

State of Arizona
Board of Homeopathic and Integrated Medicine
Examiners

1400 W. Washington, Room 230 Phoenix, AZ 85007
Telephone (602) 542-8154 Fax (602) 542-3093

APPLICATION for REGISTRATION as a HOMEOPATHIC MEDICAL ASSISTANT

(*NOTE: If you hold or have held a license, certificate, or registration in another health care discipline please utilize Form III entitled Previously Licensed Practitioners)

Submit one form for each applicant for registration within two weeks of employment and \$200 registration fee

A. Applicant Information

(Refer to R4-38-306 for more information and R4-38-303 or R4-38-304 for standard educational guidelines.)

1. Applicant's Name: _____

Home Address (*confidential information*) _____

Home/ Mobile Phone Number (*confidential*) _____

Email address (*confidential*) _____

Required Information (*confidential*):

SSN _____ Date of Birth _____

2. Clinic Address(es) where procedure(s) are to be performed (list others on separate sheet)

Clinic Phone Number _____

Clinic FAX Number _____

3. Have you ever been licensed as a health care practitioner in a U.S. jurisdiction?

Yes _____ No _____

If yes, list all jurisdictions, types of health care licenses and license numbers that the applicant has had in the past or currently possesses. (*please list on a separate sheet if additional space is required*)

State/ Country	Type of License/Registration/Certificate	Certificate Number
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_____	_____	_____
_____	_____	_____

4. Have you ever been disciplined by any health care regulatory board in any jurisdiction?

Yes _____ No _____

(If yes include a copy of any order or consent agreement issued by the regulatory board.)

5. Have you been arrested or charged with any criminal act?

Yes _____ No _____ (If yes, attach a written explanation of the

charge and include a certified copy of the initial charging document and if applicable, the document showing final outcome.)

6. In compliance with the Personal Responsibility/Work Opportunity Reconciliation Act (PRWORA) regarding State and local benefits, are you a citizen of the United States?

Yes _____ (attach a copy of documentation listed on the attached Statement of Citizenship)
No _____

If you are not a citizen of the United States, do you hold qualified alien status?

Yes _____ (Please attach a copy of a document that evidences your status as a qualified alien).
No _____

7. I am applying for registration as a homeopathic medical assistant on the basis of: (check 1)

_____ completion of a **formal education program** (standards at AAC R4-38-303)
(If this blank is checked proceed to Question 8 and sign the application under applicant's signature)

_____ completion of a **practical education program** (standards at AAC R4-38-304)
(If this blank is checked, proceed to Question 9 and sign the application under applicant's signature)

8 **Formal education program** – Make an “X” on the line by the modality in which you have completed formal educational training. As required by AAC R4-38-306 (C) include an official transcript from educational institution(s) to verify your training.

_____ **Neuromuscular Integration Therapy Procedures**

- a. Completed training designed to qualify a graduate as a physical therapy assistant in a US jurisdiction; or
- b. If Trained in techniques of Feldenkrais, Rolfing, Hellerwork,, Trager, Orthobionomy, Shiatsu, Reiki, Polarity, Jin Shin Jyutsu please provide evidence of at least 750 hours of classroom training and 250 hours of supervised clinical experience

_____ **Homeopathic Repertorization Procedures**

(Provide documentation of 200 hours of education and 100 hours of supervised clinical experience in classical homeopathy)

_____ **Nutritional Counseling Procedures or Orthomolecular Therapy**

- a. Provide documentation of 500 hours of education and 175 hours of supervised internship; or
- b. Certification by the Clinical Nutrition Certification Board

_____ **Other Homeopathic Modality**

Please submit official transcripts of training showing degree of educational training and clinical supervision equivalent to requirements specified in R4-38-103(C).

9. **On-The-Job Training/Practical Educational Program** Make an “X” on the line by the in which you have completed practical education training. Include copies of training certificates in the checked modality .

_____ **Homeopathic Repertorization Procedures without electrodermal testing device**
(documentation of 200 hours of instruction with 100 hours in supervised clinic)

_____ **Homeopathic Repertorization Procedures with electrodermal testing or kinesiology**
(documentation of 180 hours of instruction with 45 hours in supervised clinic)

_____ **Nutritional Counseling Procedures**
(documentation of 500 hours of clinical nutrition instruction and 170 hours in supervised clinic)

_____ **Neuromuscular Integration Therapies**
Examples: Feldenkrais, Rolfing, Hellerwork, Trager, Orthobionomy, Shiatsu, Reiki, Polarity, Jin Shin Jyutsu (documentation of 375 hours of instruction with 125 hours in supervised clinic)

_____ **Other training**
(Submit documentation of training received and Board will review under AAC R4-38-304(C)4.)

I hereby attest that the information indicated in this application is true and correct.

Applicant's Signature

Date

B. Proposed job description: (to be completed by the supervising physician)

C. Supervising Homeopathic Physician Information

(Refer to AAC R4-38-302) You must provide evidence of your education and practice experience in the delegated procedure the medical assistant will perform under your supervision.

1. Physician's name: _____
2. Attach evidence of your training in the designated homeopathic modality of the procedure you are proposing for the homeopathic medical assistant. (You may attach a resume or CV) along with training certificates.

I hereby attest that the information contained in this application is true and correct.

Physician signature

Date

The following items must be attached and returned with this application:

Applicant:

1. Curriculum vitae or resume
2. Official transcripts showing completion of formal education in the modality checked in Question 8; or Training Certificate or education if you checked that you completed practical education described in Question 9
3. Proof of Citizenship
4. If you marked yes in questions 4 or 5 include copies of consent agreements or charging documents.

Physician:

1. Proposed Job description
2. Proof of your training in the designated homeopathic modality of the procedure you are proposing the medical assistant will perform in your practice
3. Curriculum vitae or resume

Fee: \$200