



Arizona Medical Board

Arizona Regulatory Board of Physician Assistants

LICENSE VERIFICATION REQUEST FORM

Please Note: All full MD license verifications that are to be sent only to another state medical board will be processed by Veridoc. Please click on the following link for full MD license verifications to be sent to another state medical board: www.veridoc.org

The Board will continue to provide license verifications for all other verification requests including full MD verifications not being sent to another state medical board, Post Graduate Training Permits, PA Licenses, Locum Tenens, Pro Bono and Teaching Certificates. Please fill out and submit the following form for all other license verification requests.

Licensee Name: Licensee Date of Birth (if known): Licensee No. (if known):

Requestor's Name (if different than licensee):

Requestor's Address: City: State: Zip:

Phone Number (if there are questions pertaining to your request):

Type of Arizona License to be Verified:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> M.D. (Only if verification is not being sent to another state board.) | <input type="checkbox"/> M.D. Pro Bono | <input type="checkbox"/> P.A. License |
| <input type="checkbox"/> M.D. Resident/Post-Graduate Training | <input type="checkbox"/> M.D. Teaching License | |
| <input type="checkbox"/> M.D. Locum Tenens | <input type="checkbox"/> M.D. Temporary License | |

Name of the Board/Organization where the verification will be sent:

Delivery Method (Select **One**): Mail (Please fill out mailing address)

Attention To:

Address: City: State: Zip:

Fax (Please contact the Board/Organization prior to selecting this option to ensure they accept faxed verifications)

Fax Number: Other: (Specify delivery method):

Payment Method (Select **One):**

- Check (Enclose with this form. Make payable to Arizona Medical Board)
- Credit Card (Please fill out credit card payment form and return with this Verification Request Form)

Please mail or fax the completed license verification request form to:

Arizona Medical Board
Attn: Verifications
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258
Fax: 480-551-2707

Note: There is a \$10 fee per license verification. If payment does not accompany this form, the verification request will not be processed and will be returned to the requestor. The Board is not responsible for verifications that have been processed and sent, but not received by the intended recipient. There is a \$10 fee for verifications that must be re-sent. A method of delivery which provides tracking service, such as FedEx, is recommended to ensure receipt.

PAYMENT CARD AUTHORIZATION
LICENSE VERIFICATION \$10.00

Payment for:

License Number:

Type of Card: Visa Mastercard Amex

Card Number:

Expiration Date:

(No dashes between numbers)

Name as Shown on Payment Card:

Billing Address of Cardholder:
(Required)

City:

State:

Zip:

Phone:

Mailing Address of Cardholder:
(If different from billing address)

City:

State:

Zip:

Cardholder Signature:
(Required)

Date:

Please complete and return this form *with your verification request* if paying by credit card. Or return the invoice and check or money order to the address listed below. PLEASE NOTE: If faxing invoice and credit card, do not mail as you may be charged twice.

Mail to: Arizona Medical Board
 Attn: Verifications
 9545 East Doubletree Ranch Road
 Scottsdale, AZ 85258

Or Fax with invoice to: 480-551-2707

For receipt, please include an e-mail address for submission.

E-mail: