



STATE OF ARIZONA
 BOARD OF BEHAVIORAL HEALTH EXAMINERS
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 PHOENIX, AZ 85012
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JANICE K. BREWER
 Governor

DEBRA RINAUDO
 Executive Director

APPLICATION FOR LICENSE RENEWAL (Revised 3/01/10)

Type or print all information in black ink. A **non-refundable fee of \$350.00** must accompany this renewal A.R.S. §32-3272. (\$175.00 for each additional discipline only if renewed at the same time. You may renew your additional license[s] early to take advantage of this price reduction if you meet all other renewal requirements.) Each renewal requires its own renewal application and continuing education activities form. Payment must be made by certified check, cashier's check or money order payable to the Arizona Board of Behavioral Health Examiners. **PERSONAL OR BUSINESS CHECKS WILL NOT BE ACCEPTED.**

I. PERSONAL INFORMATION

Dr. Ms. Mr. Mrs.

Last Name _____ First _____ Middle _____ Maiden _____

Other Names Used, if any _____

Date of Birth _____ Social Security Number # _____ - _____ - _____ (mandatory)

Home Address: _____ License # _____

City: _____ State: _____ Zip: _____ Hm Phone #: (____) _____ - _____ Cell#: (____) _____ - _____

Agency Name: _____

Agency OBHL License #: _____ (If applicable)

Work Address: _____

City: _____ State: _____ Zip: _____ Wk Phone #: (____) _____ - _____ Fax#: (____) _____ - _____

You must provide your supervisor's name and phone number if you are licensed as a LAC, LBSW, LAMFT, LASAC, or LSAT. You must also provide your supervisor's name and phone number if you are licensed as a LMSW and are engaged in the practice of clinical social work.

Supervisor's Name: _____ Wk. Phone #: (____) _____ - _____

Please note that if you provide only a home address and phone number, then the home address and phone number becomes the public record required by law. Otherwise, the business address and phone number are the public record.

You must notify the Board in writing within 30 days of any change of address or name change. Such changes must be reported on a form available from the Board's website or by calling 602/542-1882 and requesting a Name/Address Change Form

II. RECORD PROTOCOL COMPLIANCE

Please select one of the following. A copy of A.R.S. §32-3211 is enclosed.

- I certify that I am aware of the requirements of A.R.S. §32-3211 regarding the secure storage, transfer and access of patient records and am in compliance with the requirements.
- I certify that I am exempt from the requirements of A.R.S. §32-3211 regarding the secure storage, transfer and access of patient records because I am employed by a health care institution as defined in A.R.S. §36-401.

III. BACKGROUND INFORMATION

Please read the following questions carefully. **You must answer every question. If any questions are answered YES, attach a separate sheet with a thorough explanation and include appropriate documentation such as related court orders and treatment and/or rehabilitation plans. Include your name and social security number on each page.**

- YES NO (a) Have you ever applied for and been denied a license, certificate, registration or membership by any state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state or country?
- YES NO (b) Other than complaints filed by this Board, have you ever been or are you currently the subject of any complaint, investigation or disciplinary action against your license, certificate, registration or membership by any federal agency, state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state or country? If yes, please provide copies of the complaint and all final actions. **You must identify all complaints ever filed against you, pending or completed, other than those filed by this Board, and attach an explanation. For example, even if a complaint against you was dismissed, you must answer "yes" and include an explanation.**
- YES NO (c) To your knowledge, have any unresolved or pending complaints been filed against you by any federal agency, state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state or country?
- YES NO (d) Have you ever had any disciplinary action or sanctions of any kind taken against you by any state or federally licensed facility or employer in Arizona or any other state or country?
- YES NO (e) Have you ever voluntarily surrendered, allowed to lapse, canceled or resigned your license, certificate, registration or membership in lieu of disciplinary proceedings or sanctions of any kind by any state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state or country?
- YES NO (f) Have you **ever** been arrested, charged with, convicted of or pled nolo contendere to a criminal offense, other than a minor traffic violation (DUI history must be reported), in any city, county, state, federal or tribal court, or in any other country? If yes, please provide copies of the court documents such as the complaint, the pleadings and final order(s). **You must answer "yes" even if you received a pardon, the conviction was set aside, the records were expunged, your civil rights were restored and whether or not sentence was imposed or suspended.**
- YES NO (g) Have you ever entered into any type of pretrial diversion or deferred prosecution agreement with a state or federal government? If yes, please provide a copy of your pretrial diversion agreement and proof of compliance.
- YES NO (h) Have you ever been or are you currently a defendant in any type of civil or criminal action related to any professional services (i.e., malpractice)? If so, indicate whether you entered into a settlement agreement or were ordered to pay damages and whether such a suit is currently pending. Provide copies of the original complaint and response, any judgment entered and any settlement agreements.
- YES NO (i) Have you ever been involuntarily terminated or resigned in lieu of termination from any behavioral health position or related employment? If yes, please provide the name, address and telephone number of the employer, the name of your immediate supervisor and a description of the cause for the termination. If the cause of termination was due to a reduction in force, please include a copy of the letter advising you of the lay off.
- YES NO (j) Are you currently engaged in the illegal use of any controlled substance, habit-forming drug or prescription medication?
- YES NO (k) Has consumption of alcohol impaired or limited in any way your present ability to competently and safely perform the essential functions of your profession?
- YES NO (l) Are you now or have you in the last 5 years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?

YES NO (m) Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?

YES NO (n) Do you have or have you had within the last 5 years any disease or medical condition that in any way impairs or limits your ability to competently and safely perform the essential functions of your profession? "Medical condition" includes physiological, mental or psychological conditions or disorders such as, but not limited to, physical impairments, emotional or mental diseases or conditions or alcohol or other substance abuse. If yes, include a letter from your physician indicating your diagnosis and if you are compliant with treatment and currently able to practice safely and competently.

YES NO (o) Within the last 5 years, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of Bi-Polar Disorder, Schizophrenia, Paranoia or any psychotic disorder? If yes, include a letter from your physician indicating if you are compliant with treatment and currently able to practice safely and competently.

IV. AFFIDAVIT

I certify under penalty of perjury that all information contained in this renewal application, including all supporting documents, is true and correct to the best of my knowledge and belief with full knowledge that all statements made in this renewal application may be grounds for refusal or subsequent revocation or suspension of my license(s).

I authorize the Board of Behavioral Health Examiners to obtain any relevant information regarding my renewal application. I further authorize any entity holding relevant information to release said information to the Board.

I affirm that I have completed the required 30 hours of continuing education according to R4-6-802 within the preceding two years of the expiration date of my current license. (Please fill out the attached form listing the 30 hours of continuing education.)

I will obtain signed provider verification or other documentation of continuing education activities used for license renewal and retain these documents for a minimum of 48 months from the date of renewal of my license. These verification documents will be made available to the Board upon request.

Signature of Applicant _____ Date _____

CONTINUING EDUCATION ACTIVITIES - INSTRUCTION SHEET

You must document 30 clock hours of continuing education for each renewal submitted on a Continuing Education Activities form (form may be copied) and submit this form with your renewal application.

CONTINUING EDUCATION ACTIVITIES: Only activities with dates between the date the Board received your last renewal application and the expiration of the current license may be included.

ACTIVITY TYPE: Indicate if the event was a college course, workshop, conference, seminar, on-line course, in-service training, first time presentation you gave, publication of a paper, report or book or attendance at a Board of Behavioral Health board or credentialing committee meeting.

NAME OF ACTIVITY: Give the workshop name, course title or subject covered if no name is available.

SPONSORING ORGANIZATION: Name of the professional organization, agency or school sponsoring the activity.

DESCRIPTION OF CONTENT: Give a brief description of the specific areas covered in the activity. You may wish to provide a separate more detailed description if the relevance of the activity is questionable.

DATES ATTENDED: Give the date(s) attended.

HOURS: List the number of hours attended (i.e., 2 hours, 3.5 hours). One semester-credit hour is equivalent to 15 clock hours of continuing education and one quarter-credit hour is equivalent to 10 clock hours of continuing education.

DOCUMENTATION: Supporting documentation of your CE's is not required at the time you submit your renewal application. Any documentation you may choose to include should be a copy as it will be destroyed when the renewal process has been completed.

CONTINUING ACTIVITIES LISTING FORMS NEED TO BE LEGIBLE OR THEY WILL BE RETURNED TO YOU.

ARTICLE 8. LICENSE RENEWAL AND CONTINUING EDUCATION

R4-6-802. Continuing Education

- A.** A licensee who maintains more than one license may apply the same continuing education hours for each license renewal if the content of the continuing education relates to the scope of practice of each specific license.
- B.** For each renewal period, a licensee may report a maximum of 10 clock hours of continuing education from the first-time presentations by the licensee that deal with current developments, skills, procedures or treatments related to the practice of behavioral health. The licensee may claim one clock hour for each hour spent preparing, writing, and presenting information.
- C.** For each renewal period, a licensee other than a Board or credentialing committee member may report a maximum of six clock hours of continuing education for attendance at a Board or credentialing committee meeting.
- D.** For each renewal period, a licensee may report a maximum of 10 clock hours of continuing education for service as a Board or credentialing committee member.
- E.** Continuing education activities shall relate to the scope of practice of the specific license held. The credentialing committee shall determine whether continuing education submitted by a licensee is appropriate for the purpose of maintaining or improving the skills and competency of a licensee. Appropriate continuing education activities include:
 - 1. Activities sponsored or approved by national, regional, or state professional associations or organizations in the specialties of marriage and family therapy, professional counseling, social work, substance abuse counseling, or in the allied professions of psychiatry, psychiatric nursing, psychology, or pastoral counseling;
 - 2. Programs in the behavioral health field sponsored or approved by a regionally accredited college or university;
 - 3. In-service training, courses, or workshops in the behavioral health field sponsored by federal, state, or local social service agencies, public school systems, or licensed health facilities and hospitals;
 - 4. Graduate-level or undergraduate course work in the behavioral health field offered by regionally accredited colleges or universities. One semester-credit hour is equivalent to 15 clock hours of continuing education and 1 quarter-credit hour is equivalent to 10 clock hours of continuing education. Audited courses shall have hours in attendance documented;
 - 5. A licensee's first-time presentation of an academic course, in-service training workshop, or seminar;
 - 6. Publishing a paper, report or book that deals with current developments, skills, procedures or treatments related to the practice of behavioral health. The licensee may claim one clock hour for each hour spent preparing and writing materials. Publications can only be claimed after the date of actual publication;
 - 7. Attendance at a Board or credentialing committee meeting where the licensee does not address the Board or credentialing committee with regard to any matter on the agenda; and
 - 8. Service as a Board or credentialing committee member.

R4-6-803. Continuing Education Documentation

- A.** A licensee shall maintain documentation of continuing education activities for 48 months following the date of the license renewal.
- B.** The licensee shall retain the following documentation as evidence of participation in continuing education activities:
 - 1. For conferences, seminars, workshops, and in-service training presentations, a signed certificate of attendance or a statement from the provider verifying the licensee's participation in the activity, including the title of the program, name, address, and phone number of the sponsoring organization, names of presenters, date of the program, and clock hours involved;
 - 2. For first-time presentations by a licensee, the title of the program, name, address, and telephone number of the sponsoring organization, date of the program, syllabus, and clock hours required to prepare and make the presentation;
 - 3. For a graduate or undergraduate course, an official transcript;
 - 4. For an audited graduate or undergraduate course: an official transcript; and
 - 5. For attendance at a Board or credentialing committee member, a signed certificate of attendance prepared by the Agency.

R4-6-804. Licensure and Activity Specific Continuing Education Requirements

- A. To be eligible to renew a license, a licensee shall complete a minimum of three clock hours of continuing education in behavioral health ethics or mental health law and a minimum of three clock hours of continuing education in cultural competency and diversity during the two years before the license renewal date.
- B. To be eligible to renew a license, a substance abuse technician, associate substance abuse counselor and an independent substance abuse counselor shall complete a minimum of 20 clock hours of continuing education in any combination of the following categories during the two years before the license renewal date:
 - 1. Pharmacology and psychopharmacology;
 - 2. Addiction processes;
 - 3. Models of substance abuse treatment;
 - 4. Relapse prevention;
 - 5. Interdisciplinary approaches and teams in substance abuse treatment;
 - 6. Substance abuse assessment and diagnostic criteria;
 - 7. Appropriate use of substance abuse treatment modalities;
 - 8. Recognizing needs of diverse populations;
 - 9. Substance abuse treatment and prevention;
 - 10. Clinical application of current substance abuse research; or
 - 11. Co-occurring disorders.
- B. An individual providing clinical supervision in Arizona to qualify a supervisee for licensure as a marriage and family therapist, professional counselor, clinical social worker or an independent substance abuse counselor shall initially complete a minimum of 12 clock hours of continuing education as specified in this section during the two years before the clinical supervisor's license renewal date. After the required initial training, the clinical supervisor shall obtain a minimum of six clock hours of continuing education as specified in this section during the two years before the clinical supervisor's license renewal date. Training or coursework required pursuant to this section is limited to the following categories:
 - 1. The roles and responsibilities of a clinical supervisor.
 - 2. Skill sets involved in providing oversight and guidance to a supervisee engaged in diagnosing, treatment planning, and treatment of clients.
 - 3. Conceptual knowledge of supervision methods and techniques.
 - 4. Evaluation of a supervisee's role, performance and capacity to conceptualize and implement clinical assessment and treatment processes.
- C. Clinical supervision training required pursuant to subsection C shall be waived if the clinical supervisor holds any of the following certifications or designations if the certification or designation is current as of the clinical supervisor's license renewal date:
 - 1. NBCC/CCE Approved Clinical Supervisor certification.
 - 2. ICRC Clinical Supervisor certification.
 - 3. American Association of Marriage and Family Therapists Clinical Member with Approved Supervisor designation.
- E. Continuing education clock hours completed pursuant to this section may be submitted to meet the general continuing education requirements described in section R4-6-802(A).
- F. The agency shall not begin enforcement of the requirements of this section until July 1, 2006.

IV.

NAME: _____

SSN: _____

USE THIS SHEET ONLY TO LIST:

- 1. 3 clock hours in behavioral health ethics or mental health law**
- 2. 3 hours in cultural competency and diversity**

PURSUANT TO R4-6-804 (A), IF YOU ARE SUBMITTING YOUR RENEWAL APPLICATION AFTER JULY 1, 2006, YOU ARE REQUIRED TO INCLUDE THESE CONTINUING EDUCATION UNITS IN THE 30 HOURS. YOU NEED NOT LIST THEM AGAIN; THEY WILL BE COUNTED TOWARDS THE REQUIRED 30 HOURS.

ACTIVITY TYPE *	NAME OF ACTIVITY	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATES ATTENDED	HOURS	Office use only **

*college course, workshop, conference, seminar, on-line course, in-service training or presentation you gave.
** OT=not w/in 24 mos prior to renewal; NR=needs committee review; E=exceeds maximum hour allowed; A=approved; D=denied, not w/in rule definition

NAME: _____

SSN: _____

USE THIS SHEET ONLY IF YOU HOLD A LISAC, LASAC OR A LSAT LICENSE. PLEASE INDICATE BELOW ONLY THE 20 HOURS OF CONTINUING EDUCATION ACTIVITIES YOU ARE SUBMITTING TO MEET THE REQUIREMENTS PURSUANT TO R4-6-804 (B).

ACTIVITY TYPE *	NAME OF ACTIVITY	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATES ATTENDED	HOURS	Office use only **

*college course, workshop, conference, seminar, on-line course, in-service training or presentation you gave.

** OT=not w/in 24 mos prior to renewal; NR=needs committee review; E=exceeds maximum hour allowed; A=approved; D=denied, not w/in rule definition

NAME: _____

SSN: _____

USE THIS SHEET ONLY IF YOU ARE PROVIDING CLINICAL SUPERVISION TO QUALIFY A SUPERVISEE FOR LICENSURE, PLEASE INDICATE BELOW THE 12 HOURS INITIAL OR 6 HOURS SUBSEQUENT CONTINUING EDUCATION ACTIVITIES YOU ARE SUBMITTING TO MEET THE REQUIREMENTS PURSUANT TO R4-6-804 (C), OR INCLUDE A COPY OF YOUR CURRENT NBCC/CCE OR ICRC CLINICAL SUPERVISOR CERTIFICATION.

ACTIVITY TYPE *	NAME OF ACTIVITY	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATES ATTENDED	HOURS	Office use only **

*college course, workshop, conference, seminar, on-line course, in-service training or presentation you gave.
** OT=not w/in 24 mos prior to renewal; NR=needs committee review; E=exceeds maximum hour allowed; A=approved; D=denied, not w/in rule definition

GENERAL CONTINUING EDUCATION ACTIVITIES LISTING

Name: _____

SSN: _____

(Total of 30 hours required, which includes CE's listed on previous pages)

ACTIVITY TYPE *	NAME OF ACTIVITY	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATES ATTENDED	HOURS	Office use only **

*college course, workshop, conference, seminar, on-line course, in-service training or presentation you gave.
 ** OT=not w/in 24 mos prior to renewal; NR=needs committee review; E=exceeds maximum hour allowed; A=approved; D=denied, not w/in rule definition



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CHANGE OF NAME/ADDRESS REQUEST: You must notify the Board within 30 days of any change in residence or employer mailing address or phone number. A.A.C. R4-6-205, 206.

NOTE: Please complete all parts even if “not new” information. If you provide only a home address and phone number, then the home address and phone number become the public record required by law. Otherwise, the business address and phone number is the public record.

(please print)

Name _____

Social Security # _____ License Number(s) _____

Do you have a pending application? _____

Home Address Change

Street Address _____

City/State/Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Work Address Change

Agency _____

Street Address _____

City/State/Zip _____

Work Phone # _____ Fax # _____

Name Change

Previous Name _____

New Name _____

Name change request must include supporting legal documents such as a copy of your marriage certificate or court order granting the name change.

Signature

Date

Revised 04/01/08

For Your Information

RENEWAL FEE CHANGES

The Board can no longer provide an appropriate level of services without a fee increase. With the full support of the ACA, AzAMFT, the Arizona Chapter of NASW, and AzAADAC, the Board has been approved to raise fees. These fees will allow the Board to continue providing its current services and to phase in new services as approved in House Bill 2325.

- **Renewal applications should include the following:**
 - A certified check or money order for \$350, **and**
 - A completed Continuing Education Activities Listing, **and**
 - Additional fees of \$175 for **each** additional discipline, **and**
 - A late fee of \$100 for **each** renewal that is postmarked after your expiration date but within 90 days of your expiration date.
 - Proof of U.S. residency status if not previously submitted. If the name shown on your supporting documents is different than that shown on your application, you must submit proof of a legal name change, such as a copy of your marriage license, divorce decree, or court order.

Failure to include the required payment or the Continuing Education Activities Listing will result in the return of your entire application. Continuing education requirements have been reduced from 40 to 30 clock hours. All other continuing education requirements remain in effect. A renewal application no longer requires a notarized signature. **Please visit the “What’s New” section of our website, www.azbbhe.us for updated information.**

- **If your application is postmarked after your expiration date, you will be required to submit the \$100 late fee in addition to the renewal fee of \$350.**
- **Pursuant to Board rules, you may submit a late renewal application during the 90-day period after your expiration date upon payment of your renewal fee (\$350) and the late fee (\$100).**
- **If you do not renew during this 90-day period, your license file will be closed.** If you desire licensure in the future, you will need to submit a new license application and fee and meet all current licensure requirements.
- This agency is required to process your renewal application within 90 days. You will receive your new license by mail as soon as it is processed.

NOTE: It is important that you specify the license number for the license you are renewing. For example:

**LISAC-0000, LASAC-0000 or LSAT-0000
LCSW-0000, LMSW-0000 or LBSW-0000
LMFT-0000 or LAMFT-0000
LPC-0000 or LAC-0000**

32-3211. Medical records; protocol; unprofessional conduct; corrective action; exemptions

A. A health professional must prepare a written protocol for the secure storage, transfer and access of the medical records of the health professional's patients. At a minimum the protocol must specify:

1. If the health professional terminates or sells the health professional's practice and the patient's medical records will not remain in the same physical location, the procedure by which the health professional shall notify each patient in a timely manner before the health professional terminates or sells the health professional's practice in order to inform the patient regarding the future location of the patient's medical records and how the patient can access those records.
2. The procedure by which the health professional may dispose of unclaimed medical records after a specified period of time and after the health professional has made good faith efforts to contact the patient.
3. How the health professional shall timely respond to requests from patients for copies of their medical records or to access their medical records.

B. The protocol prescribed in subsection A of this section must comply with the relevant requirements of title 12, chapter 13, article 7.1 regarding medical records.

C. A health professional shall indicate compliance with the requirements of this section on the health professional's application for relicensure in a manner prescribed by the health professional's regulatory board.

D. A health professional who does not comply with this section commits an act of unprofessional conduct.

E. In addition to taking disciplinary action against a health professional who does not comply with this section, the health professional's regulatory board may take corrective action regarding the proper storage, transfer and access of the medical records of the health professional's patients. For the purposes of this subsection, corrective action does not include taking possession or management of the medical records.

F. For the purposes of this section, health professional does not include a veterinarian.

G. This section does not apply to a health professional who is employed by a health care institution as defined in section 36-401 that is responsible for the maintenance of the medical records.