



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

DOUGLAS A. DUCEY  
 Governor

TOBI ZAVALA  
 Executive Director

## LICENSE BY ENDORSEMENT APPLICATION

(IF APPLYING FOR MULTIPLE LICENSES, YOU MUST INCLUDE AN APPLICATION FEE FOR EACH)

### Marriage and Family Therapy

- Marriage and Family Therapist (LMFT)  
 Associate Marriage and Family Therapist (LAMFT)

### Social Work

- Clinical Social Worker (LCSW)  
 Master Social Worker (LMSW)  
 Baccalaureate Social Worker (LBSW)

### Substance Abuse Counselor

- Independent Substance Abuse Counselor (LISAC)  
 Associate Substance Abuse Counselor (LASAC)  
 Substance Abuse Technician (LSAT)

### Counseling

- Professional Counselor (LPC)  
 Associate Counselor (LAC)

- I am a resident of Arizona and am applying under the Universal Recognition requirements in A.R.S. § 32-4302 (requires a current active license for a minimum of one (1) year at the same practice level in another state)  
 I am not a resident of Arizona and am applying under the endorsement requirements in A.R.S. § 32-3274 (requires a current active license for a minimum of three (3) years at the same practice level in another state)

## PART I. PERSONAL INFORMATION

<input type="checkbox"/> MRS. <input type="checkbox"/> MS. LEGAL NAME (FIRST NAME, MI, LAST NAME) <input type="checkbox"/> MR. <input type="checkbox"/> DR.		PREVIOUS LAST NAMES (IF APPLICABLE)	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER		PREFERRED PHONE
HOME ADDRESS			ALTERNATIVE PHONE
CITY	STATE	ZIP CODE	STATE(S) OF CURRENT LICENSURE
PREFERRED EMAIL (FOR APPLICATION/LICENSE UPDATES)		ALTERNATIVE EMAIL	

APPLICATION UPDATES AND RENEWAL NOTIFICATIONS WILL BE SENT VIA EMAIL, SO AT LEAST ONE EMAIL MUST BE PROVIDED.

## EMPLOYER INFORMATION

PRIMARY EMPLOYER NAME		CURRENT TITLE	
EMPLOYER ADDRESS			
CITY	STATE	ZIP CODE	EMPLOYER PHONE

NOTE: THE BOARD WILL USE YOUR HOME ADDRESS, PHONE NUMBER AND EMAIL FOR COMMUNICATION REGARDING YOUR APPLICATION. UPON LICENSURE, YOUR PRIMARY EMPLOYER INFORMATION (ABOVE) WILL BE VISIBLE TO THE PUBLIC ON THE BOARD'S LICENSE VERIFICATION SCREEN. IF YOU DO NOT PROVIDE EMPLOYER INFORMATION, YOUR HOME CITY, STATE AND ZIP WILL BE PUBLIC INFORMATION. APPLICANTS AND LICENSEES SHOULD REPORT NAME AND ADDRESS CHANGES (INCLUDING EMPLOYMENT CHANGES) WITHIN 30 DAYS OF THE CHANGE. PLEASE LIST ADDITIONAL EMPLOYERS IN THE EMPLOYMENT HISTORY SECTION OF THE APPLICATION.

Endorsement application – 01/2021

## **PART II, Section 1. UNITED STATES LEGAL PRESENCE**

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States. See Application Resource Guide **SECTION 2, PART A** for a list of acceptable documents.

### **Section 1. Citizenship or national status declaration**

1. Are you a citizen or national of the United States?      Yes    No (if no, complete Section 2)
- If yes, attach a legible copy of the front and back (if applicable) of your proof of citizenship document. To view a list of acceptable documents, see List A in the Application Resource Guide.
  - Name of document provided: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **Section 2. Alien status declaration**

For applicants who are NOT citizens or nationals of the United States, please indicate alien status by checking the appropriate box below. Attach a legible copy of the front and back (if applicable) of a document that evidences your status. To view a list of acceptable documents, see List B in the Application Resource Guide.

- Name of document provided: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### **“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))**

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

#### **Nonimmigrant Status (8 U.S.C. § 1621(a)(2))**

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

#### **Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))**

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

#### **Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))**

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

#### **Otherwise Lawfully Present (A.R.S. § 41-1080)**

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States.  
**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

## **PART II, Section 2. ARIZONA RESIDENCY (for Universal Recognition applicants only)**

Arizona Revised Statutes § 32-4302 requires that a person applying for a license through Universal Recognition must submit documentation to the licensing agency that satisfactorily demonstrates the applicant is a resident of Arizona. See Application Resource Guide **SECTION 2, PART B** for a list of acceptable documents.

**PART III. EDUCATION INFORMATION**

If applying for an independent level license (LCSW, LPC, LMFT or LISAC), please include an official transcript in a sealed envelope from the university for your masters or higher degree. If requesting electronic transcripts, please have the institution email them to applications@azbbhe.us.

**PART IV. FEDERAL DATA BANK SELF-QUERY**

To meet the requirements of A.A.C. R4-6-301(11), the Board will perform a query of the applicant’s data in the [National Practitioner Data Bank](#) (NPDB).

**PART V. TUTORIAL INFORMATION**

Applicants for licensure by endorsement must complete the Arizona Statutes/Regulations Tutorial found on the Quick Links menu on the Board’s website. The tutorial is administered online through the Center for Credentialing & Education. The tutorial required for initial endorsement licensure is the same tutorial required to renew licensure every two years.

**PART VI. PROFESSIONAL CREDENTIALS**

Please list current or previous licenses or certifications issued by a state regulatory entity held as follows: any license or certification ever held in the practice of behavioral health; and any professional license or certification NOT in the practice of behavioral health held in the last ten years. Failure to disclose all licenses, certifications or registrations as required above may result in denial of your application or other appropriate action.

Title of Credential Held	State	Date Issued	Expiration Date	Credential #	Current Status

For all credentials listed above, attach a verification from the regulatory entity issuing the credential. The verification must include the following information:

- Professional’s name
- Credential title and number (if applicable)
- Credential issue and expiration date
- Credential status
- Whether there are pending complaints
- Past disciplinary actions

Applicants may use an online verification if it contains all required items above. If not, applicant must obtain verification from the regulatory entity issuing the credential. A copy of your wall certificate is NOT sufficient.

## **PART VII. BACKGROUND QUESTIONNAIRE**

If the answer to any of the questions below is “YES”, provide a complete explanation below.

<b>QUESTIONS</b>		
1.	Have you ever been denied a license, certificate, registration or membership by any state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Other than complaints filed by this Board, have you ever been or are you currently the subject of any complaint, investigation or disciplinary action against your license, certificate, registration or membership by any state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state? If yes, please provide copies of the complaint and all final actions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Have you ever voluntarily surrendered, allowed to lapse, canceled or resigned your license, certificate, registration or membership in lieu of disciplinary proceedings or sanctions of any kind by any state regulatory board, any professional or occupational credentialing authority or any professional association in Arizona or any other state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Have you <b><u>ever</u></b> been arrested, charged with, convicted of or pled nolo contendere to a criminal offense, other than a minor traffic violation (DUI history must be reported), in any city, county, state, federal or tribal court, or in any other country? If yes, please provide copies of the police and court documents such as the police narrative, complaint, the pleadings and final order(s). <b><u>You must answer “yes” even if you received a pardon, the charges were dropped, the conviction was set aside, the records were expunged, or your civil rights were restored.</u></b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Have you ever entered into any type of pretrial diversion or deferred prosecution agreement with a state or federal government? If yes, please provide a copy of your pretrial diversion agreement.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Have you ever been or are you currently a defendant in any type of civil or criminal action related to any professional services (i.e., malpractice)? If so, indicate whether you entered into a settlement agreement or were ordered to pay damages and whether such a suit is currently pending. Provide copies of the original complaint and response, any judgment entered and any settlement agreements.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Have you ever had any disciplinary action or sanctions of any kind taken against you by any behavioral health related employer in Arizona or any other state? If yes, please provide the name, address and telephone number of the employer, the name of your immediate supervisor and a description of the cause for disciplinary action or sanction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Have you ever been involuntarily terminated or resigned in lieu of termination from any behavioral health position or related employment? If yes, please provide the name, address and telephone number of the employer, the name of your immediate supervisor and a description of the cause for the termination. If the cause of termination was due to a reduction in force, please include a copy of the letter advising you of the layoff.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CONFIDENTIAL QUESTION</b>		
9.	Have you received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic, or a physical, mental, emotional, or nervous disorder or condition that currently affects your ability to competently and safely perform the essential functions of your profession? If so, provide the following: a. A detailed description of the use, disorder, or condition; and b. An explanation of whether the use, disorder, or condition is reduced or ameliorated because you’re receiving ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which you are currently participating. c. A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution within the last five years, if applicable.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART VII. BACKGROUND QUESTIONNAIRE – (cont’d)**

Use the space below to provide a complete explanation for any “YES” answers above. Use additional paper if necessary, and include copies of relevant documents, including court and/or regulatory agency documents showing the disposition of disciplinary and court-related matters.

### **PART VIII. EMPLOYMENT HISTORY**

Provide all employment for the previous seven years. Copy sheet as needed. **IMPORTANT:** include an explanation of any breaks in employment of greater than one month.

<b>PRESENT EMPLOYMENT</b>	JOB TITLE	MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER _____		
ADDRESS		
CITY, STATE, ZIP		TELEPHONE
NAME AND TITLE OF SUPERVISOR		
DESCRIPTION OF DUTIES PERFORMED		
<b>REASON FOR LEAVING:</b>	<input type="checkbox"/> RESIGNED – NEW POSITION	<input type="checkbox"/> RESIGNATION – OTHER (EXPLAIN)
<input type="checkbox"/> TERMINATION (EXPLAIN)	<input type="checkbox"/> RESIGNED IN LIEU OF TERMINATION (EXPLAIN)	
<b>PRIOR EMPLOYMENT</b>	JOB TITLE	MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER _____		
ADDRESS		
CITY, STATE, ZIP		TELEPHONE
NAME AND TITLE OF SUPERVISOR		
DESCRIPTION OF DUTIES PERFORMED		
<b>REASON FOR LEAVING:</b>	<input type="checkbox"/> RESIGNED – NEW POSITION	<input type="checkbox"/> RESIGNATION – OTHER (EXPLAIN)
<input type="checkbox"/> TERMINATION (EXPLAIN)	<input type="checkbox"/> RESIGNED IN LIEU OF TERMINATION (EXPLAIN)	
<b>PRIOR EMPLOYMENT</b>	JOB TITLE	MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER _____		
ADDRESS		
CITY, STATE, ZIP		TELEPHONE
NAME AND TITLE OF SUPERVISOR		
DESCRIPTION OF DUTIES PERFORMED		
<b>REASON FOR LEAVING:</b>	<input type="checkbox"/> RESIGNED – NEW POSITION	<input type="checkbox"/> RESIGNATION – OTHER (EXPLAIN)
<input type="checkbox"/> TERMINATION (EXPLAIN)	<input type="checkbox"/> RESIGNED IN LIEU OF TERMINATION (EXPLAIN)	

**PART VIII. EMPLOYMENT HISTORY (cont'd)**

Provide all employment for the previous seven years. Copy sheet as needed. **IMPORTANT:** include an explanation of any breaks in employment of greater than one month.

<b>PRESENT EMPLOYMENT</b>	JOB TITLE		MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER _____			
ADDRESS			
CITY, STATE, ZIP			TELEPHONE
NAME AND TITLE OF SUPERVISOR			
DESCRIPTION OF DUTIES PERFORMED			
<b>REASON FOR LEAVING:</b>	<input type="checkbox"/> RESIGNED – NEW POSITION	<input type="checkbox"/> RESIGNATION – OTHER (EXPLAIN)	
	<input type="checkbox"/> TERMINATION (EXPLAIN)	<input type="checkbox"/> RESIGNED IN LIEU OF TERMINATION (EXPLAIN)	
<b>PRIOR EMPLOYMENT</b>	JOB TITLE		MM/DD/YY TO MM/DD/YY
NAME OF BUSINESS OR INSTITUTION (AGENCY OR ORGANIZATION) <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER _____			
ADDRESS			
CITY, STATE, ZIP			TELEPHONE
NAME AND TITLE OF SUPERVISOR			
DESCRIPTION OF DUTIES PERFORMED			
<b>REASON FOR LEAVING:</b>	<input type="checkbox"/> RESIGNED – NEW POSITION	<input type="checkbox"/> RESIGNATION – OTHER (EXPLAIN)	
	<input type="checkbox"/> TERMINATION (EXPLAIN)	<input type="checkbox"/> RESIGNED IN LIEU OF TERMINATION (EXPLAIN)	

**PLEASE USE THE SPACE BELOW TO EXPLAIN GAPS IN EMPLOYMENT OF GREATER THAN A MONTH:**

## **PART IX. CRIMINAL HISTORY BACKGROUND CHECK**

Pursuant to A.R.S. § 32-3280, all applicants for licensure must submit a full set of fingerprints and payment for a criminal history background check through the Arizona Department of Public Safety ("DPS") unless they can provide verification that they hold a current, valid DPS fingerprint clearance card. Please select one of the following:

- I have attached a set of fingerprints on a FD-258 card and a payment of \$40.00 or verification of my online credit card payment of \$40.00.**
- I hold a valid DPS fingerprint clearance card # \_\_\_\_\_ and have attached a verification from the DPS website [https://webapps.azdps.gov/public\\_inq\\_acct/acct/ShowClearanceCardStatus.action](https://webapps.azdps.gov/public_inq_acct/acct/ShowClearanceCardStatus.action).**

Your application cannot be accepted without one of the two items above being submitted. If you are submitting a set of fingerprints, they will be sent to DPS for a criminal history background check which can take 2-6 weeks.

## **PART X. CERTIFYING STATEMENT**

I give my permission for the Arizona Board of Behavioral Health Examiners ("Board") to secure additional information concerning me or my statements in this application from any person or source the Board deems necessary. My signature below authorizes entities in possession of applicable information to release such information to the Board.

I will notify the Board in writing within 10 working days if charged with a misdemeanor that may affect patient safety or a felony pursuant to A.R.S. § 32-3208. Additionally, I will report to the Board any updates to the information provided in this application after submission including, but not limited to: contact information, employment changes, and answers to background information questions.

I certify that by submitting this application for licensure, I have read and understand the Board's rules and statutes and agree to abide by them as an applicant and as a licensee in the event I am approved for licensure.

I, \_\_\_\_\_ certify under penalty of perjury that all information contained in my application, including all supporting documents, is true and correct to the best of my knowledge and belief, and with full knowledge that any false statements or misrepresentations made in this application may be grounds for refusal, subsequent revocation or suspension of my license(s), or other disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## ***IS MY APPLICATION READY TO SUBMIT?***

### **I HAVE INCLUDED ALL OF THE FOLLOWING DOCUMENTS:**

- Completed Endorsement Application Form
- Non-refundable application fee of **\$250.00** for each license sought (NO PERSONAL OR BUSINESS CHECKS accepted. Money order, certified or cashier's check, or proof of online credit card payment accepted). If you are also sending a \$40.00 payment for a criminal history background check, they may be combined into one payment.
- Documentation of legal authorization to reside and seek employment in the United States (*from pg 2*)
- A copy of a document demonstrating Arizona residency (if applying under the Universal Recognition path to licensure). A list of acceptable documents can be found in the Endorsement Application Resource Guide in **SECTION 2, PART B**.
- A copy of my driver's license or state-issued ID
- Verification of professional credentials (a copy of your wall certificate is NOT sufficient)
- A complete set of fingerprints on a standard FD-258 card with a \$40.00 payment or proof of online payment, OR a copy of my current DPS fingerprint clearance card (front and back) and verification from the DPS website [https://webapps.azdps.gov/public\\_inq\\_acct/ShowClearanceCardStatus.action](https://webapps.azdps.gov/public_inq_acct/acct/ShowClearanceCardStatus.action).
- An official transcript **in a sealed envelope** (if applying for LCSW, LPC, LMFT or LISAC). If requesting electronic transcripts, please have the institution email them to [applications@azbbhe.us](mailto:applications@azbbhe.us).
- Copy of completion certificate for the Arizona Statutes/Regulations Tutorial
- Employment history for previous SEVEN years including an explanation of any gaps in employment of greater than one month
- Make all checks payable to "Arizona Board of Behavioral Health Examiners" or "AZBBHE"***

### **SUBMIT TO:**

#### **Arizona Board of Behavioral Health Examiners**

1740 West Adams Street, Suite 3600

Phoenix, Arizona 85007

Office Hours: Monday – Friday 8:00 am to 5:00 pm, excluding state holidays

### **FOLLOWING SUBMISSION:**

- Confirm receipt of the application on the Board's website by:
  - Clicking on "Verifications," then "Check for pending applications"
  - Search by your last name. Your application will display as "Pending" if received
- Staff will email you updates on the progress of your application including when your application is administratively and substantively complete, if additional information is needed, and next steps in the process
- Staff will email you regarding any Committee or Board meetings at which your application will be reviewed
- You must notify the Board if any information provided in the application changes including, but not limited to:
  - Contact information
  - Employment changes
  - Answers to background information questions.
- You must notify the Board in writing within 10 working days if charged with a misdemeanor that may affect patient safety or a felony pursuant to A.R.S. § 32-3208

Pursuant to A.R.S. §§ 41-1030, 41-1093.05, the following information must accompany all license applications.

**41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

- A. A rule is invalid unless it is made and approved in substantial compliance with sections 41-1021 through 41-1029 and articles 4, 4.1 and 5 of this chapter, unless otherwise provided by law.
- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- C. An agency shall not:
  - 1. Make a rule under a specific grant of rulemaking authority that exceeds the subject matter areas listed in the specific statute authorizing the rule.
  - 2. Make a rule under a general grant of rulemaking authority to supplement a more specific grant of rulemaking authority.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.
- G. An agency shall prominently print the provisions of subsections B, D, E and F of this section on all license applications, except license applications processed by the corporation commission.
- H. The licensing application may be in either print or electronic format.

**41-1093.05. License Applicants; notice**

Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.