



Katie Hobbs,  
Governor

# 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>

## VOLUNTEER HEALTH SERVICES REGISTRATION INSTRUCTIONS

### QUALIFICATIONS:

Pursuant to A.R.S. § 32-3217, a podiatrist, who is not licensed to practice in the state of Arizona, may apply for a volunteer health services registration for up to 14 days, each calendar year if he/she meets *all* of the following requirements:

1. Holds an active and unrestricted license in a state, territory or possession of the United States;
2. Has never had a license revoked or suspended;
3. Is not the subject of an unresolved complaint;
4. Applies for registration every two years as prescribed by the board;
5. Agrees to render services at a free medical clinic that does not provide abortions and restricts the health professional’s authorized services and duties to the provision of care or service at a free medical clinic; and
6. Provides only the care or services that the health professional is licensed or authorized to provide by the health professional’s regulatory agency or this state’s regulatory board for the same health profession, whichever is more stringent.

### INSTRUCTIONS:

1. **Section 1: Attestation:** To qualify for a volunteer health services registration, you must attest to the existence of certain conditions. You are required to notify the Board immediately if there are any changes to these circumstances during the application process or while holding a volunteer health services registration, at which time the Board may deny the pending application for a volunteer health services registration or revoke the volunteer health services registration.
2. **Section 2: Other State Licenses:** List all professional licenses you hold or have ever held. You do not need to list temporary licenses or permits. List all licenses regardless of the current status of the license. If you need additional space, please provide the required information on a separate sheet of paper.
3. Request written verification of licensure from each state listed in Section 2, except Arizona. A license verification form can be found on the Board’s website, <https://podiatry.az.gov>, under the “Forms” tab. Verification must include disciplinary history, if any. Applicant is responsible for any fees. Verifications must be sent directly to the Arizona State Board of Podiatry Examiners from the other licensing agency. Online license profiles, wall certificates and wallet cards *do not* meet the requirements for written verification.
4. Submit a completed, signed and dated Statement of Citizenship form (attached to application).
5. **Section 3: Signature:** By signing the application, you are declaring, under penalty of perjury, that all statements on the application are true and correct. False or misleading statements on an application are acts of unprofessional conduct and grounds for disciplinary actions, including denial of the application for a volunteer health services registration or revocation of a volunteer health services registration.
6. Submit the original signed application in person, by mail, email or delivery service only.

7. Your volunteer health services registration will be complete once all verifications of licensure have been received. Verifications of licensure must be received within sixty (60) days from the date the Board receives the volunteer health services registration application. If all state license verifications have not been received within sixty (60) days, the volunteer health services registration application will expire and the file will be closed.
8. If granted, the volunteer health services registration expires two years from the date the volunteer health services registration is granted. A voluntary health services registration is not renewable but a health professional may reapply for a new voluntary health services registration every two years.
9. A volunteer health services registration enables the professional to engage in fourteen days of practice each calendar year in the State of Arizona for the purpose of rendering services at a free medical clinic. The fourteen days of practice may be performed consecutively or cumulatively during each calendar year.



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## VOLUNTEER HEALTH SERVICES REGISTRATION APPLICATION

\_\_\_\_\_  
Last Name    First Name    Middle

**Male**                      **Female**

**Please list all other names, including former/maiden or other aliases:**

\_\_\_\_\_

\_\_\_\_\_  
Social Security Number                      Date of Birth

### ADDRESS OF RECORD

\_\_\_\_\_  
Street Address    Phone Number (include area code)

\_\_\_\_\_  
City    State    Zip Code    Country

\_\_\_\_\_  
Email Address    Fax (include area code)

In accordance with A.R.S. § 41-1030, the Board is required to notify you of the following:

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 of 12-820.02.

**SECTION 1: ATTESTATION:** Please initial each statement below attesting that the statement is true.

- \_\_\_\_\_ I hold an active and unrestricted license in a state, territory or possession of the United States;
- \_\_\_\_\_ I have never had a license revoked or suspended or surrendered for disciplinary reasons;
- \_\_\_\_\_ I am not the subject of an unresolved complaint;
- \_\_\_\_\_ I am providing care and rendering services at a free medical clinic that does not provide abortions for no more than fourteen days of practice in each calendar year for the next two calendar years;
- \_\_\_\_\_ I am only providing care and rendering services that I am licensed or authorized to provide as a doctor of podiatric medicine; and
- \_\_\_\_\_ I have read and understand the statutes contained in Arizona Revised Statutes Title 32, Chapters 7 and 32, and rules contained in Arizona Administrative Code Title 4, Chapter 25.

**SECTION 2: OTHER STATE LICENSES:** List each license you hold or have held regardless of its status. You must order written verification(s) for each license you hold or have held and shall cause the other entity to send it to the Arizona State Board of Podiatry Examiners. See instruction #2 and #3 on page 1 for more information.

Issuing Jurisdiction	License Number	Date of Issuance	Date of Expiration	Current License Status

**SECTION 3: SIGNATURE:** I declare under penalty of perjury that the foregoing is true and correct. I am the person herein named subscribing to this application; that I have read the Arizona statutes and rules regarding the practice of podiatry; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and that all the credentials submitted were procured without fraud or misrepresentation or any mistake of which I am aware. I hereby release the Arizona State Board of Podiatry Examiners from any liability arising out of the furnishing or inspection of any information which is material to the application of any subsequent registration. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same or to hold a hearing to revoke the same, if issued.

\_\_\_\_\_, DPM  
Signature of Applicant

\_\_\_\_\_  
Date Signed