



STATE OF ARIZONA
 BOARD OF BEHAVIORAL HEALTH EXAMINERS
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 Board Website: www.azbbhe.us
 Board E-Mail Address: information@azbbhe.us

JANICE K. BREWER
 RINAUDO
 Governor

DEBRA
 Executive Director

PUBLIC RECORDS REQUEST FORM

I, _____ hereby request the following information regarding _____:
 (name) (name)

Please identify the documents requested. Confidential information, such as social security numbers, dates of birth, transcripts (unless you are requesting your own transcript), test scores, investigation files, medical and mental health information (unless you are requesting your own medical and mental health information), will not be provided.

- Licensure File
- Credentialing Committee Meeting Minutes for _____ (meeting date).
- Board Meeting Minutes for _____ (meeting date).
- Complaint Resolution: Only Public Information, such as: Consent Agreement, ALJ Recommendation, Board Meeting Results and/or Board Orders for Complaint # _____.
- Meeting/Interview Tapes/CDs (\$20.00) for _____ (meeting date). A.R.S. § 32-3272(C).
- License Verification (\$20.00). Verifies license #, issuance date, expiration date and disciplinary action history. If additional information is required, you may request a copy of your file (above). A.R.S. § 32-3272(C).
- Other _____

- I wish to review these documents at the agency office. Please call me at (____)_____ to schedule an appointment.
- I would like photocopies of the requested documents. I understand that after four pages, there is a \$.50 cent per page fee. A.R.S. § 32-3272

YOU WILL BE NOTIFIED BY LETTER OF THE COST FOR THE PHOTOCOPIES. PLEASE DO NOT SEND ANY MONEY AT THIS TIME.

- I am requesting these documents to be copied and forwarded to the following entity.
 Name: _____
 Address: _____

Name (please print)

Address (please print)

Telephone Number

Signature

Date of Request

The Board does not accept cash. Fees are paid to the Board by personal check, money order or certified check.