

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

Arizona Physician User Guide

Document Purpose

The purpose of this document is to outline step-by-step and general instructions to submit registration requests to the Medical Board of California or the Osteopathic Board of California for licensed Arizona physicians performing abortions and abortion-related care to Arizona patients travelling to California under Business and Professions Code (BPC) 2076.6, as passed in May 2024 by SB 233.

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.

Useful Links

1. [Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Residents Traveling to California State Registration Form](#)
2. [Informational Web page for BPC 2076.6](#)
3. [DCA Secure File Submission Portal for BPC 2076.6](#)

Submitting a BPC 2076.6 (SB 233) Registration

1. Navigate to the Department of Consumer Affairs [Informational Web page for BPC 2076.6/SB 233](#).
2. Review the eligibility and standards applicable to registered Arizona physicians.
3. Download and complete the [Registration of Arizona-Licensed Physicians to Provide Abortions and Abortion-Related Care to Arizona Patients Traveling to California - State Registration Form](#).
 - a. Page 1 of the form requires general information including the Arizona (AZ) address of record and an AZ license in good standing.
 - b. Pages 2 – 3 of the form require information regarding non-AZ licenses in good standing.
 - c. Pages 4 – 5 require information about practice locations in California. 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.

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: E-mail:
 First Name: Last Name:
 Arizona Address of Record:
 , AZ
 California Address of Record (if any):
 , CA
 Note: California locations of practice may be provided on pages 4 and 5 of this form.

Arizona License Number:

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:

OR

Include with registration submission one of the following:
 - 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 page 2 and 3 of the form as needed.)

Attidavit - 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 to a public officer, punishable by a fine not exceeding ten thousand dollars (\$10,000), for implementation pursuant to subsection (h) of Section 11715 of the California Penal Code, by implementation in a county jail not exceeding one year, or by both the fine and imprisonment.

Phone: Page 1 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:

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:

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: Arizona License Number:
 First Name: Last Name:

California Address 1:
 , CA

California Address 2:
 , CA

California Address 3:
 , CA

California Address 4:
 , CA

California Address 5:
 , CA

California Address 6:
 , CA

California Address 7:
 , CA

California Address 8:
 , CA

Page 4 (more CA locations may be added on page 5)

4. 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.
5. Upload this form and all documentation to the Department of Consumer Affairs (DCA) [Secure File Submission Portal](#).

First Name *	Last Name *	
<input type="text" value="0/50"/>	<input type="text" value="0/50"/>	
License Number *	License Type *	Submission Type *
<input type="text" value="0/50"/>	<input type="radio"/> Medical Doctor <input type="radio"/> Doctor of Osteopathic Medicine	<input checked="" type="radio"/> New <input type="radio"/> Update
Upload Supporting Documents *		
An example of supporting documentation may be written verification of good standing for your Arizona or other out-of-state license.		
<input type="button" value="Select File"/> No file selected		

NOTE: Click 'Submit' to send your registration.

Updating a BPC 2076.6 (SB 233) Registration

To update your registration or respond to a request from the California licensing board, follow the same steps (#1-5). Select 'Submission Type' = 'Update' in step #5, and be sure enter the first name, last name and license number exactly as you entered it during the first submission.