



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

Request Form for Extension of Current Inactive Status

Printed Name: _____

Address: _____

City, ST, Zip Code: _____ Phone: _____

I am requesting that the following license(s) be placed on an extension to the current inactive status:

License Number(s): _____ Expiration Date(s) _____

1. A request for an extension to the current inactive status may be submitted within the 3 months prior to the expiration date of the current inactive status and must include a \$100 inactive status request fee.*
2. Late requests for an extension to the inactive status will not be accepted.

You will be notified by mail of the Board’s meeting date and decision regarding your request. If your request for an extension of Inactive Status is approved, you may not engage in the practice of behavioral health until you have reactivated your license pursuant to A.A.C. R4-6-305(H).

Check the appropriate box and then provide the basis for your request (use additional paper if needed). Pursuant to A.A.C. R4-6-305(H), extensions to inactive status require that you demonstrate good cause as set forth in A.A.C. R4-6-305(G). If your request for an extension is related to a medical issue or military service, please provide a note from your doctor addressing your inability to practice or a copy of the military orders.

Illness or disability Active military service A circumstance beyond the control of the licensee

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

*Inactive status request fees are payable by credit card, money order, or cashier’s check only.