ARIZONA MEDICAL BOARD
QUARTERLY DECLARATION FORM

If you are required to submit a quarterly report declaring your compliance with the terms of your Board Order, please complete this form and fax it to (480) 551-2704, attention Kathleen Muller, or email it to compliance@azmd.gov.

I attest, under penalty and perjury, that during the _____ quarter* of _____ I have been in compliance with all terms of the Order.

**March 15, 1st quarter, June 15, 2nd quarter, September 15, 3rd quarter, December 15, 4th quarter*

First Name: _____ Last Name: _____

License Number: _____ Date: _____