

HUB Suggestions for Completing the Arizona License Application

Print the application form.

Item 1

Enter your personal details

Item 3

If you are a recent graduate from an ACHENA accredited homeopathic school, you are eligible to take the Arizona homeopathic licensing exam; this exam is expected to be available by April 2025. You can submit your application now, and take the exam within one year.

If you are already a CCH credential holder, your credential is accepted without needing to take the Arizona homeopathic licensing exam.

Item 4

Enclose a check payable to 'Arizona Board of Homeopathic and Integrative Medicine Examiners' for payment of the nonrefundable \$250 application fee. Once your application is approved, you will pay the additional annual license fee of \$150 before your license is issued.

Item 5

Mark the 3rd option here - this is for graduates of a homeopathic school.

Item 6

Enter the name of your homeopathic school.

- If you graduated before 2018, prior to ACHENA accreditation, or from a school that is now closed, note this on your application form.
- **A transcript of your school program is required, regardless of the status of your school.** This transcript must be sent directly to the Arizona board from someone who represents that school program. Enclose a stamped, addressed envelope for them to send your verification to the Arizona board:
 - Arizona Board of Homeopathic and Integrated Medical Examiners
 - 1740 W Adams, Ste 3017, Phoenix, AZ 85007
 - **If your school is active / open**, send a dated prepared statement to your school contact to make it easy for your school to verify for you. An example cover letter is included below.
 - **If your school is inactive / closed**, the person to submit your transcript to the Arizona board can be a former administrator, instructor or supervisor. An example transcript, along with an example cover letter are included below. You can adapt these to your specific circumstance. Send a printed copy of your cover letter and transcript to your school contact for submission.
 - **Enclose with a stamped pre-addressed envelope**, so it will be simple for them to sign and put it in the mail to the AZ board.
- Enclose **proof of school completion** (your graduation certificate) with your application form
- Enclose **proof of CCH credential** (if you have passed the CHC exam and are certified) with your application form. You do not need to be currently renewed; you just need to document your credential with a CCH certificate. You can print the certificate from your account on the CHC website if needed.

Item 7

If you have completed a doctorate program in homeopathy, enter your details here

Item 8

If you are licensed to practice medicine in any state, enter your details here

Items 9-17

Enter your background check responses, with a Yes or No for each question, and any supporting documentation for any Yes responses.

Items 18-26

Enter your biographical details, and attach two recent dual passport (or equivalent photos).

If you are taking your own photo, review the passport photo requirements:

<https://travel.state.gov/content/travel/en/passports/how-apply/photos.html>

and print at your home or office on photo paper in the correct size so that you can attach them.

Item 27

Enter your name at the beginning, and sign and date on the lines at the end of the paragraph.

Page 6 Authorization for release of information

Enter your details, and sign and date the form.

Additional Citizenship Form

Complete the form, along with supporting documentation, and enclose with your application

To submit your application

Enclose your application form, check to pay the \$250 application fee, and all supporting documentation in an envelope, and mail to:

Arizona Board of Homeopathic and Integrated Medical Examiners
1740 W. Adams, Ste 3017
Phoenix, AZ 85007

For addition FAQs, consult the Homeopathic Association of Arizona website:

<https://homeopathyaz.com/arizona-licensing-information/>

EXAMPLE LETTER for an ACTIVE / OPEN School

(Date of letter)

To: Arizona Board of Homeopathic and Integrated Medical Examiners
1740 W Adams, Ste 3017,
Phoenix, AZ 85007

From: [Your school name and address]

To the Arizona Board of Homeopathic and Integrated Medical Examiners,

This letter confirms that XXXX (your name) completed the xxxx homeopathic training program at xxxx school, graduating on XXX (date). Transcript is attached in support of XXXX's (your name) application for Arizona homeopathic license

Signed by xxx (administrator or director from your school)

EXAMPLE LETTER for an INACTIVE / CLOSED School

(Date of letter)

To: Arizona Board of Homeopathic and Integrated Medical Examiners
1740 W Adams, Ste 3017,
Phoenix, AZ 85007

From: [Your school contact's name and address]

To the Arizona Board of Homeopathic and Integrated Medical Examiners,

Enclosed is the student transcript for XXXX (your name), who graduated from (your training program) on XXXX (date). Transcript is attached in support of XXXX's (your name) application for Arizona homeopathic license

The school closed in XXXX (date); I am sending this letter with transcript in my former capacity as XXXX (administrator / director / program supervisor / etc) with the school.

Please contact me if you have further questions.

Signed by xxx (your contact from your school)

Enclose a stamped, pre-addressed envelope with your letter to make it easy for them to send your verification to the Arizona board:
Arizona Board of Homeopathic and Integrated Medical Examiners
1740 W Adams, Ste 3017
Phoenix, AZ 85007

EXAMPLE Transcript

**[Name and Address of School]
Transcript**

Student: (your name) Birth Date: (date)	Address: (your current address)	Status: Graduated Start Date: (date) Completion Date: (date)
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Academic Year	Course	Units / Grade
XXXX - XXXX	Introduction to Homeopathic Philosophy (Organon) Foundational Concepts in Homeopathy (Vithoukas, Roberts, Kent) Repertory Skills Development Introduction to Case Taking Introduction to Posology Foundational Materia Medica (1) Case Analysis Concepts Acute Therapeutics Health Sciences Anatomy & Physiology (College Course)	1 / Pass 1 / Pass 1 / Pass 1 / Pass 1 / Pass 2 / Pass 1 / Pass 2 / Pass 2 / Pass
XXXX - XXXX	Intermediate Homeopathic Philosophy (Chronic Diseases) Introduction to Miasms Intermediate Repertorization Skills Concepts of Chronic Disease Case Taking in Chronic Care Case Analysis and Differential Skills Development Concepts of Case Management Foundational Materia Medica (2) Health Sciences Pathophysiology (College Course)	1 / Pass 1 / Pass 1 / Pass 1 / Pass 1 / Pass 2 / Pass 1 / Pass 2 / Pass 2 / Pass
XXXX - XXXX	Health Sciences in Complementary & Alternative Medicine Introduction to Conventional Medicine Pharmacology Therapeutics for Chronic Disease Foundational Materia Medica (3) Concepts of Client Management Advanced Posology – LM potencies and management Professional Ethics Practice Development Business Concepts for Homeopaths	2 / Pass 1 / Pass 2 / Pass 2 / Pass 1 / Pass 1 / Pass 1 / Pass 1 / Pass 1 / Pass

Total Hours Completed: 540

Administrator (Name)

Signature _____ **Date** _____

State of Arizona
Board of Homeopathic and Integrated Medicine
Examiners

1740 W. Adams, Ste 3017 Phoenix, AZ 85007
Telephone (602) 542-8154
www.homeopath.az.gov
info@homeopath.az.gov

APPLICATION FOR LICENSE AS A HOMEOPATHIC PRACTITIONER

1. **Name** _____
(As you wish it to appear on your license)
Clinic Address _____

City _____ **State** _____ **Zip code** _____

Home Address _____

City _____ **State** _____ **Zip code** _____

Daytime telephone _____ **FAX** _____

Email address: _____

2. **Your application is not complete until the Board office has received all verification documents.**

Applicants must contact the organizations or individuals to have verification sent directly to the Board. Records and documents must have an original (not photocopied) signature, stamp or seal of the official authorized to maintain the records of the organization or individuals.

Any documents that are not in English must be accompanied by an acceptable, original translation, performed by a qualified translator, which includes all written and printed material on the original. An Affidavit of Accuracy in which the translator who performed or verified the translation affirms that the entire document has been translated, that nothing has been omitted or added, and that the translation is true and correct, must accompany the translation.

3. **Examination:**

_____ I will take the State written examination.
(The application fee is applicable for one year from the date filed)

_____ I have taken and passed a CHC Examination
(The application fee is applicable for one year from the date filed)

_____ pursuant to the Americans with Disabilities Act (ADA) a reasonable accommodation be made for the examinations initialed below. I have attached, on a separate piece of paper, an explanation of the accommodation requested.

4. _____ I enclose the application fee of \$XXX (U.S. funds) payable to the *Board of Homeopathic and*
\$150

Integrated Medicine Examiners and understand that this fee is not refundable.

EDUCATION

Attach documentation to

5. I have successfully completed:

One of the following:

- _____ A program that would qualify an applicant to become certified or licensed to practice pursuant to chapter 8, 14, 19 or 39 of title 32.
- _____ Training and testing by the United States armed forces at a level comparable to the national standards for emergency medical care technicians.
- _____ A program that is approved or accredited by the accreditation commission for homeopathic education in North America, or its successor organization, or any similar board-approved body that accredits this course of study.

Attach proof of program completion.

Name of qualifying program: _____

Degree or certification received: _____

Address for qualifying program: _____

AND

One of the following:

- _____ Hold, or pass the examination to hold, a certification from the council for homeopathic certification or its successor as designated by the board.
- _____ Complete a program that is approved by the board and that is designed to prepare the person for the practice of homeopathic medicine.

Attach proof of examination or program completion.

6. List below the accredited training program from which you received your homeopathic education and have the school submit written verification of your graduation to the Board.

Name of school	year of graduation
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7. Do you have a doctoral degree and request to use the designation Doctor of Homeopathy?

Name of school and degree title

Attach proof of completion of Doctoral Program

8. List all states/ jurisdictions (including Canadian provinces and foreign countries) in which you are or ever have been licensed to practice medicine. Attach additional sheets if necessary. Have each state/jurisdiction submit written verification of the status of your license there to the Board.

BACKGROUND

Please answer "yes" or "no" to each question.

- _____ 9. Within the past ten years, have any medical malpractice suits been filed against you, including claims for which no corresponding lawsuit was filed?
- _____ 10a. Have you ever been convicted of, or pled guilty or *nolo contendere* to any criminal charges requiring adjudication in an adult court of record?
- _____ 10b. Have you been charged with any crimes that are pending adjudication in an adult court of record?
- _____ 11. Has any state or jurisdiction ever refused or denied you a license to practice medicine, or allowed you to withdraw your application during the consideration of such action?
- _____ 12. Has any state or jurisdiction ever placed your license to practice medicine on probation, ever suspended, limited or restricted your license or revoked your license, or accepted the surrender of your license during the consideration of such action?
- _____ 13. Has any state or jurisdiction (including federal agencies) ever suspended, limited, restricted, revoked, denied or accepted surrender of your privilege to possess, dispense or prescribe controlled substances?
- _____ 14. Within the past ten years, have you had any mental illness or psychological condition that impaired your ability to practice medicine or function as a student of medicine?
- _____ 15. Are you now, or have you been within the past ten years, dependent upon alcohol or drugs?
- _____ 16. Has any specialty practice board or college ever suspended, revoked or denied re-certification of your standing with that board or college?
- _____ 17. In compliance with the Personal Responsibility/Work Opportunity Reconciliation Act (PRWORA) regarding State and local benefits (professional licenses are defined as a benefit) please mark whether you are a citizen of the United States. Yes () No ().

If you are not a citizen of the United States, do you hold qualified alien status? Yes () No ()
(Please attach a copy of a document that evidences your status as either a citizen of the U.S. or a qualified alien. A list of acceptable documents is attached)

IF YOU ANSWERED "YES" TO ANY QUESTION (12-19) ABOVE, ON A SEPARATE SHEET OF PAPER PROVIDE DETAILS DESCRIBING THE INCIDENT, THE DATE AND LOCATION OF THE INCIDENT. IDENTIFY THE AGENCY, COURT OR ORGANIZATION INVOLVED AND ANY ACTION TAKEN.

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

Pursuant to ARS §32-2933 (41) it is an act of unprofessional conduct for failure to obtain a signed informed consent from a patient prior to beginning examination or treatment. This informed consent shall include language which makes it clear that the Practitioner is providing homeopathic medical treatment instead of or in addition to standard conventional allopathic treatment.

IDENTIFICATION

- 18. Date of birth_____ OVER THESE WORDS,
- 19. Place of birth_____ ATTACH TWO PICTURES
- 20. Gender_____ OF YOUR FACE TAKEN
- 21. Height_____ WITHIN THE PAST 60
- 22. Weight_____ DAYS. DOUBLE PRINT
- 23. Eye color_____ PASSPORT PHOTOS
- 24. Hair color_____ ARE ACCEPTABLE.
- 25. Identifying marks _____
- 26. SSN _____

SIGNATURE AND ATTESTATION OF APPLICANT

27. I, _____, am the applicant and hereby attest that all answers given above and all documentation I have provided or caused to be provided in support of this application are complete, true and correct. I further attest that I have provided to the Board of Homeopathic and Integrated Medicine Examiners any additional information, even that not explicitly requested, which bears on my competency to practice medicine, or on my ability and willingness to practice in a professional manner. I understand that providing false, deceptive or incomplete information to the Board may result in the denial of my application for licensure or charges of unprofessional conduct. I further agree that, in consideration of the issuance of a license to practice medicine as a homeopathic Practitioner in the State of Arizona, I will abstain from unethical and deceptive advertising, from unethical and immoral conduct and practice, from charging excessive fees and from association with firms or individuals who exploit the public for monetary gain by employment of Homeopathic Practitioners.

Signature of applicant

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.

Re

Notice:

Pursuant to section 41-1093.01, Arizona revised statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby authorize individuals, organizations, previous employers, and schools to provide any information they may have regarding me, whether or not it is in their official records. This may include otherwise privileged or confidential information relative to my professional qualifications, credentials, clinical or professional competence, character, mental or moral behavior, or any matter that bears on consideration of a license to practice, permit or registration offered by or through the **Arizona Board of Homeopathic and Integrated Medicine Examiners**, 1400 West Washington, Room 230, Phoenix, Arizona 85007. Telephone (602)-542-8154, FAX: (602)-542-3093.

I, the undersigned, release all individuals, organizations, previous employers, and schools from all liability for any damages that may result from issuing this information.

Further, I extend to the **Arizona Board of Homeopathic and Integrated Medicine Examiners**, its authorized representatives, and any third parties absolute immunity and release from liability for information gathered from public records and/or interviews as outlined above.

I, the undersigned, agree that a photocopy of this authorization is to be accepted with the same authority as the original, and I specifically waive written notice from any present or former employer and/or organization that may provide information based upon this authorized request.

Name (please print)

Street Address

City, State and Zip Code

Date of Birth

Maiden, former name or aliases (please print)

Signature

Date

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License**

[ARIZONA STATE BOARD OF HOMEOPATHIC AND INTEGRATED MEDICINE EXAMINERS]

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), non immigrants, 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(F) requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States. **Arizona Revised Statutes §41-1080** provides a listing of acceptable documentation

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 copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE _____

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached list set forth in A.R.S. § 41-1080(A) that demonstrates U.S. citizenship or nationality.

Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) Yes No

B.If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: 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 legible copy of the front, and the back (if any), of a document from the attached List. A.R.S. § 41-1080.

Name of document you are providing: _____.

“Lawful 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 who deportation is being withheld under Section 243(b) 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 Cuban and Haitian entrant
- 8. An alien who is, or whose child or child’s parent is a battered alien or an alien subjected to extreme cruelty in the United States.
- 9. A nonimmigrant under the Immigration
- 10. An alien paroled into the U.S. for less than one year under Section 212(d)(5) of the INA
- 11. A nonimmigrant whose visa for entry is related to U.S. employment
- 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)
- 13. A foreign national not physically present in the U.S.
- 14. A person not described in categories 1 – 13 who is lawfully present in the U.S.

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 I have given are true and correct to the best of my knowledge.

APPLICANT’S SIGNATURE

TODAY’S DATE

Attachment to Form 1 Applicant Statement

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

LIST ARS 41-1080

41-1080 Licensing eligibility; authorized presence; documentation; applicability; definitions

1. 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 U.S.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.
4. A U.S. certificate of birth abroad
5. A U.S. passport
6. A foreign passport with a U.S. visa
7. An I-94 form with a photograph
8. A U. S. citizenship and immigration services employment authorization document or refugee travel document.
9. A U.S. certificate of naturalization
10. A U.S. certificate of citizenship
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. 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