STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
1740 WEST ADAMS STREET, SUITE 3600
PHOENIX, AZ 85007
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

LICENSE BY ENDORSEMENT APPLICATION

For office use only

Marriage and Family Therapy

- ❑ Marriage and Family Therapist (LMFT)
- ❑ Associate Marriage and Family Therapist (LAMFT)

Substance Abuse Counselor

- ❑ Independent Substance Abuse Counselor (LISAC)
- ❑ Associate Substance Abuse Counselor (LASAC)
- ❑ Substance Abuse Technician (LSAT)

Social Work

- ❑ Clinical Social Worker (LCSW)
- ❑ Master Social Worker (LMSW)
- ❑ Baccalaureate Social Worker (LBSW)

Counseling

- ❑ Professional Counselor (LPC)
- ❑ Associate Counselor (LAC)

❑ *I am a current military spouse applying under A.R.S. § 32-4302 (also select license type above)*

PART I. PERSONAL INFORMATION

SOCIAL SECURITY NUMBER (MANDATORY)	DATE OF BIRTH (MM/DD/YYYY)	GENDER ☐ MALE ☐ FEMALE

☐ MRS. ☐ MS.
☐ MR. ☐ DR.

LEGAL NAME LAST NAME FIRST NAME MIDDLE NAME MAIDEN

ALL OTHER NAME(S) OR ALIASES YOU HAVE BEEN KNOWN BY	CURRENT AZ BOARD LICENSE #
HOME ADDRESS	HOME PHONE
CITY STATE ZIP	CELL PHONE

NOTE: You must provide the Board with addresses and telephone numbers for all employers. Address and telephone information for the primary employer (below) becomes public information. **If you do not provide employer information, your home address and telephone number will become public information.** Please list additional employers on a separate sheet as needed.

AGENCY EMPLOYED BY ☐ EMPLOYEE ☐ INDEPENDENT ☐ OTHER_____	
POSITION HELD	
BUSINESS ADDRESS	
CITY STATE ZIP	BUSINESS PHONE
PREFERRED E-MAIL ADDRESS	FAX NUMBER

Are you requesting special accommodations under the Americans With Disabilities Act (ADA) for taking the required examination? ☐ YES ☐ NO

PART II. LEGAL RESIDENCY

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Section 1. Citizenship or national status declaration

1. Are you a citizen or national of the United States? ☐ Yes ☐ No (if no, complete Section 2)
   - If yes, attach a legible copy of the front and back (if applicable) of your proof of citizenship document. To view a list of acceptable documents, see List A in the Application Resource Guide.
   - Name of document provided: _____ Expiration Date: _____

Section 2. Alien status declaration

For applicants who are NOT citizens or nationals of the United States, please indicate alien status by checking the appropriate box below. Attach a legible copy of the front and back (if applicable) of a document that evidences your status. To view a list of acceptable documents, see List B in the Application Resource Guide.

- Name of document provided: _____ Expiration Date: _____

"Qualified Alien" Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
☐ 2. An alien who is granted asylum under Section 208 of the INA.
☐ 3. A refugee admitted to the United States under Section 207 of the INA
☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
☐ 8. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq*.];
☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 41-1080)

☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C. § 1621(a).

Section 3. Declaration

I declare under penalty of perjury under the laws of the State of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

_____ _____
Applicant Signature Date

PART III. EDUCATION INFORMATION

If applying for an independent license (LMFT, LCSW, LPC, LISAC), please include an official transcript in a sealed envelope from the university for your masters or higher degree.

PART IV. FEDERAL DATA BANK SELF-QUERY

The National Practitioner Data Bank (NPDB) retains information on behavioral health professionals. A self-query from NPDB is required to process your application. The self-query cannot be dated more than 90 days prior to applying for licensure, and must be submitted in an unopened envelope from the databank.

For information on obtaining your self-query, please visit www.npdb.hrsa.gov or contact the NPDB Customer Service Center at 1-800-767-6732.

☐ **I have attached a self-query in an unopened envelope that is dated not more than 90 days prior to my application.**

PART V. EXAM INFORMATION

Have you previously passed the examination required for the license you are applying for in Arizona? ☐ Yes ☐ No

If yes, you must submit an official copy of your score report in an unopened envelope with this application, or request that your official score report be forwarded to the Board from ASWB if applying for Social Worker licensure, or from AMFTRB if applying for Marriage and Family Therapy licensure.

If not, you will be provided testing information once authorized to test.

PART VI. PROFESSIONAL CREDENTIALS

Please list current or previous licenses or certifications issued by a state regulatory entity held as follows: any license or certification ever held in the practice of behavioral health; and any professional license or certification NOT in the practice of behavioral health held in the last ten years. Failure to disclose all licenses, certifications or registrations as required above may result in denial of your application or other appropriate action. It is not necessary to list licenses issued by the Board.

Title of Credential Held	State	Date Issued	Expiration Date	Credential #	Current Status

For all credentials listed above, attach a verification from the regulatory entity issuing the credential. The verification must include the following information:

- Professional's name
- Credential title and number (if applicable)
- Credential issue and expiration date
- Credential status
- Whether there are pending complaints
- Past disciplinary actions

Applicants may use an online verification if it contains all required items above. If not, applicant must obtain verification from the regulatory entity using the form in **PART VI, Section 1**.

PART VI, Section 1. VERIFICATION OF CREDENTIALS

NOTE: Applicant will submit one completed form for EACH credential listed in **PART VI**. An applicant may submit an online verification as long as ALL required information is included on the official state website verification.

Part A: TO BE COMPLETED BY THE APPLICANT

To: _____
State Regulatory Agency (please print)

DOB: _____ SSN: _____

From: _____ _____
Applicant's Name (please print) Telephone

_____
Applicant's Address

I have applied to the Arizona Board of Behavioral Health Examiners for licensure as a behavioral health professional. I hereby authorize you to release the information requested below.

_____ _____
Applicant's Signature Date

THE APPLICANT MUST MAIL THIS FORM TO THE APPROPRIATE STATE CREDENTIALING AGENCY FOR VERIFICATION BEFORE SUBMISSION TO THE ARIZONA BOARD OF BEHAVIORAL HEALTH EXAMINERS

Part B: TO BE COMPLETED BY THE STATE CREDENTIALING AGENCY

Professional's Name _____

Credential Held _____ Credential Number _____

Issuance Date _____ Expiration Date _____

Current Status _____

Pending Complaints ☐ YES ☐ NO Number of Past Disciplinary Actions _____

☐ Pending complaints are not public information in our jurisdiction Attach explanation of all disciplinary actions.

_____
Form Completed By Date Please Include State Seal

_____
Credentialing Agency Name and Phone Number

PART VII. BACKGROUND QUESTIONNAIRE

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

	QUESTIONS	
1.	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?	☐ YES ☐ NO
2.	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.	☐ YES ☐ NO
3.	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?	☐ YES ☐ NO
4.	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 police and court documents such as the police narrative, complaint, the pleadings and final order(s). **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.**	☐ YES ☐ NO
5.	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.	☐ YES ☐ NO
6.	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
7.	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.	☐ YES ☐ NO
8.	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.	☐ YES ☐ NO
	CONFIDENTIAL QUESTION	
9.	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: a. A detailed description of the use, disorder, or condition; and b. 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. c. 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.	☐ YES ☐ NO

PART VII. 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.

PART VIII. EMPLOYMENT HISTORY

Provide all employment for the previous ten years including an explanation of any breaks in employment of greater than one month. Copy sheet as needed.

PRESENT EMPLOYMENT	JOB TITLE	MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) ☐ EMPLOYEE ☐ INDEPENDENT CONTRACTOR ☐ OTHER _____		
ADDRESS		
CITY, STATE, ZIP		TELEPHONE
NAME AND TITLE OF SUPERVISOR		
DESCRIPTION OF DUTIES PERFORMED		
REASON FOR LEAVING:	☐ RESIGNED – NEW POSITION	☐ RESIGNATION – OTHER (EXPLAIN)
☐ TERMINATION (EXPLAIN)		☐ RESIGNED IN LIEU OF TERMINATION (EXPLAIN)
PRIOR EMPLOYMENT	JOB TITLE	MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) ☐ EMPLOYEE ☐ INDEPENDENT CONTRACTOR ☐ OTHER _____		
ADDRESS		
CITY, STATE, ZIP		TELEPHONE
NAME AND TITLE OF SUPERVISOR		
DESCRIPTION OF DUTIES PERFORMED		
REASON FOR LEAVING:	☐ RESIGNED – NEW POSITION	☐ RESIGNATION – OTHER (EXPLAIN)
☐ TERMINATION (EXPLAIN)		☐ RESIGNED IN LIEU OF TERMINATION (EXPLAIN)
PRIOR EMPLOYMENT	JOB TITLE	MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) ☐ EMPLOYEE ☐ INDEPENDENT CONTRACTOR ☐ OTHER _____		
ADDRESS		
CITY, STATE, ZIP		TELEPHONE
NAME AND TITLE OF SUPERVISOR		
DESCRIPTION OF DUTIES PERFORMED		
REASON FOR LEAVING:	☐ RESIGNED – NEW POSITION	☐ RESIGNATION – OTHER (EXPLAIN)
☐ TERMINATION (EXPLAIN)		☐ RESIGNED IN LIEU OF TERMINATION (EXPLAIN)

PART IX. VERIFICATION OF WORK EXPERIENCE

IMPORTANT COMPLETION INSTRUCTIONS:

1. Applicant signs where indicated in section A and forwards to agencies/entities where work experience was acquired *(form may be copied if more than one agency/entity will be reporting work experience)*.
2. Employer, supervisor, or person with knowledge of experience completes section B and has their signature notarized and returns to applicant. ***NOTE*:** Only verify hours in the practice of behavioral health for the discipline applying for (social work, professional counseling, marriage and family therapy or substance abuse counseling).
3. Applicant submits verification with application.

SECTION A: TO BE COMPLETED BY APPLICANT

ATTN: _____

Name of person verifying work experience

_____

Name of the agency/entity where you obtained your work experience

I hereby authorize the above-named agency/entity to release the requested information to the Arizona Board of Behavioral Health Examiners.

_____ _____

Applicant's signature Date

SECTION B: TO BE COMPLETED BY PERSON ATTESTING TO WORK EXPERIENCE

I certify that I have direct knowledge of _____(applicant's name) work history during the last five years and can truthfully attest that they were engaged in the practice of behavioral health in the discipline and at the practice level sought that met the Board's requirements as follows:

Dates of behavioral health work experience within last five years prior to application date:

From _____ through _____
mm/dd/yy mm/dd/yy

Total hours of **work experience** in the **practice of behavioral health** in period identified above:_____

Please provide the following for the agency/entity where work experience was acquired:

Agency/entity name: _____

Address: _____

Description of agency/entity practice setting: _____

_____

During the period of work experience, the applicant was an: ☐ Employee ☐ Independent contractor

Applicant's position or title: _____

Describe below applicant's work activities that specifically involve the practice of behavioral health (for hours verified):

_____

_____

_____

SECTION B: TO BE COMPLETED BY PERSON ATTESTING TO WORK EXPERIENCE (cont'd)

Please provide the following for the person verifying work experience reported above:

Name: _____ License # *(if applicable):* _____

Title: _____ Telephone: _____

Relationship to applicant*: ☐ Supervisor ☐ Owner of entity ☐ Other *(please explain below)*

_____

** Pursuant to A.A.C. R4-6-304, work experience may not be verified by an individual whose objective assessment may be limited by a relationship with the applicant.*

If applicant is using work experience acquired outside the state in which they are licensed, indicate where they were performing duties authorized by A.R.S. § 32-3274(3) ☐ US Dept. of Defense ☐ US Dept. of Veterans Affairs

Explain if necessary: _____

I, _____certify under penalty of perjury that all information contained in this verification, including all supporting documents, is true and correct to the best of my knowledge. I understand that any false statements or misrepresentations made in this verification may be grounds for disciplinary action against any license I hold, and may result in the Board not accepting the applicant's work experience hours and/or denying their licensure application.

_____ _____

Employer/Supervisor signature Date

(must be signed in front of a notary)

TO BE COMPLETED BY NOTARY

Subscribed and sworn before me this _____ day of _____, 20____, in the State of _____ and County of _____.

Notary Public _____ My Commission Expires _____

Notary Seal

PART X. CERTIFYING STATEMENT

I give my permission for the Arizona Board of Behavioral Health Examiners ("Board") to secure additional information concerning me or my statements in this application from any person or source the Board deems necessary. My signature below authorizes entities in possession of applicable information to release such information to the Board.

I will 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. Additionally, I will report to the Board any updates to the information provided in this application after submission including, but not limited to: contact information, employment changes, and answers to background information questions.

I certify that by submitting this application for licensure, I have read and understand the Board's rules and statutes and agree to abide by them as an applicant and as a licensee in the event I am approved for licensure.

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

_____ _____

Signature of Applicant Date

(must be signed in front of a notary)

TO BE COMPLETED BY NOTARY

Subscribed and sworn before me this _____ day of _____, 20____, in the State of _____ and County of _____.

Notary Public _____ My Commission Expires _____

Notary Seal

IS MY APPLICATION READY TO SUBMIT?

I HAVE INCLUDED ALL OF THE FOLLOWING DOCUMENTS:

- ☐ Completed Endorsement Application Form
- ☐ Non-refundable application fee of **$250.00** (money order, certified or cashier's check, or proof of online credit card payment accepted). If you are also sending payment for a criminal history background check, they may NOT be combined into one payment.
- ☐ A copy of legal document establishing legal residency (if not already on file and still current)
- ☐ A copy of my driver's license, state-issued ID or social security card
- ☐ A copy of my current DPS fingerprint clearance card (front and back), or a complete set of fingerprints on a card obtained from the Board (if not already on file). If submitting a complete set of fingerprints, you must include a payment of **$40.00** for the criminal history background check (personal check, money order, certified or cashier's check, or proof of online credit card payment accepted). NO PAYMENT is needed with a current DPS fingerprint clearance card.
- ☐ An official transcript **in a sealed envelope** (if not already on file)
- ☐ A copy of my test score (if previously taken and passed)
- ☐ Data bank report (self-query) **in a sealed envelope from the data bank**
- ☐ Verification of professional credentials
- ☐ Verification of work experience *(pursuant to A.R.S. § 32-3274(3), must include a minimum of 3600 hours in the practice of behavioral health, in the discipline applied for, in not more than five years prior to applying)*
- ☐ Copy of spouse's military orders *(ONLY if applying under A.R.S. § 32-4302)*

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:

- Confirm receipt of the application on the Board's website by:
  - Clicking on "Verifications," then "Check for pending applications"
  - Search by your last name. Your application will display as "Pending" if received
- Staff will provide updates on the progress of your application including when your application is administratively and substantively complete, if additional information is needed, and next steps in the process
- Staff will notify you of any Committee or Board meetings at which your application will be reviewed
- If applicable, staff will provide information on taking an exam required for licensure
- Staff will direct you how/when to send your issuance fee once you have been recommended for licensure
- You must notify the Board if any information provided in the application changes including, but not limited to:
  - Contact information
  - Employment changes
  - Answers to background information questions.
- 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

Pursuant to A.R.S. § 41-1030, the following information must accompany all license applications.

41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

A. A rule is invalid unless it is made and approved in substantial compliance with sections 41-1021 through 41-1029 and articles 4, 4.1 and 5 of this chapter, unless otherwise provided by law.

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

C. An agency shall not:

1. Make a rule under a specific grant of rulemaking authority that exceeds the subject matter areas listed in the specific statute authorizing the rule.

2. Make a rule under a general grant of rulemaking authority to supplement a more specific grant of rulemaking authority.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

G. An agency shall prominently print the provisions of subsections B, D, E and F of this section on all license applications, except license applications processed by the corporation commission.

H. The licensing application may be in either print or electronic format.