



STATE OF ARIZONA  
 BOARD OF BEHAVIORAL HEALTH EXAMINERS  
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DOUGLAS A. DUCEY  
 Governor

TOBI ZAVALA  
 Executive Director

## LICENSE SYNCHRONIZATION REQUEST

Pursuant to A.R.S. § 32-3273 (D), I request that the Board synchronize each of the following licenses to reflect the same expiration date. *Please note: Request must be submitted at the time of renewal, and prior to earliest expiration date. The first expiring license will be synchronized with the latter expiring license.*

I, \_\_\_\_\_ currently hold the following licenses:  
 (Print full name)

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Using the table below, please calculate how many months forward the expiration date(s) will be moving and enclose the appropriate amount.

\_\_\_\_\_ months x \$ 13.54 = Total Amount \$ \_\_\_\_\_<sup>1</sup>

Months	Amount	Months	Amount	Months	Amount
1	\$ 13.54	9	\$ 121.86	17	\$ 230.18
2	\$ 27.08	10	\$ 135.40	18	\$ 243.72
3	\$ 40.62	11	\$ 148.94	19	\$ 257.26
4	\$ 54.16	12	\$ 162.48	20	\$ 270.80
5	\$ 67.70	13	\$ 176.02	21	\$ 284.34
6	\$ 81.24	14	\$ 189.56	22	\$ 297.88
7	\$ 94.78	15	\$ 203.10	23	\$ 311.42
8	\$ 108.32	16	\$ 216.64		

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

<sup>1</sup> The Board does NOT accept cash. Fees MUST be paid by certified check or money order. Payment by credit card is NOT available for this one-time prorated fee.