



Arizona Regulatory Board of Physician Assistants

9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258
PH: (480) 551-2700

Application Fee Waiver Form

APPLICANT INFORMATION

_____ Date

_____ Name (Last, First, Middle Initial

_____ Social Security # - REQUIRED

_____ Other Name (Last, First, Middle Initial (Maiden)

_____ Street Address, City, State, Zip Code

_____ Primary Phone Number | Other Phone Number

_____ Email Address - REQUIRED

Marital Status

Single

Married

Separated

Divorced

Widowed

Filing Status

Single

Married

Married Filing Separately

Head of Household

Qualified Widow

Documents Submitted with Waiver Form:

Applicant's Federal Tax Return

Applicant's W2

Applicant's 1099

Spouse's Federal Tax Return

Spouse's W2

Spouse's 1099

Total Annual Income: _____

Family Size: _____

_____ Spouses Name (Last, First, Middle Initial)

_____ Spouse Social Security # - REQUIRED

_____ Street Address, City, State, ZIP Code

_____ Primary Phone Number | Other Phone Number

_____ Email Address - REQUIRED

EMPLOYMENT HISTORY

_____ Employer Name	_____ Telephone #
_____ Street Address, City, State, ZIP Code	_____ Supervisor's Name
_____ Working Title	_____ Annual Salary
_____ Dates of Employment	
_____ Employer Name	_____ Telephone #
_____ Street Address, City, State, ZIP Code	_____ Supervisor's Name
_____ Working Title	_____ Annual Salary
_____ Dates of Employment	

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in the denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate.

Signature

Date

Signature

Date

For Administrative Use Only: _____
Reviewer

Date

Approved Disapproved Applicant Notified Date