



ARIZONA MEDICAL BOARD
 1740 W. Adams St. Suite. 4000, Phoenix, AZ 85007-2664
POSTGRADUATE TRAINING PERMIT REGISTRATION

(Internship-Residency-Fellowship)

The Board shall grant a one year renewable training permit to a person participating in a teaching hospital's accredited internship, residency or clinical fellowship training program to allow that person to function only in the supervised setting of that program. If a person who is participating in a teaching hospital's accredited internship, residency or clinical fellowship program must repeat or make up time in the program due to resident progression or other issues, the Board may grant that person a training permit if requested to do so by the program's director of medical education or a person who holds an equivalent position. The individual must register with the Board for each year of training and pay the statutory nonrefundable **\$50.00** registration fee.

The following information must be completed by the applicant and the licensed hospital which sponsors the accredited training program. This form also applies to applicants applying for a short-term training permit of four months or less. Please submit the registration to the Arizona Medical Board, 1740 W. Adams Street, Suite. 4000, Phoenix, AZ 85007 at least **thirty (30) days prior** to the initiation of the training.

Check this box if this is a renewal for a current Post Graduate Training Permit.

Permit # R	<input type="text"/>	Expiration Date:	<input type="text"/>
First Name:	<input type="text"/>	Initial:	<input type="text"/>
		Last Name:	<input type="text"/>
Current Home Address:	<input type="text"/>		City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
Mobile Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
		Email:	<input type="text"/>
Date of Birth (Month, Day, Year):	<input type="text"/>	Birth City:	<input type="text"/>
		State:	<input type="text"/>
		County:	<input type="text"/>
Social Security Number:	<input type="text"/>		

Please indicate if you would like to designate/authorize ONE other individual beside yourself to receive status updates on your application

Name:	<input type="text"/>	Phone#	<input type="text"/>	Email:	<input type="text"/>
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Citizenship Statement

This form is to be completed by the applicant and is to be submitted for every application, permit or registration that is offered by the Arizona Medical Board, with the exception of the renewal of license if citizenship has previously been established with the Board.

Evidence List

Provide proof of lawful presence in the United States in accordance with A.R.S. § 41-1080 (See [Evidence List- as referenced for miscellaneous license application types](#) at www.AZMD.GOV/Physician Center/New Arizona License.).

PROGRAM TO COMPLETE BELOW:

Type of Program:	<input type="checkbox"/> Internship	<input type="checkbox"/> Residency	<input type="checkbox"/> Fellowship
Name of Facility:	<input type="text"/>		
	(Arizona ACGME Approved Hospital or University Name)		
Specialty Field:	<input type="text"/>		
	(i.e. Internal Medicine, Gastroenterology, Psychiatry, Family Medicine, etc....)		
Permit Dates requested:	From (m/dd/yr)	<input type="text"/>	To (m/dd/yy): <input type="text"/> <i>Not to exceed one year</i>
I hereby certify I am authorized to request a postgraduate training permit for the above named facility.			
Signature:	<input type="text"/>	Title:	<input type="text"/>
Name (Printed):	<input type="text"/>	Phone Number:	<input type="text"/>
Date:	<input type="text"/>		

Arizona Medical Board:	Permit Issued Date: <input type="text"/>	Permit Number: <input type="text"/>
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**PAYMENT CARD AUTHORIZATION
POSTGRADUATE TRAINING PERMIT FEE**

Payment for: First Name Last Name

POSTGRADUATE TRAINING PERMIT FEE \$50.00

Type of Card: Visa Mastercard Amex

Card Number: **Expiration Date**

Name as Shown on Payment Card:

Billing Address of Cardholder: **City:** **State:** **Zip:**
(Required)

Office Phone:

Mailing Address of Cardholder: **City:** **State:** **Zip:**
(If different from billing address)

Cardholder Signature: **Date:**
(Required)

The Arizona Medical Board will only accept credit card payment via mail (USPS, FedEx, UPS, or any other mail carrier). Any credit card information received via any other method will not be processed and will be destroyed.

Please complete and return this form *with your license application and all necessary documents.* Return the application and payment form (credit card form, check or money order) to the address listed below.

Mail to: Arizona Medical Board
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664

For receipt, please include an e-mail address for submission: **E-Mail Address:**

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**
Professional License and Commercial License
Arizona Medical Board

M.D. License Applicants

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - APPLICANT INFORMATION

APPLICANT'S NAME (Print or Type)

TYPE OF APPLICATION (Check one)

INITIAL APPLICATION

RENEWAL

TYPE OF LICENSE/CERTIFICATION (Check one)

Transitional Training Permit

MD Initial or Endorsement Application

Teaching License

Telehealth Registration

Education Teaching Permit

Pro bono registration

Post Graduate Training Permit

Locum Tenens

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If Yes, indicate place of birth:

City of Birth:

State (or equivalent):

Country or Territory:

If you answered **Yes**, 1) Attach a photocopy of a document from the attached list, section A. Documents from List B also apply to U.S. Citizens, but submission of a List B document does not negate the requirement to submit a copy of an item from List A.

Name of document:

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a certified copy of a document from the attached list section A. Additionally, submit an item from the attached list section C or other document as evidence of your status.

Name of document provided:

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.]. Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

Please NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the State of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE:

TODAY'S DATE:

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

License Application Types:

Locum Tenens, Pro Bono, Teaching, Education Permit, Post Graduate, or Physician's Assistant

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Citizens must submit one of the documents in list A. Citizens may also submit a document from List B, but it does not negate the requirement to submit an item from List A

Non-citizens must provide one item from both lists A and C.

List A (Applicable to both citizens and non-citizens)

1. Copy of birth certificate

Or

2. Copy of passport

List B

1. A United States certificate of naturalization.
2. A United States certificate of citizenship.
3. A tribal certificate of Indian blood.
4. A tribal or bureau of Indian affairs affidavit of birth.

List C (Applicable to non-citizens only)

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A foreign passport with a United States visa.
4. An I-94 form with a photograph.
5. A United States citizenship and immigration services employment authorization document or refugee travel document.
6. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.