



**Arizona State Board of Podiatry Examiners**  
 “Protecting the Public’s Health”

1740 West Adams St., Suite 3004  
 Phoenix, Arizona 85007  
 P: (602)542-8151  
 W: <https://podiatry.az.gov>

Katie Hobbs,  
 Governor

**Application for Temporary Licensure as a Podiatrist, \$100.00 Fee**

<b>License Period:</b> 30 days (non-renewable)	<b>Qualifications for a temporary license include the following:</b>
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1. Holds an active and unrestricted license in podiatric medicine in a State, Territory or Possession of the United States
2. Has not had a license suspended or revoked by a health profession regulatory Board in this or any other jurisdiction.
3. Declaration of all active and past professional licenses and certificates issued by this state, another state, district or territory of the United States.
4. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form.

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other names known by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**HOME ADDRESS**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone (Home/Mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

**BUSINESS ADDRESS**

Business Name or Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone (Home/Mobile): \_\_\_\_\_

Email: \_\_\_\_\_

**PROFESSIONAL HEALTHCARE LICENSURE AND CERTIFICATION**

**Yes      No      Are you permitted by law to practice podiatric medicine in another state, territory, or possession of the United States?**

**If so, please list the jurisdiction(s) in which you have been permitted by law to practice podiatric medicine:**

Profession	License Number	Date Issued	Expiration Date	Limitations on License	Status of License

**Yes      No      Have you ever had a health profession license revoked or suspended?**

**Yes      No      Are you the subject of an unresolved complaint against your health profession license?**

**If you answered YES to any question, you must attach a letter of explanation, and documents or records that have a signature(s), stamp or seal of the official authorized to maintain the records or documents.**

**AFFIDAVIT**

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I attest that I meet the requirements of licensure as a podiatrist in Arizona.

I understand that I shall notify the Board immediately if any of the answers to the questions above changes during the application period for a temporary license or while holding a temporary license. I understand that any false or misleading information, in or in connection with my application may be cause for suspension, denial or revocation of temporary licensure.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary Section**

**IN THIS SPACE ATTACH  
A PHOTOGRAPH  
TAKEN WITHIN THE LAST SIX MONTHS**

*With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:*

- 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.*
- 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.*
- 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.*
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02*

*With respect to licensing, please note that A.R.S. §41-1093.01 provides that:*

*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 Sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes. You have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.*