



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](http://www.azbbhe.us)  
 Email Address: [information@azbbhe.us](mailto:information@azbbhe.us)

DOUGLAS A. DUCEY  
 Governor

TOBI ZAVALA  
 Executive Director

## Request Form for Inactive Status

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

Address: \_\_\_\_\_

City, ST, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

License Number(s): \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

1. A request for inactive status may be submitted within the 3 months prior to the expiration date and must include a \$100 inactive status request fee.\*
2. Late requests for inactive status may be submitted within 3 months following the expiration date if accompanied by a late inactive status request fee of \$100 in addition to the \$100 inactive status request fee.\*

You will be notified by mail of the decision regarding your request. If your request for 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(F).

Indicate the reason for requesting inactive status (use additional paper if needed).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 and late fees are payable by credit card, money order, or cashier's check only.