



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
Governor

DEBRA RINAUDO
Executive Director

APPLICATION REASSESSMENT REQUEST FORM

GENERAL INFORMATION

If you submitted an application for licensure and it was determined that you were ineligible due to one or more of the deficiencies set forth in AzBBHE R4-6-303, you have the right to request a reassessment of your application once the deficiency has been satisfied. A written request must be submitted within twelve (12) months of the date of service of the notice of ineligibility.

INSTRUCTIONS

For a reassessment of your application, please complete the following form. Be sure to include the required documentation with the \$100 reassessment fee (money order, cashier's or certified check only) and return it with this form to the address listed above.

I previously applied for licensure as:

- Licensed Associate Counselor (LAC)
- Licensed Professional Counselor (LPC)
- Licensed Associate Marriage and Family Therapy Counselor (LAMFT)
- Licensed Marriage and Family Therapy Counselor (LMFT)
- Licensed Bachelor Social Worker (LBSW)
- Licensed Master Social Worker (LMSW)
- Licensed Clinical Social Worker (LCSW)
- Licensed Substance Abuse Technician (LSAT)
- Licensed Associate Substance Abuse Counselor (LASAC)
- Licensed Independent Substance Abuse Counselor (LISAC)

I am requesting reassessment of my application based on the following and am providing the required documentation:

- Curriculum deficiency: An official transcript must be submitted to the agency from the applicant. If the college or university is located out-of-state, a published course description must be included;
- Experience deficiency: An updated *Verification of Supervised Work Experience Form* documenting that the deficiency has been satisfied; and/or
- Supervision deficiency: An updated *Verification of Clinical Supervision and Assessment Form* documenting that the deficiency has been satisfied.

Mr. Ms. Dr. Social Security Number _____ Date of Birth _____

Last Name First Middle Maiden Other (if any)

Street or P.O. Box Apt. Number

City State Zip

Home Phone Work Phone Fax

- A. An applicant who is found ineligible may submit to the Board office a written request for reassessment of the application within twelve (12) months of the date of service of the notice of ineligibility.
- B. The Credentialing Committee shall grant a request for reassessment if:
 - 1. There has been a statutory or rule change that enables the previously ineligible applicant to meet the requirements for licensure; or
 - 2. The applicant was initially determined ineligible because of deficiencies in experience, supervision, or course work and has removed all deficiencies.
- C. An applicant requesting a reassessment shall use a form provided by the Board and shall submit the proper fee with the reassessment form.