

State Registration of Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Residents Traveling to California State Registration Form - Instructions and General Instructions

Business and Professions Code (BPC) section 2076.6 provides, in part, that physicians licensed in Arizona may register to practice medicine in California solely for the purpose of providing abortions and abortion-related care to patients who are Arizona residents traveling from Arizona to California for that care.

Eligibility to Register with the Medical Board of California or the Osteopathic Medical Board of California

Physicians eligible for registration to practice in California must meet the following criteria:

- Hold a medical license in good standing in Arizona that confers the authority to practice abortions and abortion-related care within a scope similar to that defined in Health and Safety Code section 123464(a), which includes, "any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth."
- Submit either of the following to the applicable California licensing board demonstrating that the Arizona license is in good standing: (1) written verification from the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery, or (2) documentation printed from an online licensing system.
"Good standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to performing an abortion.
- For physicians licensed in Arizona and one or more other jurisdictions, submit written verification or documentation printed from an online licensing system demonstrating that each license is in good standing.
- Perform at least one abortion (i.e., a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth) under the authority of the Arizona medical license during the two years immediately preceding registration submission to the applicable California licensing board.
- Submit to the applicable California licensing board the Arizona address of record (the address on record with the Arizona licensing board).
- Submit a California address of record, if any (a California address at which you will receive official communications from the California licensing board).
- Submit an affidavit attesting that you meet the requirements for state registration.

Standards Applicable to Registered Physicians

Physicians registered to practice in California are subject to the following additional requirements:

- Registered physicians may not practice medicine in California until they submit to the applicable California licensing board the street address of a location in this state at which the physician will practice medicine. Registered physicians must submit to the applicable board the street address of each location at which they will practice medicine in California.
- Registered physicians may only provide abortions and abortion-related care in California.
- Registered physicians may only provide care to Arizona residents who traveled from Arizona to California seeking an abortion or abortion-related care.
- Registered physicians must maintain their Arizona license in good standing.
- Registered physicians are considered licensees of the applicable California licensing board for purposes of complying with California standards of practice and discipline, and the board may suspend or revoke a registration, or take other appropriate enforcement action, for failing to comply with California standards of practice or satisfy California registration requirements.
- Registrations to practice in California expire on November 30, 2024.



State Registration of Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Residents Traveling to California State Registration Form - Instructions and General Information (cont.)

Business and Professions Code (BPC) section 2076.6 provides, in part, that physicians licensed in Arizona may register to practice medicine in California solely for the purpose of providing abortions and abortion-related care to patients who are Arizona residents traveling from Arizona to California for that care.

Submitting your NEW registration?

1. Complete this form
 - Page 1 - All
 - Pages 2 and 3 - Complete these pages as needed, if you have additional, non-Arizona licenses in good standing to submit.
 - Pages 4 and 5 - Complete as needed, if California locations of practice are known. Registered physicians must submit to the board the street address of each location in this state at which the physician will practice medicine.
2. Prepare digital copies (pdf or image files that can be uploaded) of all required supporting documentation. An example of supporting documentation may be written verification of good standing for your Arizona or other out-of-state license.
3. Upload this form and all documentation to the Department of Consumer Affairs (DCA) Secure File Submission Portal.

ONLY updating your California practice locations?

1. Complete this form
 - Page 1 - Email, first name, last name, Arizona license number and phone number
 - Pages 2 and 3 - Not required
 - Page 4 and 5 - Complete as needed, if California locations of practice are known. Registered physicians must submit to the board the street address of each location in this state at which the physician will practice medicine.
2. Upload this form to the DCA Secure File Submission Portal.

The submission will route to the Medical Board of California (MBC) or the Osteopathic Medical Board of California (OMBC). MBC and OMBC will communicate via the email address, physical address, and/or phone number provided on this form.



State Registration of Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Residents Traveling to California

State Registration Form - General Information

Complete this form and submit/upload it with all required documentation to the DCA Secure File Submission. Instructions for this process can be found [here](#).

Type of Doctor:	<input style="width: 90%;" type="text"/>	E-mail:	<input style="width: 95%;" type="text"/>
First Name:	<input style="width: 90%;" type="text"/>	Last Name:	<input style="width: 95%;" type="text"/>
Arizona Address of Record:	<input style="width: 98%;" type="text"/>		
	<input style="width: 30%;" type="text"/>	, AZ	<input style="width: 30%;" type="text"/>

California Address of Record:	<input style="width: 95%;" type="text"/>		
(if any)	<input style="width: 30%;" type="text"/>	, CA	<input style="width: 30%;" type="text"/>

Note: California locations of practice may be provided on pages 4 and 5 of this form.

Arizona License Number:	<input style="width: 60%;" type="text"/>
<p>Web site link from the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery, specific to your license, that demonstrates that the Arizona license provided above is in good standing*:</p> <input style="width: 95%;" type="text"/>	
<p>*"Good Standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to the performance of an abortion.</p> <p style="text-align: center;">OR</p> <p>Include with registration submission one of the following:</p> <ul style="list-style-type: none"> - Written verification from the state licensing board - Documentation printed from an online licensing system 	

Do you hold similar licenses in states other than Arizona? Yes No
(If yes, complete pages 2 and 3 of this form as needed.)

Affidavit - I attest that the following information is accurate to the best of my knowledge:

- I hold a medical license in good standing in Arizona that confers on me the authority to provide abortions or abortion-related care.
- I performed at least one abortion (i.e., any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth) under the authority of my Arizona medical license during the two years immediately preceding this registration submission.

By entering my full name in the box below and submitting this form, I attest that the information provided is accurate to the best of my knowledge. I understand that any person who provides false information is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the California Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and imprisonment.

Phone:

Full Name:



State Registration of Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Residents Traveling to California State Registration Form - Additional Licenses

Complete this page only if you hold a license in good standing in one or more jurisdictions other than Arizona. "Good standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to performing an abortion.

Type of Doctor: Arizona License Number:

First Name: Last Name:

Non-Arizona License State 1: Non-Arizona License Number 1:

Web site link from the state licensing board, specific to your license, that demonstrates that the license provided above is in good standing*:

*"Good Standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to the performance of an abortion.

OR

Include with registration submission one of the following:

- Written verification from the state licensing board
- Documentation printed from an online licensing system

Non-Arizona License State 2: Non-Arizona License Number 2:

Web site link from the state licensing board, specific to your license, that demonstrates that the license provided above is in good standing*:

*"Good Standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to the performance of an abortion.

OR

Include with registration submission one of the following:

- Written verification from the state licensing board
- Documentation printed from an online licensing system



State Registration of Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Residents Traveling to California State Registration Form - Additional Licenses

Complete this page only if you hold a license in good standing in one or more jurisdictions other than Arizona. "Good standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to performing an abortion.

Type of Doctor:	<input type="text"/>	Arizona License Number:	<input type="text"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>

Non-Arizona License State 3:	<input type="text"/>	Non-Arizona License Number 3:	<input type="text"/>
Web site link from the state licensing board, specific to your license, that demonstrates that the license provided above is in good standing*: <input type="text"/>			
**"Good Standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to the performance of an abortion.			
OR			
Include with registration submission one of the following:			
- Written verification from the state licensing board			
- Documentation printed from an online licensing system			

Non-Arizona License State 4:	<input type="text"/>	Non-Arizona License Number 4:	<input type="text"/>
Web site link from the state licensing board, specific to your license, that demonstrates that the license provided above is in good standing*: <input type="text"/>			
**"Good Standing" means an active license to practice medicine with no restrictions, and that no accusation or similar filing initiating disciplinary action is pending, unless the accusation or filing is for an offense related solely to the performance of an abortion.			
OR			
Include with registration submission one of the following:			
- Written verification from the state licensing board			
- Documentation printed from an online licensing system			



State Registration of Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Residents Traveling to California State Registration Form - California Locations of Practice

A registered physician shall not practice medicine in California until they submit to the applicable board the street address of a location in this state at which the physician will practice medicine. The registered physician shall submit to the board the street address of each location in this state at which the physician will practice medicine. Please provide the address of all California practice locations below.

Type of Doctor:	<input style="width: 95%;" type="text"/>	Arizona License Number:	<input style="width: 95%;" type="text"/>
First Name:	<input style="width: 95%;" type="text"/>	Last Name:	<input style="width: 95%;" type="text"/>

California Address 1:
 , CA

California Address 2:
 , CA

California Address 3:
 , CA

California Address 4:
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California Address 5:
 , CA

California Address 6:
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California Address 7:
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California Address 8:
 , CA



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Type of Doctor:	<input type="text"/>	Arizona License Number:	<input type="text"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>

California Address 9:

, CA

California Address 10:

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California Address 11:

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California Address 12:

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California Address 13:

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California Address 14:

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California Address 15:

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California Address 16:

, CA



**State Registration of Arizona-Licensed Physicians to Provide Abortions and
Abortion-Related Care to Arizona Residents Traveling to California
State Registration Form - Privacy Notice**

PRIVACY NOTICE (as required by Civil Code section 1798.17) – The Medical Board of California and the Osteopathic Medical Board of California collect the information requested on this form as authorized by Business and Professions Code section 2076.6. The information will be used to process requests for state registration and otherwise determine compliance with Business and Professions Code section 2076.6. Failure to provide the requested information may result in the form being rejected as incomplete. You may review the records maintained by the applicable board that contain your personal information, as permitted by the Information Practices Act, Civil Code section 1798, et seq., and Business and Professions Code section 2076.6.

The applicable board will not post information about registered physicians on its internet website and, upon request, the only information that will be disclosed about registrants will be their name, registration status, and the Arizona license number. Other records and information submitted to the applicable board pursuant to Business and Professions Code section 2076.6 are exempt from public disclosure pursuant to the California Public Records Act, Government Code section 7920.000, et seq.

You may obtain information about this notice or access to your records by contacting the Medical Board of California or the Osteopathic Medical Board of California at the following addresses: Medical Board of California, 2005 Evergreen Street, Ste. 1200, Sacramento, CA 95815 / Osteopathic Medical Board of California, 1300 National Drive, Ste. 150, Sacramento, CA 95834-1991.