



STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
3443 NORTH CENTRAL AVENUE, SUITE 1700
PHOENIX, AZ 85012
PHONE: 602.542.1882 FAX: 602.364.0890
Board Website: www.azbbhe.us
Email Address: information@azbbhe.us

DOUGLAS A. DUCEY
Governor

TOBI ZAVALA
Executive Director

Pursuant to A.A.C. R4-6-205, 206, a licensee or applicant shall notify the Board in writing within 30 days of a name change, or change of home or employer(s) contact information.

INSTRUCTIONS FOR SUBMITTING A CHANGE OF NAME/ADDRESS

1. Complete the Licensee/Applicant Information including your AZ Board License number or the type of application you have on file with the Board, and your date of birth.
2. In the "Information to Change" section:
 - a. Check the appropriate box for the type of change (Home contact info, Employment contact info, Preferred Email, or Name)
 - b. You only need to complete fields that are changing. If your address is changing, but not your phone, leave phone number blank.
 - c. If you are replacing information currently on file with the Board such as the home address or primary employer, complete the "Previous contact info" fields with that information, and enter the "New contact info" with the updated information.
 - d. If you are adding additional information such as a new secondary employer, enter the information in the "New contact info" fields.
 - e. If you are no longer with your employer currently on file with the Board, in the Employment section, key your former employer in the "Previous contact info" fields, and enter "None" in the "New contact info". *NOTE: If you do not have any employment contact information on file, your home contact information becomes public record unless a PO Box is provided.*
 - f. If you were previously unemployed and are adding a new employer, in the Employment section, key your new employer in the "New contact info" fields, and "None" in the "Previous contact info".
 - g. You may use a personal or employer email for the preferred email. The email provided may be used for general Board correspondence.
 - h. For name changes:
 - i. Enter your previous legal name on the first line of the name change section, and your new legal name on the second line.
 - ii. YOU MUST ATTACH one of the following:
 - Copies of legal documents showing the name change, or
 - Copies of two acceptable forms of identification, one containing your photo
3. Sign and date the form.
4. **SUBMIT SIGNED/DATED FORM** (including any supporting documents) **BY:**
 - Email to: Stacey.McBean@azbbhe.us
 - Fax to: (602) 364-0890
 - Mail/deliver to: AZ Board of Behavioral Health Examiners
3443 N. Central Ave., Suite 1700
Phoenix, AZ 85012



STATE OF ARIZONA
 BOARD OF BEHAVIORAL HEALTH EXAMINERS
 3443 NORTH CENTRAL AVENUE, SUITE 1700
 PHOENIX, AZ 85012
 PHONE: 602.542.1882 FAX: 602.364.0890
 Board Website: www.azbbhe.us
 Email Address: information@azbbhe.us

DOUGLAS A. DUCEY
 Governor

TOBI ZAVALA
 Executive Director

CHANGE OF NAME/ADDRESS REQUEST

Licensee/Applicant Information

First Name: _____ MI: _____ Last Name: _____
 AZ Board License number: _____ or Applicant for: _____ DOB: ____ / ____ / ____
License Type

Information to Change

HOME CONTACT INFORMATION CHANGE (only complete fields that are changing)

<u>NEW CONTACT INFO (to replace previous)</u>	<u>PREVIOUS CONTACT INFO</u>
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone number: _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Home	Phone number: _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Home

EMPLOYMENT CONTACT INFORMATION CHANGE (only complete fields that are changing)

<u>NEW CONTACT INFO (to replace previous)</u>	<u>PREVIOUS CONTACT INFO</u>
Primary Employer: _____	Primary Employer: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Employer Phone number: _____	

<u>NEW CONTACT INFO (to replace previous)</u>	<u>PREVIOUS CONTACT INFO</u>
Secondary Employer: _____	Secondary Employer: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Employer Phone number: _____	

NOTE: Primary employer contact information (above) will be listed as the address of public record for applicant/licensee. If no employer is listed, licensee's/applicant's HOME information will be listed as the address of public record.

PREFERRED EMAIL ADDRESS

PREFERRED EMAIL ADDRESS: _____

NOTE: Preferred email address will not be made public, but may be used for general Board correspondence if provided.

NAME CHANGE (Must attach either: legal documentation, or 2 acceptable forms of ID – one containing your photo)

Previous Legal Name: _____

New Legal Name: _____

I certify under penalty of perjury that the above information and all supporting documents are true and accurate to the best of my knowledge.

 Signature

 Date