

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

KATIE HOBBS TOBI ZAVALA Governor Executive Director

EDUCATIONAL PROGRAM CHANGE APPROVAL REQUEST

Pursuant to A.A.C. R4-6-307(H), colleges or universities who have previously received Board approval for a curriculum shall notify the Board within 60 days and request approval for changes to the educational program which include:

- Changes to more than 25% of the course competencies;
- Changes to more than 25% of course learning objectives;
- The addition of a course in a core content area specified in A.A.C. R4-6-501, 601, or 701; or
- The deletion of a course in a core content area specified in A.A.C. R4-6-501, 601, or 701

The request must be signed by an authorized representative of the institution, and include documentary evidence of the reported changes including syllabi and published course/program descriptions.

Name of Institution:		
Degree title as approved by the Board:		
Board approval date:		
Briefly describe curriculum change:		
When will/did the change(s) become ef	fective?	
Items to include with the request:		
☐ Completed revised curriculum☐ Published course description ar	refundable) m Change Approval Request form grid (only required if making revia nd syllabus for each course being a talog online, include link) reflectir	sions to core content courses) added/changed/deleted
Contact person:	Email address:	
Mailing address:		
Phone number:	Website:	
As an authorized representative of the under penalty of perjury under the laws and any accompanying attachments is the secondary in the laws are also as the secondary in the secondary is the secondary in the se	s of the State of Arizona that all in	declare formation submitted on this form
Authorized Representative Signatu	re	Date