



STATE OF ARIZONA  
 BOARD OF BEHAVIORAL HEALTH EXAMINERS  
 1740 WEST ADAMS ST., SUITE 3600  
 PHOENIX, AZ 85007  
 PHONE: 602.542.1882 FAX: 602.364.0890  
 Board Website: [www.azbbhe.us](http://www.azbbhe.us)  
 Email Address: [information@azbbhe.us](mailto:information@azbbhe.us)

DOUGLAS A. DUCEY  
 Governor

TOBI ZAVALA  
 Executive Director

## APPLICATION FOR RENEWAL OF LICENSURE

PAYMENT TYPE <span style="float: right;">(As of 1/12/19, renewal fees are \$325)</span>		
<input type="checkbox"/> CASHIER'S CHECK	<input type="checkbox"/> MONEY ORDER	AMOUNT PAID \$

### PART I. PERSONAL INFORMATION

<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LEGAL NAME (FIRST NAME, MI, LAST NAME)	PREVIOUS LAST NAMES (IF APPLICABLE)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.			
DATE OF BIRTH (MM/DD/YYYY)	CURRENT AZ BOARD LICENSE(S) #	EXPIRATION DATE(S)	
HOME ADDRESS			PREFERRED PHONE
CITY	STATE	ZIP CODE	ALTERNATIVE PHONE
PREFERRED EMAIL (FOR APPLICATION/LICENSE UPDATES)		ALTERNATIVE EMAIL	

*RENEWAL NOTIFICATIONS WILL BE SENT VIA EMAIL, SO AT LEAST ONE EMAIL MUST BE PROVIDED.*

### PART II. EMPLOYER INFORMATION

PRIMARY EMPLOYER NAME			
EMPLOYER ADDRESS			
CITY	STATE	ZIP CODE	EMPLOYER PHONE
SECONDARY EMPLOYER NAME (IF APPLICABLE)			
EMPLOYER ADDRESS			
CITY	STATE	ZIP CODE	EMPLOYER PHONE

***NOTE:*** THE BOARD WILL USE YOUR HOME ADDRESS, PHONE NUMBER AND EMAIL FOR COMMUNICATION REGARDING YOUR LICENSE. YOUR PRIMARY EMPLOYER INFORMATION (ABOVE) WILL BE VISIBLE TO THE PUBLIC ON THE BOARD'S LICENSE VERIFICATION SCREEN. IF YOU DO NOT PROVIDE EMPLOYER INFORMATION, YOUR HOME CITY, STATE AND ZIP WILL BECOME PUBLIC INFORMATION. LICENSEES SHOULD REPORT NAME AND ADDRESS CHANGES (INCLUDING EMPLOYMENT CHANGES) WITHIN 30 DAYS OF THE CHANGE. PLEASE LIST ADDITIONAL EMPLOYERS ON A SEPARATE SHEET AS NEEDED.

Name: \_\_\_\_\_

**PART III. BACKGROUND QUESTIONNAIRE**

If the answer to any of the questions below is “YES”, provide a complete explanation below.

QUESTIONS		
a.	Have you ever 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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 state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state? If yes, please provide copies of the complaint and all final actions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
c.	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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d.	Have you <b><u>ever</u></b> 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 police and court documents such as the police narrative, complaint, the pleadings and final order(s). <b><u>You must answer “yes” even if you received a pardon, the charges were dropped, the conviction was set aside, the records were expunged, or your civil rights were restored.</u></b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
e.	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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
f.	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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
g.	Have you ever had any disciplinary action or sanctions of any kind taken against you by any behavioral health related employer in Arizona or any other state? 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 disciplinary action or sanction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
h.	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 layoff.	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONFIDENTIAL QUESTION		
i.	Have you received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic, or a physical, mental, emotional, or nervous disorder or condition that currently affects your ability to competently and safely perform the essential functions of your profession? If so, provide the following:  <ol style="list-style-type: none"> <li>1. A detailed description of the use, disorder, or condition;</li> <li>2. An explanation of whether the use, disorder, or condition is reduced or ameliorated because you’re receiving ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which you are currently participating; and</li> <li>3. A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution within the last five years, if applicable.</li> </ol>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name: \_\_\_\_\_

**PART III. BACKGROUND QUESTIONNAIRE (CONT'D)**

Use the space below to provide a complete explanation for any "YES" answers above. Use additional paper if necessary, and include copies of relevant documents, including court and/or regulatory agency documents showing the disposition of disciplinary and court-related matters. If you have included the documentation on previous renewals, please indicate "PREVIOUSLY SUBMITTED", or attach a letter from the Board if the matter was previously considered and recommended for no further investigation.

<u>ARE YOU ATTACHING DOCUMENTS RELATED TO YOUR BACKGROUND INFORMATION?</u>	YES	NO	PREVIOUSLY SUBMITTED
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### **PART IV. CONTINUING EDUCATION TRACKER**

Use the following grid to log your clock hours of continuing education completed for licensure renewal.

- In Section 1, enter the date of completion for the Arizona Statutes/Regulations tutorial (required). If you have not completed, click [HERE](#).
- Report a minimum of 30 hours total including a minimum of 3 hours of behavioral health ethics/mental health law (Section 2), and 3 hours of cultural competency and diversity (Section 3).
- If you have a substance abuse counseling license, at least 20 hours must be in the categories listed in R4-6-802(E) (Section 4).
- To review the Board rules related to renewal of licensure, click [HERE](#).

REQUIREMENT	ACTIVITY TYPE	ACTIVITY NAME	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED	TOTAL HOURS
<a href="#">SECTION 1</a> Board Approved Tutorial	O - online course	Arizona Statutes/Regulations Tutorial	Center for Credentialing & Education (CCE)	Board approved tutorial on Arizona Statutes and Regulations must be completed EVERY renewal cycle. Contact CCE if you need your completion date.	DATE REQUIRED	
<b>TOTAL</b>						<b>3.00</b>

Select for Activity Type (below): O-online course, P-presentation by you, C-college course, W-workshop/conference, S-seminar, E-employer in-service training, B-board meeting attendance

REQUIREMENT	ACTIVITY TYPE	ACTIVITY NAME	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED	TOTAL HOURS
<a href="#">SECTION 2</a> Behavioral health ethics or mental health law (minimum of 3 clock hours)						

If additional lines are needed for behavioral health ethics or mental health law clock hours, please key in the General section below (SECTION 5)

**TOTAL**

Select for Activity Type (below): O-online course, P-presentation by you, C-college course, W-workshop/conference, S-seminar, E-employer in-service training, B-board meeting attendance

REQUIREMENT	ACTIVITY TYPE	ACTIVITY NAME	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED	TOTAL HOURS
<p><b>SECTION 3</b></p> <p>Cultural competency and diversity (minimum of 3 clock hours)</p>						

If additional lines are needed for cultural competency and diversity clock hours, please key in the General section below (SECTION 5)

**TOTAL**

Select for Activity Type (below): O-online course, P-presentation by you, C-college course, W-workshop/conference, S-seminar, E-employer in-service training, B-board meeting attendance

REQUIREMENT	ACTIVITY TYPE	ACTIVITY NAME	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED	TOTAL HOURS
<p><b>SECTION 4</b></p> <p>Substance abuse focused (minimum of 20 clock hours)</p> <p>Only required for professionals with substance abuse counseling licensure</p>						

Select for Activity Type (below): O-online course, P-presentation by you, C-college course, W-workshop/conference, S-seminar, E-employer in-service training, B-board meeting attendance

REQUIREMENT	ACTIVITY TYPE	ACTIVITY NAME	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED	TOTAL HOURS
<p><u>SECTION 4</u> (continued)</p> <p>Substance abuse focused (minimum of 20 clock hours)</p> <p>Only required for professionals with substance abuse counseling licensure</p>						

If additional lines are needed for substance abuse focused clock hours, please key in the General section below (SECTION 5)

**TOTAL**

Select for Activity Type (below): O-online course, P-presentation by you, C-college course, W-workshop/conference, S-seminar, E-employer in-service training, B-board meeting attendance

REQUIREMENT	ACTIVITY TYPE	ACTIVITY NAME	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED	TOTAL HOURS
<p><u>SECTION 5</u></p> <p>General courses (not listed above)</p>						

Select for Activity Type (below): O-online course, P-presentation by you, C-college course, W-workshop/conference, S-seminar, E-employer in-service training, B-board meeting attendance

REQUIREMENT	ACTIVITY TYPE	ACTIVITY NAME	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED	TOTAL HOURS
<p><u>SECTION 5</u> <u>(continued)</u></p> <p>General courses (not listed above)</p>						

TOTAL  
TOTAL ALL SECTIONS

**PART V. RECORD PROTOCOL COMPLIANCE**

Please select **one** of the following. (Click [HERE](#) to view A.R.S. § 32-3211)

- 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. (Click [HERE](#) to view A.R.S. § 36-401)

**PART VI. LEGAL RESIDENCY DECLARATION**

Pursuant to A.R.S. § 41-1080(A) a licensee's presence in the United States must be authorized under federal law.

Please select **one** of the following:

- I am a legal resident of the United States, or hold a form of non-expiring work authorization issued by the federal government.
- I hold a limited form of work authorization issued by the federal government. This authorization expires on: \_\_\_\_\_

**PART VII. AFFIDAVIT**

By signing below:

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 A.A.C. R4-6-802 within the preceding two years of the expiration date of my current license.

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 24 months from the date of renewal of my license. These verification documents will be made available to the Board upon request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To review A.R.S. §§ 41-1030, 41-1093.05 which must accompany all license applications, click [HERE](#).



FOR INFORMATIONAL PURPOSES ONLY. DO NOT SUBMIT WITH YOUR RENEWAL APPLICATION.

**RENEWAL SUBMISSION SHOULD INCLUDE ALL OF THE FOLLOWING:**

- Completed Renewal Application Form(s) including copies of any documentation regarding answers to background questions
- Renewal Application fee of **\$325.00** (*money order, certified check, or cashier's check made payable to "Arizona Board of Behavioral Health Examiners" or "AZBBHE" – NO personal checks accepted*)
- Reduced Renewal Application fee of **\$163.00** for each additional license (*when renewed at the same time*)\*
- Late fee of **\$100.00** for each renewal that is postmarked after your expiration date, but within 90 days following your expiration date.

\* *Multiple license holders can synchronize license expiration dates when renewing both licenses by completing the License Synchronization Request [form](#) and submitting the prorated fee.*

**DO NOT INCLUDE WITH YOUR APPLICATION:**

- This checklist; or
- Certificates of completion for continuing education (*pursuant to A.A.C. R4-6-803(A), documentation must be kept for 24 months following the date of the license renewal and must be produced if audited, however should not be sent unless requested by the Board*)

**SUBMIT TO:** **Arizona Board of Behavioral Health Examiners**  
1740 West Adams St., Suite 3600  
Phoenix, Arizona 85007

Office Hours: Monday – Friday 8:00 am to 5:00 pm, excluding state holidays

**FOLLOWING SUBMISSION:**

- Licenses are renewed in the order they are received. Your renewed license will be mailed to your home address.
- The Board conducts random audits of continuing education compliance, so the documentation must be kept for 24 months following license renewal pursuant to A.A.C. R4-6-803.
- You must notify the Board within 30 days if any information provided in the application changes including, but not limited to:
  - Contact information
  - Employment information
- You must notify the Board in writing within 10 working days if charged with a misdemeanor that may affect patient safety or a felony pursuant to A.R.S. § 32-3208
- Watch the Board's [website](#) for the most up to date information