

**6. PROOF OF CITIZENSHIP:** Effective January 1, 2008, based on Federal and State laws, all applicants must provide evidence that the applicant is lawfully present in the United States. Federal law, 8 U.S.C. §1641 and State law, A.R.S. §1-501, require documentation of citizenship or alien status for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona. Statement of Citizenship and Alien Status available on the website.

I am a **U.S. Citizen or U.S. National.** (If this box is checked, please submit with your application a copy of one of the  listed approved supporting documents listed in the "Arizona Statement of Citizenship and Alien Status for State Public Benefits" i.e. Birth Certificate, U.S. Passport, etc.)

I am **NOT a U.S. Citizen or U.S. National.** (If this box is checked, you must download, complete and submit with your  application an "Arizona Statement of Citizenship and Alien Status for State Public Benefits" form along with a copy of one of the listed approved supporting documents, such as an Alien Registration Card, Visa, etc.)

**7. All states or provinces in which you have or had a license or registration. If more than five, attach a separate listing. If a license is pending or was not issued, so state. If none, please indicate "Not Applicable."**

- a. State Board:  License No.:  License Status:
- b. State Board:  License No.:  License Status:
- c. State Board:  License No.:  License Status:
- d. State Board:  License No.:  License Status:
- e. State Board:  License No.:  License Status:

g. **Medical School Name:**

**Medical School Location:**

**Graduation Date:**

*If you graduated from a medical school located outside the United States of America or Canada, please list below:*

ECFMG No.:  Certificate Date:

**9. List chronologically, all internship, residency and fellowship training in the U.S. or Canada (completed or not), or assistant professorship (or higher) at any programs attended, showing institution, address, type of program and dates. Attach a separate listing if needed.**

- a. Institution:  City:  State:   
Type of Program:  Dates of Attendance: From:  To:
- b. Institution:  City:  State:   
Type of Program:  Dates of Attendance: From:  To:
- c. Institution:  City:  State:   
Type of Program:  Dates of Attendance: From:  To:
- d. Institution:  City:  State:   
Type of Program:  Dates of Attendance: From:  To:

**First Name:**  **Last Name:**