



Douglas A. Ducey
Governor
Mary Grace Warner-Dunlop, MD, MD(H)
President
Alan Kennedy
Vice President
Mario Fontes
Secretary-Treasurer

**Arizona State Board of Homeopathic
and
Integrated Medicine Examiners**

1740 W. Adams, Ste 3017,
Phoenix, Arizona 85007
(602) 542-8154

<https://www.homeopath.az.gov/>

David Geriminsky
Executive Director
director@homeopath.az.gov

Renewal Deadlines And Fees

The renewal application and all fees must be submitted (postmarked) by your license expiration date otherwise your renewal will be delinquent and a late fee of \$350.00 is required. Your license can be renewed with a late fee up to 60 days after license expiration. After this 60 day late period a complete new license application must be submitted under ARS §32-2912 and §32-2913. There is no reinstatement period. If you are renewing your dispensing permit please include the dispensing permit fee as well.

License Renewal Fee	\$1000.00
Dispensing Permit Fee	\$200.00
Late renewal fee	\$350.00

If Paying by check please make checks payable to "Board of Homeopathic and Integrated Medicine Examiners"

Renewal Instructions:

1. Complete the renewal form and sign page 3. Please note that by signing the form you attest to completion of 20 hours of continuing medical education taken between during your last licensure period. It is not necessary to send in evidence of continuing medical education with this renewal form.
2. A.A.C. R4-38-118 states that the board shall conduct a **random audit** of **continuing education records** as part of license renewal process. **If you are selected** for random audit you are **required to provide evidence of completion of 20 hours** of continuing medical education. **A separate letter will be sent to you for this purpose.**
3. Include your renewal of license fee. If you do not dispense from your clinic within Arizona it is not necessary to fill out that part of the form or pay the renewal of dispensing license fee (\$200).
4. Include requested documents if your respond 'yes' to Questions 2,3,4,5, or 14

1. YOUR NAME, CLINIC ADDRESS, and CLINIC TELEPHONE ARE PUBLIC INFORMATION

Name:	License#:
Business Name:	
Business Address:	
Business Telephone:	
Home Address	
Email Address:	
Home or Business Address has Changed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Has any disciplinary action including surrender, limitation, reprimand, or restriction been taken against any license you hold from another licensing authority since you last applied for issuance or renewal of this license? Yes () No (). *If yes, attach a certified copy of the final order, stipulation or consent agreement and an explanation of the facts surrounding the action.*
3. Has any application for a medical license been denied by another regulatory entity during the past year? Yes () No () *If yes, attach a copy of the final order, stipulation or consent agreement and explain the facts of the action.*
4. Has any malpractice settlement, award, or judgment been made against you in any jurisdiction since you last applied for issuance or renewal of this license? Yes () No () *If yes, attach a certified copy of court action or settlement and a short summary in your own words of the facts of the case.*
5. **A.** Since your last renewal or issuance of this license, have you been arrested or charged with any felony or a misdemeanor involving moral turpitude? Yes () No ()
B. If you answered yes to the above did you notify your health professional regulatory board in writing within 10 days after the charge was filed as is required by ARS 32-3208? Yes () No ().
(If yes to part A. please attach copies of the charging documents from the issuing authority)
6. Since your last renewal or issuance of this license, have you been convicted of or pled *nolo contendere* (no contest) to a felony, or to a misdemeanor involving moral turpitude? Yes () No (). *(If yes, attach certified copies of the court records showing court's decision and sentence, if any.)*
7. If any, current **Arizona** MD license number _____; DO License Number _____.
Please list all other states or jurisdictions where you hold a license to practice:

Type	State	License #	Type	State:	License #

DESCRIPTION OF YOUR PRACTICE

8. Check all the modalities that you intend to offer under your supervision: *(Note: if you are adding a new modality to your practice please review the educational/training requirements that demonstrate proficiency as listed in AAC R4-38-103(C). For text of this rule go to our website at homeopath.ar.gov Select the Rules tab).*

	Acupuncture, Classical		Minor Surgery
	Acupuncture-electrodiagnosis		Neuromuscular Integration
	Chelation Therapy (see #12 below)		Orthomolecular therapy
	Homeopathy, Classical (Kentian)		Pharmaceutical medicine
	Homeopathy Complex and electrotherapeutics (EAV and related)		
	Other (please specify)		

Pursuant to A.R.S. § 32-2933(27), attach any informed consent material you receive from patients for other diagnostic or therapeutic procedures used in your practice, including but not limited to: electrodiagnosis or therapy apparatus, other non-traditional therapy apparatus, homeopathic treatments or substances *in use less than ten years*.

9. Do you offer chelation therapy as part of your practice? (Check One)

	Yes, my chelation protocols and patient consent form are already on file with the Board and have not changed since I last applied for license issuance or renewal.
	Yes, I intend to offer it and have attached a copy of the informed consent form which my patients will sign, and a statement outlining the protocol I follow for the administration of chelation.
	No, I do not intend to offer chelation therapy as part of my practice

10. Are you currently certified at the national or international level in any practice specialties? Please list below

Specialty	Certifying body	Expires

11. **PRACTICE LOCATIONS:** If you practice at any location **in addition** to your place of business indicated at the top of this form, please list them below and include the business and phone number.

.....

Complete only if you dispense drugs or devices from your business premises in Arizona

12. **DEA registration number** _____ (*Attach copy of registration*) *Note: If you are dispensing or prescribing controlled substances you must have a DEA registration that is listed to an Arizona address location.*

13. *If you do not intend to dispense or prescribe controlled substances as part of your homeopathic medical practice please complete the following affidavit: (You must still have a dispensing permit if you dispense any of the following out of your clinic: OTC pharmaceuticals, homeopathic remedies for OTC use and prescribed, natural substances, and prescription devices.)*

Affidavit	
I attest that I do not intend to prescribe or dispense controlled substances as part of my homeopathic medical practice.	
_____	_____
Signature	Date

14. Since your last renewal has any complaint or action been taken against you by any court or federal or state agency for the dispensing of any device, substance or drug? Yes () No ()
If yes, attach a separate sheet of paper and list the name and address of the court, federal or state agency in which the complaint was filed; include official documentation of any action taken by the court, federal, or state agency.

15. Please check all items that you dispense as part of your homeopathic practice:

- _____ Legend pharmaceuticals
- _____ Controlled drugs
- _____ OTC pharmaceuticals (e.g. aspirin, Ibuprofen, etc.)
- _____ Homeopathic remedies prescribed for diagnosed health problems
- _____ Homeopathic remedies sold OTC
- _____ Natural substances (vitamins, minerals, herbals)
- _____ Prescription devices (tens units, home traction units, etc.)
- _____ Nonprescription devices

.....

16. **MARK ONE OF THE FOLLOWING** and if applicable, attach a copy of documentation to verify any change in citizenship status.

_____My citizenship information is on file with the Board of Homeopathic and Integrated Medicine Examiners

_____I am a citizen of the United States or a holder of qualified alien status. Attached is an updated copy of documentation showing citizenship or qualified alien status. (Provide a new copy of this document only if, in the last year, you have updated your citizenship documentation.)

ATTESTATION

I hereby certify that I have complied with A.R.S. 32-3211 that requires a written protocol for the secure storage, transfer, and access of patient medical records and that I have completed 20 hours of continuing medical educations as required by A.R.S. 32-2915 in the past years.

By my signature below I hereby attest that all information on this form is true, correct, and complete.

Signature of Homeopathic Physician **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.