



STATE OF ARIZONA  
 BOARD OF BEHAVIORAL HEALTH EXAMINERS  
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JANICE K. BREWER  
 Governor

DEBRA RINAUDO  
 Executive Director

## Request Form for Extension of Current Inactive Status

I am requesting that the following license(s) be placed on an extension to the current inactive status:

- License Associate Counselor
- License Professional Counselor
- Licensed Baccalaureate Social Worker
- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Licensed Associate Marriage and Family Therapist
- Licensed Marriage and Family Therapist
- Licensed Substance Abuse Technician
- Licensed Associate Substance Abuse Counselor
- Licensed Independent Substance Abuse Counselor

1. A request for an extension to the current inactive status may be submitted within the 3 months prior to the expiration date and must include a \$100 fee (payable by money order or cashier's check only). A.R.S. §32-3272.
2. Late requests for an extension to the inactive status may be submitted within 90 days of the expiration date if accompanied by a late fee of \$100 in addition to the \$100 inactive fee (payable by money order or cashiers check only). A.R.S. §32-3272.

**You will be notified by mail of the committee's decision regarding your request. If your request for an extension of Inactive Status is approved, you may not engage in the practice of psychotherapy until you have reactivated your license.**

Reference A.A.C. R4-6-305, for instructions to reactivate your license.

\_\_\_\_\_  
 Printed Full Name of Licensee

\_\_\_\_\_  
 License Number

Provide the basis for your request (use additional paper if needed). In accordance with A.A.C. R4-6-305(H), extensions to inactive status require that you demonstrate good cause as set forth in A.A.C. R4-6-209(B). If your request for an extension is related to a medical issue, please provide a note from your doctor addressing your inability to practice.

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 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date