



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.*

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 \$ 14.58 = Total Amount \$ _____¹

Months	Amount	Months	Amount	Months	Amount
1	\$ 14.58	9	\$ 131.22	17	\$ 247.86
2	\$ 29.16	10	\$ 145.80	18	\$ 262.44
3	\$ 43.74	11	\$ 160.38	19	\$ 277.02
4	\$ 58.32	12	\$ 174.96	20	\$ 291.60
5	\$ 72.90	13	\$ 189.54	21	\$ 306.18
6	\$ 87.48	14	\$ 204.12	22	\$ 320.76
7	\$ 102.06	15	\$ 218.70	23	\$ 335.34
8	\$ 116.64	16	\$ 233.28	24	\$ 349.92

 Signature

 Date

¹ 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.