



STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
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DOUGLAS A. DUCEY
Governor

TOBI ZAVALA
Executive Director

CURRICULUM APPROVAL APPLICATION

Effective November 1, 2015, pursuant to A.R.S. § 32-3253(14), the Arizona Board of Behavioral Health Examiners ("Board") may review educational curricula of regionally accredited colleges or universities with programs **not otherwise accredited by an organization or entity recognized by the Board** to determine if the curricula is consistent with the requirements in A.R.S. Title 32, Ch. 33 for licensure. Colleges or universities interested in applying can find additional information in A.A.C. R4-6-307. Programs receiving Board approval will be approved for a period of five years subject to A.A.C. R4-6-307(F).

The application must be signed by an authorized representative of the institution, and include a copy of the school's regional accreditation if it is not already on file with the Board. Please submit a separate application and grid for each degree title.

Name of Institution: _____

Address: _____
(Street, City, State, Zip)

Discipline:

- Counseling
 Marriage and Family Therapy
 Substance Abuse

Level of Degree

- Associates
 Bachelors
 Masters

Degree title as it appears on a transcript: _____
(Complete a separate form for each qualifying degree title)

Program Director or Chair: _____

Contact person: _____ Email address: _____

Mailing address: _____

Phone number: _____ Fax number: _____

Website address: _____

Regional Accrediting Organization: _____
(Attach verification of accreditation)

Total number of units in degree: _____ semester credit hours _____ quarter credit hours

Are all students who graduate from your program required to meet the requirements outlined in the attached grid? YES NO

If No, please explain: _____

When was the degree title established? _____

What semester/year did the current curriculum submitted to meet Board requirements begin?
(documentation may be requested to verify semester/year start date) _____

Items to include with the application:

- Application fee - \$500.00 (non-refundable)
- Completed Curriculum Approval Application
- Completed grid of required coursework
- Published course description and syllabus for each course
- Published course catalog (if catalog online, include link)

As an authorized representative of this institution, I, _____ declare under penalty of perjury under the laws of the State of Arizona that all information submitted on this form and any accompanying attachments is true and correct.

Upon approval of an educational program, I certify that the college/university will abide by the terms set forth in Board rule A.A.C. R4-6-307.

I agree to submit curriculum changes to the Board within 60 days as prescribed in A.A.C. R4-6-307(H), and understand that the Board will review the changes to ensure the revised curriculum aligns with the Board's requirements for licensure.

Authorized Representative Signature

Date