



## The Neighborhood Christian Clinic

*Restoring Health & Restoring Lives*

Arizona Board of Medical Examiners  
9545 E. Doubletree Ranch Rd  
Scottsdale, AZ 85258

To Whom It May Concern:

This statement is to accompany registration forms submitted by physicians who will volunteer their time to administer care through The Neighborhood Christian Clinic. The Clinic was established to provide healthcare to the working poor in Central Phoenix.

Because TNCC meets the criteria for a QCHC, the registration fee would be waived. Please contact me should you have any questions.

Respectfully,

Paul Lorentsen, MD  
Medical Director  
602.258.6008 x716



# ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707  
Home Page: <http://www.azmd.gov>

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

\*\* Please Type or Print \*\*

PHYSICIAN NAME: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

CHECK ONE:       Initial Registration (\$200)

Renewal Registration (\$150)

- f Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- f For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- f 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:

Street Address 1929 West Fillmore Street, Building C				City/State/Zip Code Phoenix, Arizona 85009			
Phone Number 602 258-6008				Fax Number 602 258-8388		E Mail cmccourt@tnclinic.org	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

#### ADDITIONAL PRACTICE LOCATION:

#### DEA # FOR THIS LOCATION:

Street Address				City/State/Zip Code			
Phone Number				Fax Number		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

\*\*\*\*\* List any additional locations on the 2<sup>nd</sup> page of this form and place a check mark here:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Neighborhood Christian Clinic*

\*\*\* Fee Waived - Qualified Community Health Center \*\*\* See letter enclosed from the Clinic

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

*Make checks or money orders payable to ARIZONA MEDICAL BOARD*

For your convenience, we accept payments by Visa, MasterCard or American Express

If you wish to pay by payment card, please complete the attached  
PAYMENT CARD AUTHORIZATION FORM