

ARIZONA STATE BOARD OF MEDICAL EXAMINERS

PUBLIC INFORMATION REQUEST

Requestor	_____	Date	_____
Mailing Address	_____		
City, State, Zip Code	_____		
Phone Number	(W) _____	(H) _____	
E-Mail Address	_____		

PUBLIC INFORMATION REQUESTED

License Files

Physician or Physician Assistant's full name or
license number

Board Meetings

Minute(s) or Agenda(s)

Meeting
Date(s)

Other Public Information

Meeting agendas, statistics, medical directories, copies of the database and other forms of public information are also available.

Other Information

Requested:

Please check one of the following:

- ☐ I want to view the public information at the Board of Medical Examiner's office at no cost.
- ☐ I want to purchase copies of the public information. Copied documents may be picked up or mailed upon receipt of a Public Records Request Form and a cashier's check or money order. Copies are \$1.00 for the first three pages and \$.25 for each additional page.

Upon receipt of the public information request form, the Public Information Coordinator will contact you to verify requested information. If you have questions, please call 480-551-2776.

Forms may be faxed, mailed or e-mailed to:

Arizona State Board of Medical Examiners
ATTN: Public Information Coordinator
P.O. Box 6200
Scottsdale, AZ 85261-6200
Phone: 480-551-2776 Toll Free: 877-255-2212 FAX: 480-551-2705
e-mail: questions@bomex.org website: www.bomex.org