



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

TOBI ZAVALA  
Executive Director

## Request Form for Inactive Status or Extension of Inactive Status

<input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> DR.	LAST NAME		FIRST NAME
CURRENT AZ BOARD LICENSE(S) #	EXPIRATION DATE(S)		PREFERRED PHONE
HOME ADDRESS			PREFERRED EMAIL
CITY	STATE	ZIP CODE	DATE OF REQUEST
TYPE OF REQUEST <input type="checkbox"/> INITIAL INACTIVE STATUS <input type="checkbox"/> EXTENSION OF INACTIVE		GOOD CAUSE REASON (IF REQUESTING A 24 MONTH EXTENSION) <input type="checkbox"/> ILLNESS/DISABILITY <input type="checkbox"/> ACTIVE MILITARY SERVICE <input type="checkbox"/> OTHER CIRCUMSTANCES BEYOND YOUR CONTROL	

### FOR INITIAL INACTIVE STATUS REQUESTS:

Please briefly describe the reason for the request:

### FOR EXTENSION OF INACTIVE STATUS REQUESTS:

I understand that my request must be approved at an upcoming Board meeting and I have enclosed documentation validating my Good Cause reason (selected above).

Please briefly describe your Good Cause reason:

### FOR EITHER TYPE OF REQUEST:

Requests for Inactive status and extensions of Inactive status may be submitted within the 3 months prior to the expiration date and require a **\$100.00** fee\*. If the request is submitted after the expiration date, but within 3 months, the request can be processed, but must include a **\$100.00** late fee\*. Requests cannot be accepted more than 3 months after the expiration date.

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).

**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 may be paid by money order, or cashier's check only. To submit electronically and pay by credit/debit card, please choose the [Submit Online](#) option.

Revised 2/2020