

License Status Change Request Form



ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

1740 W. Adams St. Ste. 4000

Phoenix, AZ 85007-2664

Telephone: 480-551-2700 - Toll Free: 877-255-2212 - Fax: 480-551-2704

Website: www.azpa.gov - E-Mail: questions@azmd.gov

First Name: Last Name:

License Number:

Practice Address:

City: State: Zip Code:

Phone: Fax:

Mailing Address:

Required

City: State: Zip Code:

Please check if your home and mailing address are the same: Yes No

Home Address:

City: State: Zip Code:

Phone: Email:

I request **INACTIVATION** of my medical license. A.R.S. § 32-2528

A. A person holding a current active license to practice medicine in the state may request an inactive license from the board if both of the following are true:

1. The licensee is not presently under investigation by the board.

2. The board has not commenced any disciplinary proceeding against the licensee.

B. The board may grant an inactive license and waive the renewal fees and requirements for continuing medical education if the person certifies total retirement from the performance of health care tasks in the state, any jurisdiction of the United States and any foreign country and is current on all fees required by this chapter.

C. An inactive licensee shall not perform health care tasks.

D. The board may convert an inactive license to a regular license on payment of the annual renewal fee and presentation of evidence to the board that the holder possesses the medical knowledge and the physical and mental ability to safely engage in the performance of health care tasks. The board may require any combination of physical examination, psychiatric or psychological evaluation, oral competency examination or a board qualified written examination or interview it believes necessary to assist it in determining the ability of a physician assistant who holds an inactive license to return to regular licensure.

I request **CANCELLATION** of my medical license. I am not presently under investigation by the Board, the Board has not commenced disciplinary proceedings against me, and I am no longer practicing medicine in Arizona.

Signature: _____

Date: _____

I hereby attest that I meet the requirements to change the status of my license to practice in Arizona.