a new registration if the registration expires.

		Amount Due
Annual renewal for medical assistants		\$200
Total Due		\$200

Please make your check payable to "Board of Homeopathic / Integrated Medicine Examiners"
All payment must be in U.S. funds. Do not postdate your check.

3. MEDICAL ASSISTANT ASSIGNED TASKS

Check all the modalities to which the medical assistant is assigned to help.

<input type="checkbox"/> Acupuncture, Classical*			<input type="checkbox"/> Hydrotherapy
<input type="checkbox"/> Acupuncture-electrodiagnosis*			<input type="checkbox"/> Massage therapy
<input type="checkbox"/> Chelation Therapy			<input type="checkbox"/> Minor Surgery
<input type="checkbox"/> Diathermy			<input type="checkbox"/> Neuromuscular Integration*
<input type="checkbox"/> General Front Office			<input type="checkbox"/> Orthomolecular therapy (nutrition)*
<input type="checkbox"/> General Back Office			<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Homeopathy, Classical (Kentian)*			<input type="checkbox"/> Traction
<input type="checkbox"/> Homeopathy, Complex and electro therapeutics (EAV and related)*			<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Other (please specify)			

Note: If the job description submitted to the Board at initial registration has changed substantially, please describe your new duties below:

Please complete other side of application

4. **PRACTICE LOCATIONS:** If the medical assistant assists at any location *in addition* to that shown (or corrected by you) at the top of this form, please list below and include phone and FAX numbers.

5. **SUPERVISING PHYSICIAN ATTESTATION**

I, the undersigned, attest that the information provided in this renewal form is true, correct, and complete and that the medical assistant is performing job duties as initially stated in the registration on file at the Board Office.

Homeopathic Physician Signature

Date

6. **MEDICAL ASSISTANT ATTESTATION**

a). Since your last renewal, have you been arrested or charged with a misdemeanor involving conduct that may affect patient safety, or any felony? ()Yes () No

b) If you have answered 'Yes' to the above did you notify your health professional regulatory board in writing within 10 days after the charge was filed? ()Yes () No.

Attach certified copies of the charging and disposition documents from the issuing authority.

I, the undersigned, attest that the information provided in and with this renewal form is true, correct, and complete.

Homeopathic Medical Assistant Signature

Date

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.

HOMEOPATHIC MEDICAL ASSISTANT: CONFIDENTIAL INFORMATION (not available to public). Fill out this information if your home address has changed since the last renewal.

7. **HOME STREET:** _____

HOME CITY, STATE, ZIP: _____

HOME PHONE: _____

EMAIL: _____

Thank you!