

Confirmation

Please review the information below and click at the bottom to accept. If you need to correct the information, click the links at the top right of the records' sections.

Antoinette Maria Marengo-barbick

Personal Information

[Change Personal Information](#)

Name: **Antoinette Maria Marengo-barbick**
 Tracking Number: **MD-24-4363**
 City of Birth: 
 State of Birth: 
 Country of Birth: 
 Existing Alias Names: 

General Questions

[Change General Questions](#)

Note: **In the event the response to any of the questions numbered 1 through 11 is "YES",** you must file by email a **detailed report** concerning the below matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such matters. IN ADDITION, you must submit photocopies of any corresponding documents, such as complaints or board actions.

Have you had an application for medical licensure denied or rejected by another state or province licensing board?

No v

Have you had any disciplinary or rehabilitative action been taken against you by another licensing board, including other health professions?

No v

Have you had any disciplinary actions, restrictions or limitations taken against you while participating in any type of training program or by any health care provider?

No v

Have you ever been found in violation of a statute, rule, or regulation of any domestic or foreign governmental agency?

No v

Are you currently under investigation by any medical board or peer review body?

No v

Have you ever had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation during an investigation or entered into a consent agreement or stipulation?

No v

Have you had hospital privileges revoked, denied, suspended, or restricted?

No v

Have you been named as a defendant in a malpractice matter currently pending or that resulted in a settlement or judgment against you? If so, provide a copy of the complaint and either the agreed terms of settlement or judgement and a statement specifying the nature of the occurrence resulting in the medical malpractice action. Do not disclose cases closed without payment made on your behalf.

No v

Have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government?

No v

Have you had your authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action?

No ▾

Have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state?

No ▾

This question has been deleted.

Confidential Questions

[Change Confidential Questions](#)

Do you currently have a medical condition that impairs your ability to practice medicine in a competent, ethical, and professional manner; If yes: i. Provide an explanation of the medical condition; and ii. If currently practicing under a monitoring agreement with a licensing board in another state, attach a copy of the monitoring agreement to the application.

This question has been deleted.

Citizenship Status

[Change Citizenship Status](#)

I am a U.S. Citizen or U.S. National

Certified copy of passport

A drivers license issue by a state that verifies lawful presence in the United States

Specialties

[Change Specialties](#)

Specialty	ABMS Certified	Practicing	Expiration Date	Lifetime Certified
Gynecology	Yes	Yes	12/31/2025	No

Practice Address

You are required to enter a valid address, if you have one.

[Change Practice Address](#)

(Directory Address)

Planned Parenthood of the Pacific Southwest
1075 Camino del Rio S
San Diego CA 92108

Email:

County:

Country:

United States

Phone:

(619) 881-4500

Fax:

Home Address

You are required to enter a valid address, if you have one.

[Change Home Address](#)

Email:

County:

Country:

Phone:



Mailing Address

You are required to enter a valid address, if you have one.

[Change Mailing Address](#)

Email:

County:

Country:

Contact Name:

Contact Phone:

Contact Email:



Other State Licenses[Change Other State Licenses](#)

State Board	License No.	Date Issued	License Status
Medical Board of California	A87783	6/23/2004	Active

Medical Education[Change Medical Education](#)

ECFMG No:

I am applying via Fifth Pathway.

0

I am able to read, write, speak, understand and be understood in the English Language.

0

School Name	City	State	Country	Degree Date
Northwestern Medical School	chicago	IL	United States	06/02/2000

Post Graduate Programs[Change Post Graduate Programs](#)

Institution Name	City	State	Type of Program	Specialty	Dates
			11941	14217	-
University of Colorado Health Sciences Center	Denver	CO	Resident	Obstetrics & Gynecology	06/18/2001- 06/30/2004
University of Colorado Health Sciences Center	Denver	CO	Internship	Obstetrics & Gynecology	06/19/2000- 06/18/2001

License Exams[Change License Exams](#) **United States Medical Licensing Exam (USMLE):**

Step 3 Date: 06/01/2004

State: CO

Medical Employment[Change Medical Employment](#)

- Currently in Post Graduate Training.
 Not been employed for the past 5 years

Employer Name	Address	City	State	Zip	Country	Dates
Planned Parenthood of the Pacific Southwest	1075 Camino del Rio S	San Diego	CA	92108	United States	05/14/2018- 01/02/2040

MD Training Unit Complete**Click to download the above mentioned forms.**

NOTE: Arizona law requires an applicant who has been charged with a felony or a misdemeanor involving conduct that may affect patient safety after submitting the application to notify the Board within 10 days after the charge is filed. A. R. S. 32-3208. For a list of reportable misdemeanors, see the website under Physician Center – Reportable. For Misdemeanors click . All felonies are reportable.

* **I attest that all of the information contained in the application and accompanying evidence or other credentials submitted are true. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.**



Arizona Medical Board

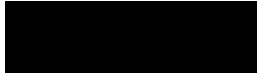
1740 W Adams St, Suite 4000 • Phoenix, AZ 85007

Telephone: 480-551-2700 • Fax: 480-551-2704

Website: www.azmd.gov • E-Mail: questions@azmd.gov

November 18, 2024

Antoinette Maria Marengo-Barbick, M.D.



Email Address



Dear Dr. Marengo-Barbick

Please accept this letter as receipt of your application for licensure to practice medicine in the State of Arizona. I reviewed your application submission. To complete the processing of your application, the following documentation is still required:

1. Submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check.

The Board mailed a Fingerprint Packet to your current mailing address. You should receive the packet in approximately 10 working days. **Please follow the directions exactly, to avoid any delay in processing your application.**

2. Color headshot photograph of passport quality (*Photograph must not be taken more than 60 days before the date of the application – Photograph may be emailed*)

3. Evidence (Certificate of Identification form attached)

- A copy of a Birth Certificate (to include a Notarized copy of the Certificate of Identification form), and a copy of a government issued photo ID
- A copy of a Passport (to include a Notarized copy of the Certificate of Identification form)
- Certified Copy of US Birth Certificate (Office of Vital Records from the state you were born) and copy of government issued photo ID
- Certified Copy of US Passport (Department of State)

4. Notarized and Signed Online Application Attestation (*attached*)

5. Medical College Certification for National Graduates

One of the following must be sent directly from your medical school to the Board:

- An official copy of your medical school transcripts, OR
- A copy of your diploma, or
- A letter with an official letterhead that confirms successful completion

6. 12 months ACGME Approved Postgraduate Training Verification - Must be sent directly to the Board from the program.

- University of Colorado Health Sciences Center for the period of 06/18/2000 to 06/30/2004**

U.S. or Canadian Graduates: 12 months of ACGME and/or RCPSC approved postgraduate training

7. USMLE Exam Scores - Must be sent directly to the board from the USMLE and can be requested online at www.usmle.org

8. Verification of other state(s) licenses: CA, CO

License verification is required to be sent directly to the Board from **each** state or province in which you hold or held a license. Verification(s) of training permits or registrations are **not** required. If you obtain a license during the licensure process, you must request the verification to be sent directly to the Board. *The Board accepts verifications from Veridoc.

9. Medical Employment verification(s) during the five years before the date of the application

Verification(s) of all medical employment must be sent directly to the Board via email or mail by the employer.

- a. Planned Parenthood of the Pacific Southwest

*Note: Some information may be provided in an FCVS Packet, if you use their service. Upon further review, additional information may be requested.

Although not needed for basic license requirements, if you would like additional post graduate training years to be listed on the Board's website, verification must be submitted directly from the source to the Board.

Please be advised final action cannot be taken until the required information is in your application file. It is your responsibility to ensure that the Board receives all of the required documentation.

Further, please be advised that if your application is not fully complete within one year from this date, including participation in written SPEX/USMLE Examination (if applicable), your application is deemed withdrawn.

Should you wish to appeal any item in this deficiency letter, you must submit your request in writing to the Board within 30 days from the date of this notice.

Should your application be approved, you will be notified of the initial licensing fee due for issuance of your license.

Thank you for submitting an application to practice medicine in Arizona. Please contact our office with any questions.

Sincerely,

Kristin Colafranceschi
Senior Licensing Coordinator
(480) 551-2761
Kristin.colafranceschi@azmd.gov

Arizona Medical Board
Arizona Regulatory Board of Physician Assistants
1740 W. Adams, Suite 4000
Phoenix, AZ 85007

Northwestern University

On recommendation of the faculty of the

School of Medicine

Northwestern University has conferred the degree of

Doctor of Medicine

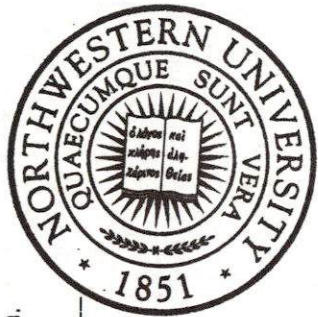
upon

Antoinette Maria Marengo

who has honorably fulfilled all the requirements
prescribed by the University for that degree

Done at Chicago, Illinois this second day of June in the
year two thousand A.D.

This is a true copy of the original diploma.



Jessica A. Voth, Registrar

Patrick G. Ryan
Chairman of the Board of Trustees

Dee Park
Secretary of the Board of Trustees



Hy Boren
President of the University

Ilwita Anderson
Interim Dean

AZ MEDICAL BOARD

DEC 04 2024

RECEIVED

M Northwestern University
Feinberg School of Medicine

Northwestern University
Feinberg School of Medicine
303 East Chicago Avenue
1-003 Ward Building
Chicago, Illinois 60611

S SUBURBAN IL 604

27 NOV 2024PM 1 L



US POSTAGE™TM PITNEY BOWES



ZIP 60611 \$ 000.69⁰
02 4W
0000335707 NOV 27 2024

AZ MEDICAL BOARD
1740 W. ADAMS ST.
STE 4000
PHOENIX, AZ 85007

85007-266400





ARIZONA MEDICAL BOARD POSTGRADUATE TRAINING VERIFICATION FORM

AUTHORIZATION: The Arizona Medical Board requires all applicants for licensure to obtain verification of all postgraduate training programs attended. This form must be completed by the **Program Director**. This is authorization to release any information in your files of record, favorable or otherwise, **DIRECTLY** to the Arizona Medical Board. Authorization may be sent via mail to 1740 W. Adams St. Ste. 4000, Phoenix, AZ 85007-2664, fax with cover letter: 480-551-2704 or by E-mail to licensingreport@azmd.gov.

First Name: Antoinette Middle Name: MARIA Last Name: MARENCO-BARBICK
 Signature: [Signature] Date: 11/25/2024

Applicant: Do not fill in below this line.

Important - Program Participation: Report incomplete postgraduate years (PGY) separately from those that were successfully completed. If the postgraduate year is currently in progress, report the **expected completion date in the "To" field**. Report internships, residencies and fellowships separately.

PG Year: 1 Department/Specialty: Obstetrics and Gynecology
 Internship
 Residency From: 06/23/2000 To: 06/22/01 (mm/dd/yy)
 Fellowship Successfully Completed? Yes No In Progress

PG Year: 2-4 Department/Specialty: Obstetrics and Gynecology
 Internship
 Residency From: 07/01/01 To: 06/30/04 (mm/dd/yy)
 Fellowship Successfully Completed? Yes No In Progress

PG Year: Department/Specialty:
 Internship
 Residency From: To: (mm/dd/yy)
 Fellowship Successfully Completed? Yes No In Progress

Affix Training Program Seal Here

1. This program was approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Examination Education (ACGME), or the Royal College of Physicians and Surgeons of Canada: Yes No
2. Did this individual ever take a leave of absence or break from training or request a transfer? Yes No (If yes, please attach an explanation)
3. Was this individual disciplined and/or placed under investigation or probation? Yes No (If yes, please attach an explanation)

Institution Name: University of Colorado Name: Christine Conagaski, MD MSc
 Address: 12631 E. 17th Ave, B19S-6 Title: Residency Program Director
 City: Aurora State: CO Zip: 80045 Phone: 303-724-2052 Fax: N/A
 Signature: [Signature] Date: 12/18/24 (mm/dd/yy)



Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

RE: Arizona Medical Board

1 message

Raffaelli, Christine <CHRISTINE.RAFFAELLI@cuanschutz.edu>
To: Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

Thu, Dec 19, 2024 at 9:53 AM

Hi,

I apologize for not completing that section. Dr. Marengo successfully completed her residency training. Attached is the updated form.

Thanks,
Christine

Christine Raffaelli (she/her/hers)
Obstetrics & Gynecology Residency Program Manager
Department of Obstetrics & Gynecology
University of Colorado Anschutz Medical Campus
Academic Office 1
12631 E 17th Ave, B198-6
Room 4007
Aurora, CO 80045
Phone: 303-724-2052
Hours 7:30-4:00pm (mountain time)



Obstetrics and Gynecology
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

From: Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>
Sent: Thursday, December 19, 2024 9:49 AM
To: Raffaelli, Christine <CHRISTINE.RAFFAELLI@cuanschutz.edu>
Subject: Arizona Medical Board

You don't often get email from kristin.colafranceschi@azmd.gov. [Learn why this is important](#)

[External Email - Use Caution]

Good morning,

The attached verification form for Dr. Marengo-Barbick is incomplete. The pg years 2-4 space is not marked if 2001 through 2004 were successfully completed. You can send the completed form to my email address. Thank you.

PG Year: Department/Specialty:

Internship

Residency From: To: (mm/dd/yy)

Fellowship

Successfully Completed? Yes No In Progress

Sincerely,

Kristin Colafranceschi, Senior Licensing Coordinator

(480) 551-2761

kristin.colafranceschi@azmd.gov

Arizona Medical Board

Arizona Regulatory Board of Physician Assistants

1740 W. Adams, Suite 4000

Phoenix, AZ 85007

 **Marengo-Barbick Residency Verification Dec 2024.pdf**
38K



ARIZONA MEDICAL BOARD POSTGRADUATE TRAINING VERIFICATION FORM

AUTHORIZATION: The Arizona Medical Board requires all applicants for licensure to obtain verification of all postgraduate training programs attended. This form must be completed by the **Program Director**. This is authorization to release any information in your files of record, favorable or otherwise, **DIRECTLY** to the Arizona Medical Board. Authorization may be sent via mail to 1740 W. Adams St. Ste. 4000, Phoenix, AZ 85007-2664, fax with cover letter: 480-551-2704 or by E-mail to licensingreport@azmd.gov.

First Name: Antoinette Middle Name: MARIA Last Name: MARENGO-BARBICK
 Signature: [Signature] Date: 11/25/2024

Applicant: Do not fill in below this line.

Important - Program Participation: Report incomplete postgraduate years (PGY) separately from those that were successfully completed. If the postgraduate year is currently in progress, report the **expected completion date** in the "To" field. Report internships, residencies and fellowships separately.

PG Year: 1 Department/Specialty: Obstetrics and Gynecology
 Internship
 Residency From: 06/22/2000 To: 06/22/01 (mm/dd/yy)
 Fellowship Successfully Completed? Yes No In Progress

PG Year: 2-4 Department/Specialty: Obstetrics and Gynecology
 Internship
 Residency From: 07/01/01 To: 06/30/04 (mm/dd/yy)
 Fellowship Successfully Completed? Yes No In Progress

PG Year: Department/Specialty:
 Internship
 Residency From: To: (mm/dd/yy)
 Fellowship Successfully Completed? Yes No In Progress



1. This program was approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Examination Education (ACGME), or the Royal College of Physicians and Surgeons of Canada: Yes No
2. Did this individual ever take a leave of absence or break from training or request a transfer? Yes No (If yes, please attach an explanation)
3. Was this individual disciplined and/or placed under investigation or probation? Yes No (If yes, please attach an explanation)

Institution Name: University of Colorado Name: Christine Conagorske, MD MSc
 Address: 12631 E. 17th Ave, B198-6 Title: Residency Program Director
 City: Aurora State: CO Zip: 80045 Phone: 303-724-2052 Fax: N/A
 Signature: [Signature] Date: 12/18/24 (mm/dd/yy)



University of Colorado
Anschutz Medical Campus
Department of Obstetrics and Gynecology
Residency Program

Academic Office 1
12631 East 17th Avenue, MS B198-6
Aurora, Colorado 80045
303-724-2052
303-724-2055 Fax

Christine Conageski, MD MSc
Program Director

Christine Raffaelli
Program Manager

December 18, 2024

To Whom it May Concern

The University of Colorado Obstetrics and Gynecology Residency Program does not have an official seal.

Please accept this letter and attached verification as confirmation of postgraduate training.

Sincerely,

Christine Raffaelli
University of Colorado
Obstetrics and Gynecology
Residency Program Manager
12631 E 17th Ave, B198-6
Aurora, CO 80045



Licensing Report - MEDICAL BOARD <licensingreport@azmd.gov>

Antoinette Marengo-Barbick Residency Verification

1 message

Raffaelli, Christine <CHRISTINE.RAFFAELLI@cuanschutz.edu>
To: "licensingreport@azmd.gov" <licensingreport@azmd.gov>

Wed, Dec 18, 2024 at 9:23 AM

Hi,

Attached is the completed obgyn residency verification for Dr. Marengo Barbick. We do not have a seal for the residency program.

Please let me know if you need anything else.


Thanks,
Christine

Christine Raffaelli (she/her/hers)
Obstetrics & Gynecology Residency Program Manager
Department of Obstetrics & Gynecology
University of Colorado Anschutz Medical Campus
Academic Office 1
12631 E 17th Ave, B198-6
Room 4007
Aurora, CO 80045
Phone: 303-724-2052
Hours 7:30-4:00pm (mountain time)



2 attachments

 **Marengo-Barbick Residency Verification Dec 2024.pdf**
34K

 **No Seal Ltr.pdf**
170K

Planned Parenthood of the Pacific Southwest
1075 Camino del Rio South
San Diego, CA 92108

RECEIVED

DEC - 9 2024

AZ MEDICAL BOARD

December 3, 2024

Arizona Medical Board
1740 W. Adams St., Ste 4000
Phoenix, AZ 85007-2664

RE: Employment verification for Antoinette Marengo-Barbick, MD

This letter is to confirm that Antoinette Marengo-Barbick has been employed with Planned Parenthood of the Pacific Southwest since May 14, 2018 on a full time basis as Chief Medical Officer, CMO. Please feel free to contact me should you need additional information.

Sincerely,



Denise Byczek
Senior Director of People & Culture
Planned Parenthood of the Pacific SW
dbyczek@planned.org
760-519-1467

PPPSW

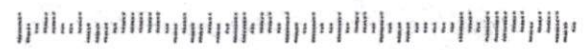
1075 Camino del Rio S.
SD CA 92108

SAN ANTONIO TX 780
RIO GRANDE DISTRICT
5 DEC 2024 PM 2 L



Arizona Medical Board
1740 W. Adams St., Ste. 4000
Phoenix, AZ 85007-2664

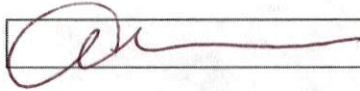
85007-266400



I attest that all of the information contained in the application and accompanying evidence or other credentials submitted are true. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.

RECEIVED
DEC 04 2024
AZ MEDICAL BOARD

Signature of Applicant:



Date:

11/29/2024

Notarization

ANTOINETTE MARIA

Subscribed and sworn in front of me by MARENBO BARBIC, personally appearing on this date November 29, 2024

Applicant Name Print or Type



Notary Public's Signature

(Personalized Seal)



75625
12/4 - mailed in
w/ #P card.

RECEIVED

DEC 04 2024

AZ MEDICAL BOARD

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public is Required

Applicant Full Legal Name: MARENZO-BARBICK Antoinette MARIA
Last First Middle

Notary - Please complete the section below and attach a photocopy of the Birth Certificate or Passport.

State of California County of San Diego

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 29th, of (Month) November, (Year) 2024.

Notary Public Signature: Teresita A. Farr

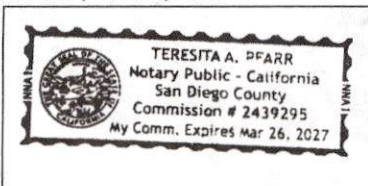
Commission Expiration Date* (Month) March / (Day) 26 / (Year) 2027

***The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

Applicant's Signature: [Signature]



Notary Stamp Here



Please complete and mail or email the notarized Certificate of Identification form and a photocopy of the Birth Certificate or Passport presented to the Notary to:

Arizona Medical Board
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664

LicensingReport@azmd.gov

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public is Required

Applicant Full Legal Name: MARENGO-BARBICK, Antoinette MARIA
Last First Middle

Notary - Please complete the section below and attach a photocopy of the Birth Certificate or Passport.

State of CALIFORNIA County of SAN DIEGO

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 20th of (Month) DECEMBER (Year) 2024.

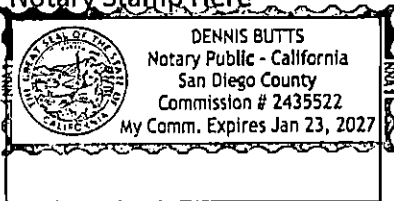
Notary Public Signature: [Handwritten Signature]

Commission Expiration Date* (Month) 01 (Day) 23 (Year) 2027

*The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.

Applicant's Signature: [Handwritten Signature]

Notary Stamp Here



RECEIVED

DEC 26 2024

AZ MEDICAL BOARD

Please complete and mail or email the notarized Certificate of Identification form and a photocopy of the Birth Certificate or Passport presented to the Notary to:

Arizona Medical Board
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664

LicensingReport@azmd.gov

A. MARINO, MD



SAN DIEGO CA 920
21 DEC 2024 PM 5 L



Arizona Medical Board
1740 W. Adams St. Ste 4000
Phoenix, AZ 85007-2664

85007-266400





MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

RECEIVED

DEC - 9 2024

AZ MEDICAL BOARD

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

December 2, 2024

ARIZONA REGULATORY BOARD OF PHYSICIANS
1740 W. ADAMS STREET, SUITE 4000
PHOENIX, AZ 85007

To Whom It May Concern:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

Physician:	ANTOINETTE MARENGO-BARBICK
License Number:	A 87783
Issued Date:	June 23, 2004
Exam Type:	A written examination
Expiration Date:	September 30, 2025
License Status:	Current
Board Discipline and/or Administrative Action:	No

If Board Discipline and/or Administrative Action is indicated, public records may be available at <http://www.mbc.ca.gov>; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Douglas Hock
Chief of Licensing





MEDICAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-5401



SACRAMENTO CA 957

5 DEC 2024 PM 6 L



quadrant

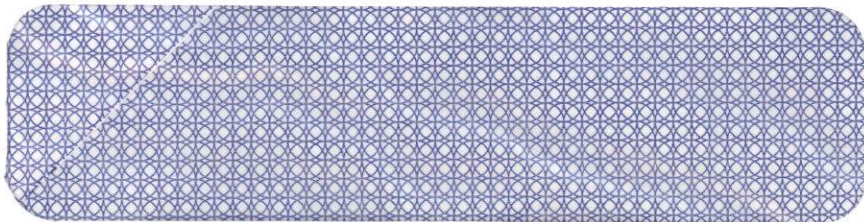
FIRST-CLASS MAIL
IMI

\$000.69⁰

12/05/2024 ZIP 95834
043M32207293

US POSTAGE

Personal and Confidential



85007-266400





COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

LICENSE VERIFICATION

November 27, 2024

Antoinette Maria Marengo-Barbick

Profession: Physician

License number: 40677

Licensee Status: Expired

Original Date of Issue: 6/26/2002

Basis of: Original

Last renewed on: 6/1/2003

Expiration date: 5/31/2005

Board or Program action(s): No

Action

Action Issued

Action Ended

If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email DORA_DPO_licensing@state.co.us. You can view DPO Public Documents at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to board or program actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

The licensee provided documentation of successful completion of a recognized national exam and met all of the educational or examination requirements as set forth by the Colorado Revised Statutes and the Rules and Regulations of the Colorado Medical Board in effect at the time of licensure. This information is the only certification information provided by this department. If further information is needed, it **MUST** be obtained from the licensee.

For future reference, you may verify the current status at any time through the Online Services webpage at dpo.colorado.gov.

This license information was last updated on: 11/27/2024





Licensing Report - MEDICAL BOARD <licensingreport@azmd.gov>

License Verification Statement - Marengo-Barbick, Antoinette

1 message

support@veridoc.org <support@veridoc.org>
To: Licensingreport@azmd.gov

Wed, Nov 27, 2024 at 1:00 PM



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: Marengo-Barbick, Antoinette

Transaction ID: 1160886

Confirmation Number: CT3NKAV01476KK4ELORG

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

[Colorado Medical Board](#)

 **1160886AA.pdf**
299K

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public is Required

Applicant Full Legal Name: MARENCO-BARRICK, Antoinette MARIA
Last First Middle

Notary - Please complete the section below and attach a photocopy of the Birth Certificate or Passport.

State of CALIFORNIA County of SAN DIEGO

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

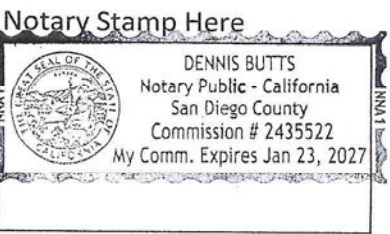
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 20th, of (Month) December, (Year) 2024.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) 01 / (Day) 23 / (Year) 2027

***The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

Applicant's Signature: [Signature]



Please complete and mail or email the notarized Certificate of Identification form and a photocopy of the Birth Certificate or Passport presented to the Notary to:

Arizona Medical Board
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664

LicensingReport@azmd.gov



Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

Re: Deficiency Notice Arizona Medical Board

1 message

Marengo, Antoinette [REDACTED]
To: Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

Thu, Dec 26, 2024 at 3:12 PM

Good afternoon,

I've attached the documentation you requested. I also sent hard copies by regular mail.

I hope you had a lovely Christmas holiday.

Is my application complete at this time?

Best,

Dr. Marengo

Toni Marengo, MD, FACOG, Chief Medical Officer***Pronouns: she, her, hers***

Planned Parenthood of the Pacific Southwest

1075 Camino del Rio South | San Diego, CA 92108

Email [REDACTED] Office: 619.881.4658 | Fax: 619.752.1669

Visit: planned.org | Give: planned.org/donate | Volunteer: planned.org/volunteer

From: Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>**Sent:** Friday, December 20, 2024 6:07 AM**To:** Marengo, Antoinette [REDACTED]**Subject:** Re: Deficiency Notice Arizona Medical BoardDear Dr. Marengo,
No worries. I've attached the form for you. Thank you.

Sincerely,

Kristin Colafranceschi, Senior Licensing Coordinator

(480) 551-2761

[Kristin.colafranceschi@azmd.gov](mailto:kristin.colafranceschi@azmd.gov)

Arizona Medical Board

Arizona Regulatory Board of Physician Assistants

1740 W. Adams, Suite 4000

Phoenix, AZ 85007

On Thu, Dec 19, 2024 at 5:41 PM Marengo, Antoinette [REDACTED] wrote:

Thank you for getting back to me. I am so sorry we did not include the copy of the passport to begin with. I guess I will have to go back down to the notary and get both resent. I misunderstood and thought I just needed to send you a copy of my passport.

Can you send me the paperwork the notary needs to fill out again? I will print it and take it down to her as soon as I can.

Dr. Marengo

From: Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

Sent: Thursday, December 19, 2024 3:09 PM

To: Marengo, Antoinette [REDACTED]

Subject: Re: Deficiency Notice Arizona Medical Board

Dear Dr. Marengo,

They are not different, but to satisfy the requirement we need to receive the notarized US passport along with the certificate of identification together to be considered a valid notarized document.

Sincerely,

Kristin Colafranceschi, Senior Licensing Coordinator

(480) 551-2761

Kristin.colafranceschi@azmd.gov

Arizona Medical Board

Arizona Regulatory Board of Physician Assistants

1740 W. Adams, Suite 4000

Phoenix, AZ 85007

On Thu, Dec 19, 2024 at 3:36 PM Marengo, Antoinette [REDACTED] wrote:

Hi Kristin,

I sent a photo of my passport yesterday via email. Can you tell me if anything else is outstanding? Is the certificate of identification different than the notarized certificate of identification that I already sent?

I see online you have everything else.

I appreciate your help!

Dr. Marengo

Toni Marengo, MD, FACOG, Chief Medical Officer

Pronouns: she, her, hers

Planned Parenthood of the Pacific Southwest

1075 Camino del Rio South | San Diego, CA 92108

Email: [REDACTED] Office: 619.881.4658 | Fax: 619.752.1669

Visit: planned.org | Give: planned.org/donate | Volunteer: planned.org/volunteer

From: Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

Sent: Tuesday, December 17, 2024 6:30 AM

To: Marengo, Antoinette [REDACTED]

Subject: Re: Deficiency Notice Arizona Medical Board

Dear Dr. Marengo-Barbick,

We received your notarized attestation page and the notarized certificate of identification, but you did not include a copy of your US passport that is required to satisfy the requirement. Please resend the certificate of identification along with a copy of your passport to my email address. Thank you.

Sincerely,

Kristin Colafranceschi, Senior Licensing Coordinator

(480) 551-2761

Kristin.colafranceschi@azmd.gov

Arizona Medical Board

Arizona Regulatory Board of Physician Assistants

1740 W. Adams, Suite 4000

Phoenix, AZ 85007

On Mon, Dec 16, 2024 at 6:11 PM Marengo, Antoinette [REDACTED] wrote:

Good afternoon,

I checked the AZ license tracker for my application, and it appears my fingerprint card was received, but my certified copy of my passport was not. They were sent in the same envelope since I had my fingerprints done at the same place that notarized my other documents.

Please advise if I need to resend it.

I requested my post-graduate training verification and CA license verification more than 2 weeks ago, so those should be there soon.

Thank you,

Dr. Marengo

Toni Marengo, MD, FACOG, Chief Medical Officer

Pronouns: she, her, hers

Planned Parenthood of the Pacific Southwest

1075 Camino del Rio South | San Diego, CA 92108

Email [REDACTED] Office: 619.881.4658 | Fax: 619.752.1669

Visit: planned.org | Give: planned.org/donate | Volunteer: planned.org/volunteer

From: Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

Sent: Monday, November 18, 2024 2:39 PM

To: Marengo, Antoinette [REDACTED]

Subject: Deficiency Notice Arizona Medical Board

Dear Dr. Marengo-Barbick,

The attached deficiency letter will not be sent by US Mail unless requested.

Sincerely,

Kristin Colafranceschi, Senior Licensing Coordinator

(480) 551-2761

Kristin.colafranceschi@azmd.gov

Arizona Medical Board

Arizona Regulatory Board of Physician Assistants

1740 W. Adams, Suite 4000

Phoenix, AZ 85007


The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, even if your name is the same as or similar to that of the recipient, you

are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, even if your name is the same as or similar to that of the recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, even if your name is the same as or similar to that of the recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, even if your name is the same as or similar to that of the recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

 **Certificate of ID and passport Marengo 2024.pdf**
1464K



Kristin Colafranceschi <kristin.colafranceschi@azmd.gov>

Copy of passport

1 message

Toni Marengo [REDACTED]
To: "kristin.colafranceschi@azmd.gov" <kristin.colafranceschi@azmd.gov>
Cc: Antoinette Marengo-Barbick [REDACTED]

Wed, Dec 18, 2024 at 12:43 PM

Attached is the copy of my passport.

Thanks,

Dr. Marengo
Sent from my iPhone


Begin forwarded message:

From: eprintcenter@hp8.us
Date: December 18, 2024 at 8:15:57 AM PST
To: [REDACTED]
Subject: Scanned document from HP ePrint user

This email and attachment are sent on behalf of [REDACTED]

If you do not want to receive this email in future, you may contact [REDACTED] directly or you may consult your email application for spam or junk email filtering options.

Regards,
HP Team

 **HPSCAN_20241218161506345_2024-12-18_161553529.pdf**
583K



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

Recipient: ARIZONA MEDICAL BOARD

Date: 11/27/2024

Examinee: Marengo-Barbick, Antoinette Maria

Examinee ID: 5-039-649-8

Alt Name(s): Marengo, Antoinette Maria

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/09/1998	Pass	194	(179)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/27/1999	Pass	215	(170)	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/06/2001	Pass	203	(182)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Marengo-Barbick, Antoinette Maria

Examinee ID: 5-039-649-8

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

MD Initial or Endorsement Application Secondary Review

Note: Refer to the AMB Licensing Manual for specifications required for each document reviewed on this checklist.

License #: 75625

Applicant name: Marengo-Barbick.Antoninette

Secondary reviewer: Mary Dunavant

Secondary reviewer Date: 12.31.2024

Initial License Endorsement License

Submitted by Applicant:

1. **Completed MD Application**
2. **Color Photograph-**
3. **Physician Primary Email Address**
4. **All fields on Individual Screen correctly entered**
5. **Statement of Citizenship or Alien Status Form**
6. **Notarized** or **Certified copy of birth certificate or passport**
 US Foreign Photo ID Certificate of Identification
 Proof of name change if applicable
7. **Evidence entered in Individual Comments and Name sections**
8. **Proof of lawful presence in the U.S.A., if not a US citizen**
 Received Not applicable If received, data entered correctly
9. **Narrative explaining any application 'yes' answer**
 Received Not applicable
10. **Malpractice question #8 information**
 - Narrative/Explanation
 - Copy of the complaint
 - Agreed terms of settlement or the judgment Received Not applicable
11. **Training unit completion or Signed/Dated signature on Application**
12. **Attestation page**
 Received Not applicable

13. Background Information Received

Directly Submitted to the Board:

14. Medical college certification- Domestic students

15. Additional requirements for students graduating from an unapproved allopathic school of medicine

Not applicable

All foreign applicants must be able to read, write, speak, understand and be understood in the English language.

a. ECFMG

b. 5th Pathway

c. Clinical Instructor Certification (36 months as a full-time professor or higher position)

16. Post graduate training verification

a. 12 months ACGME approved training (US graduate)

b. 36 months ACGME approved training (Foreign graduate)

c. Clinical Instructor Certification (36 months as a full-time professor or higher position)

17. Exam Scores: (Initial license)

Received Not applicable

Combination exams USMLE step 1 or 2 or NBME part 1 or 2, with USMLE step three passed within seven years as described in §A.R.S. 32-1424

Exam Scores: (Endorsement license)

Received Not applicable

If exam scores are older than 10 years preceding the application, they must submit proof of either current ABMS certification or Take and pass the SPEX exam, also applicant must have a license in another jurisdiction.

License in another jurisdiction

Exam is more than 10 years old: (need ABMS, SPEX or Board Consideration)

ABMS SPEX Board Consideration Not Applicable

18. Database query processed/uploaded from the following entities within last 6 months:

AMA NPDB FSMB

19. **Verification of licensure from every state in which the applicant has ever held a medical license. (based on Application, AMA and FSMB)**

Not applicable

20. **Employment verifications**

Not applicable

21. **Narrative needed to explain** – (items such as unusual time gaps in employment/training or other non-Yes answer issues).

Not applicable

22. **Waiver request approved by Board for: -**

Not applicable

23. **Application History/Physician Profile verify:**

Post graduate training

Name/Evidence of name change

Area of interest entered correctly (ABMS has been verified via AMA if available)

Medical school information

Intake review needed? Already in Intake?

Yes No

Yes No

Check last deficient item and all **tasks are complete**



Arizona Medical Board

1740 W. Adams St., Suite 4000 • Phoenix, AZ 85007
Telephone: 480- 551-2700 • Toll Free: 877-255-2212
Website: www.azmd.gov

December 31, 2024

Antoinette M Marengo-Barbick, M.D.
[REDACTED]

Dear Dr.Marengo-Barbick,

The Arizona Medical Board is pleased to inform you that your application for licensure has been approved. Your license number will be **75625**. Your license will be activated upon receipt of the required license issuance fee of **\$437.50**. **The license issuance fee is prorated based on birth year and month and is in addition to the \$500 application processing fee submitted with your license application.** Your license renewal date will be [REDACTED]. Thereafter, your license renewal fee is \$500 every two years on your birthday.

This licensing fee can be paid online by going to www.azmd.gov. Click on Licensure, then click Initial License Online Payment Portal Now Available in the red box. If paying by check, please include your license number on the check and return your payment to the Arizona Medical Board at the above address. You can also complete the form below and mail it in. Do not email or fax.

The license issuance fee must be received within 35 days from the date of this letter or your application will be withdrawn, and you will need to reapply.

Please Note: Pursuant to A.R.S. §36-2606(A), A medical practitioner regulatory board shall notify each medical practitioner who receives an Initial or Renewal license and who intends to apply for registration or has an active registration under the controlled substances act (21 United States Code sections 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system.

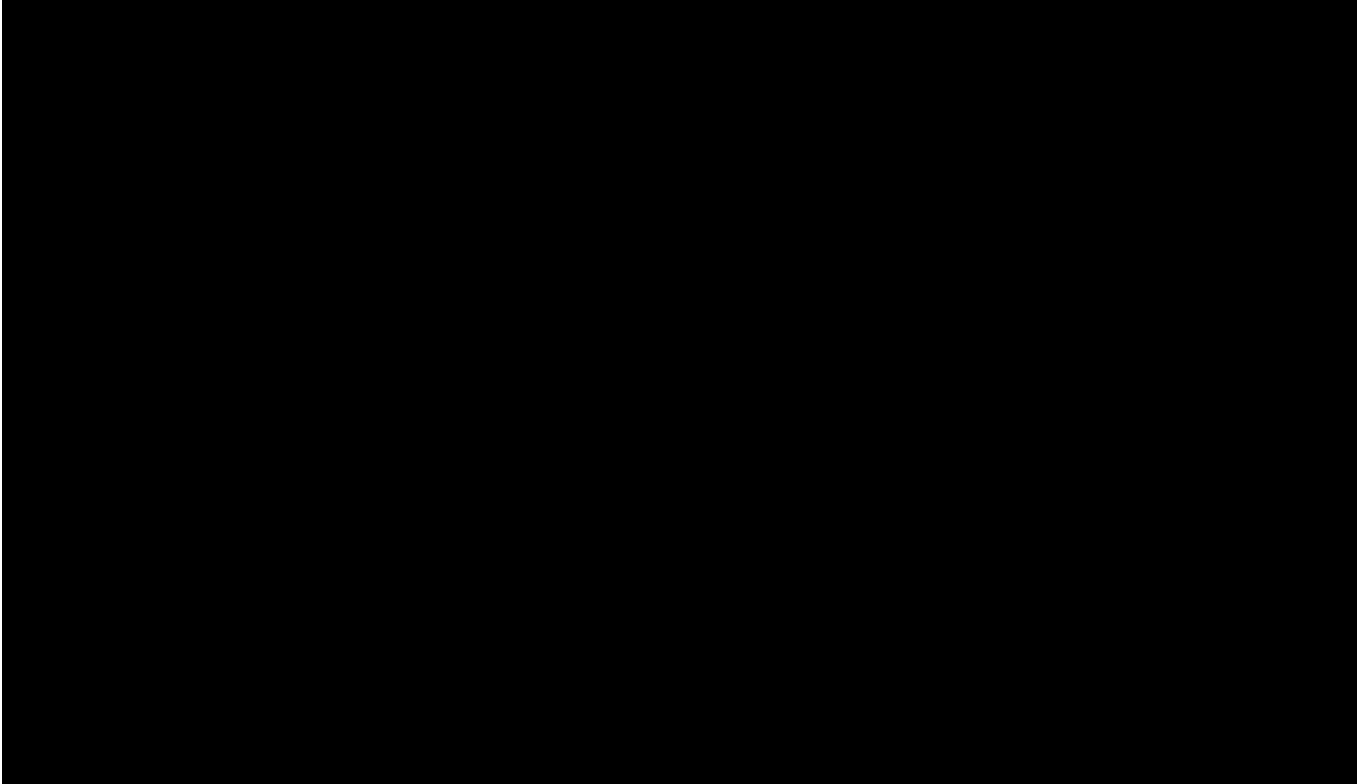
Therefore, any Arizona practitioner with a DEA registration is required to register with the CSPMP. Failure to do so, may result in Board action.

Please visit the Arizona CSPMP website for more information on how to register and access the CSPMP, associate delegates to your account, and how to update your account. <https://pharmacymp.az.gov/>

ARIZONA MEDICAL BOARD PAYMENT CARD AUTHORIZATION

Payment for: Antoinette M Marengo-Barbick, MD License #75625

Initial License Fee: \$437.50





Arizona Medical Board

1740 W. Adams St, Suite 4000 • Phoenix, AZ 85007

LICENSE/RENEWAL CUSTOMER SATISFACTION SURVEY

We would like to know how the License/Renewal Center of the Arizona Medical Board has assisted you during your license/renewal process. Your feedback will help us determine how to better assist other physicians. All survey responses will remain confidential. Please return this survey within two weeks by mail or fax at (480) 551-2707.

Please check the appropriate box:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Not Applicable
The staff was professional	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/>
The staff was courteous	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/>
The staff provided accurate responses	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/>
The license/renewal application directions were clear and concise	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/>
The license was timely issued	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/>

Please include any additional comments you have regarding the License/Renewal staff and/or the service you received. We are particularly interested in your suggestions if you answered "disagree" or "strongly disagree" above.



Arizona Medical Board – MD Dispensing Registration

Dr. Antoinette M Marengo-Barbick

Please review the information below and select the check box in the Attestation section at the bottom to accept. If you need to correct the information, click the links below the records.

Street 1	Street 2	City	State	Zip	County	Category	Status
1837 E Baseline Rd		Tempe	AZ	85283	Maricopa	Prescription Only Drugs, Prescription Device	Active
5771 W Eugie Ave		Glendale	AZ	85304	Maricopa	Prescription Only Drugs, Prescription Device	Active
2255 N Wyatt Dr		Tucson	AZ	85712	Pima	Prescription Only Drugs, Prescription Device	Active
2500 S Woodlands Village Blvd	Suite 12	Flagstaff	AZ	86001	Coconino	Prescription Only Drugs, Prescription Device	Active
4751 N 15th St		Phoenix	AZ	85014	Maricopa	Prescription Only Drugs, Prescription Device	Active
2020 N 75th Ave	Suite 11	Phoenix	AZ	85035	Maricopa	Prescription Only Drugs, Prescription Device	Active
1235 S Gilbert Rd	Suite 7	Mesa	AZ	85204	Maricopa	Prescription Only Drugs, Prescription Device	Active

[Add/Change Location Information](#)

[Update DEA Certification](#)

[Update Alternate contact Information](#)

Name of Contact: MedOps
Name of Company: PPAZ
Address:
Phone:
Email: [REDACTED]

NOTE: Arizona law requires an applicant who has been charged with a felony or a misdemeanor involving conduct that may affect patient safety after submitting the application to notify the Board within 10 days after the charge is filed. A. R. S. 32-3208. For a list of reportable misdemeanors, see the website under Physician Center – Reportable. Misdemeanors click . All felonies are reportable.

I attest that all of the information contained in the application and accompanying evidence or other credentials submitted are true. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the

credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.

You may wish to print this Page for your records. 

After pressing the Next button, please be patient, as it may take a few moments to process your data and send you to the payment page.

Back

Save and Logout

Next

Have questions? Please contact us at 480-551-2700



**ARIZONA MEDICAL BOARD
DISPENSING PHYSICIAN INITIAL REGISTRATION
AND ANNUAL RENEWAL FORM**

1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664
www.azmd.gov

RECEIVED
FEB 10 2025
AZ MEDICAL BOARD

Initial Registration Fee \$200 (per physician)

Renewal Registration Fee \$150 (per physician)

First Name: Initial: Last Name:
License Number: Specialty:

- Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.

PLEASE NOTE

A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be kept current during the registration period.

PRIMARY PRACTICE LOCATION:

DEA# for this location:

Address: City: State: Zip:

Phone: Fax: Email:

- Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs
 Prescription-Only Drugs Prescription Devices Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location:

Address: City: State: Zip:

Phone: Fax: Email:

- Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs
 Prescription-Only Drugs Prescription Devices Nubain

I am including a second page listing additional locations

Physician Signature:

Date:

Make checks or money orders payable to Arizona Medical Board.
If you wish to pay by payment card, please complete the attached Payment Card Authorization Form

ADDITIONAL PRACTICE LOCATION:

DEA# for this location: [REDACTED]

Address: 2255 N Wyatt Dr City: Tucson State: AZ Zip: 85712

Phone: +1 (602) 277-7526 Fax: +1 (602) 296-1054 Email: [REDACTED]

- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
- Prescription-Only Drugs
- Prescription Devices
- Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location: [REDACTED]

Address: 2500 S Woodlands Village Suite 12 City: Flagstaff State: AZ Zip: 86001

Phone: +1 (602) 277-7526 Fax: +1 (602) 296-1054 Email: [REDACTED]

- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
- Prescription-Only Drugs
- Prescription Devices
- Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location: [REDACTED]

Address: 4751 N 15th St City: Phoenix State: AZ Zip: 85014

Phone: +1 (602) 277-7526 Fax: +1 (602) 296-1054 Email: [REDACTED]

- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
- Prescription-Only Drugs
- Prescription Devices
- Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location: [REDACTED]

Address: 2020 N 75th Ave Suite 11 City: Phoenix State: AZ Zip: 85035

Phone: +1 (602) 277-7526 Fax: +1 (602) 296-1054 Email: [REDACTED]

- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
- Prescription-Only Drugs
- Prescription Devices
- Nubain

ADDITIONAL PRACTICE LOCATION:

DEA# for this location: [REDACTED]

Address: 1235 S Gilbert Rd Suite 7 City: Mesa State: AZ Zip: 85204

Phone: +1 (602) 277-7526 Fax: +1 (602) 296-1054 Email: [REDACTED]

- Schedule II Drugs
- Schedule III Drugs
- Schedule IV Drugs
- Schedule V Drugs
- Prescription-Only Drugs
- Prescription Devices
- Nubain

Planned Parenthood Arizona, Inc.
4751 N. 15th Street
Phoenix, AZ 85014

PHOENIX AZ 852

6 FEB 2025 PM 6 L



quadiant

FIRST-CLASS MAIL
IMI

\$000.69⁰

02/05/2025 ZIP 85014
043M31239675

US POSTAGE

Arizona Medical Board
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2604

85007-266400

