

RENEWAL SUBMISSION SHOULD INCLUDE ALL OF THE FOLLOWING:

- Completed Renewal Application Form(s) including:
 - Personal and Employment Information (PARTS I & II)
 - Record Protocol Compliance certification (select applicable option) (PART III)
 - Background Questionnaire (PART IV - *provide explanation for any "Yes" answers*)
 - Continuing Education Activities Listing (PART V) demonstrating:
 - A minimum of 30 clock hours total of continuing education
 - A minimum of 3 clock hours in behavioral health ethics/mental health law
 - A minimum of 3 clock hours in cultural competency/diversity
 - **The 3 clock hour Arizona Statutes/Regulations Tutorial** (for renewal applications submitted on or after 01/01/18)
The tutorial can be found on the Quick Links menu on the Board's website
 - A minimum of 20 clock hours in the categories prescribed in A.A.C. R4-6-802(E) for licensees with substance abuse licensure

NOTE: Clinical supervision training may be used to meet the continuing education requirements for renewal of licensure, but to be considered for compliance with A.A.C. R4-6-214, and/or inclusion on the Board's registry, clinical supervisors must submit the Clinical Supervisor Registration [form](#) and send in certificates of completion and course descriptions.

 - Legal Residency Declaration (PART VI)
 - Signed Affidavit (PART VII)
- Renewal Application fee of **\$350.00** (*money order, certified check, or cashier's check – NO personal checks accepted*)
- Reduced Renewal Application fee of **\$175.00** for each additional license (*when renewed at the same time*)*
- Late fee of **\$100.00** for each renewal that is postmarked after your expiration date, but within 90 days following your expiration date.

* *Multiple license holders can synchronize license expiration dates when renewing both licenses by completing the License Synchronization Request [form](#) and submitting the prorated fee.*

DO NOT INCLUDE WITH YOUR APPLICATION:

- This page or pages 10-14 provided for informational purposes only
- Certificates of completion for continuing education (*pursuant to A.A.C. R4-6-803(A), documentation must be kept for 24 months following the date of the license renewal and must be produced if audited, however should not be sent unless requested by the Board*)

SUBMIT TO: **Arizona Board of Behavioral Health Examiners (NEW MAILING ADDRESS)**
1740 West Adams St., Suite 3600
Phoenix, Arizona 85007

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

FOLLOWING SUBMISSION:

- You must notify the Board if any information provided in the application changes including, but not limited to:
 - Contact information
 - Employment information
- 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
- Watch the Board's [website](#) for the most up to date information



STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
1740 WEST ADAMS ST., SUITE 3600
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PHONE: 602.542.1882 FAX: 602.364.0890
Board Website: www.azbbhe.us
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DOUGLAS A. DUCEY
Governor

TOBI ZAVALA
Executive Director

APPLICATION FOR LICENSE RENEWAL (Revised 1/01/18)

Type or print all information in black ink. A non-refundable fee of \$350.00 must accompany this renewal. Each renewal requires its own renewal application and continuing education activities listing. Payment must be made by cashier's or certified check or money order. To pay by credit card, you must submit your application electronically using the Online Renewal Portal available on the Board's website. **PERSONAL OR BUSINESS CHECKS WILL NOT BE ACCEPTED.**

PART I. PERSONAL INFORMATION

Dr. Ms. Mr. Mrs.

Last Name: _____ First: _____ Middle: _____ Maiden: _____

Other Names Used, if any: _____

Date of Birth: _____ Social Security Number #: _____ (mandatory)

Home Address: _____ AZBBHE License #: _____

City: _____ State: _____ Zip: _____ Home Phone#: _____ Cell#: _____

Preferred Email Address: _____ (may be used for general Board correspondence)

PART II. EMPLOYMENT INFORMATION

Primary Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Employer Phone #: _____

Secondary Employer Name: (if applicable) _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Employer Phone #: _____

IMPORTANT NOTES:

- The Board will communicate with you through the personal and employment contact information provided above. If your contact information changes, you must notify the Board in writing within 30 days.
- The Board must provide an address/phone number of public record for all licensees and applicants. The information contained in the primary employer section (above) becomes public information. **If you do not provide employer information, your home address and telephone number will become public record.**
- Licensees must provide addresses and telephone numbers for all employers. If more space is needed, please attach a separate sheet listing additional employers.

PART III. RECORD PROTOCOL COMPLIANCE

Please select **one** of the following. (See page 14 for a copy of A.R.S. § 32-3211).

- I certify that I am aware of the requirements of A.R.S. § 32-3211 regarding the secure storage, transfer and access of patient records and am in compliance with the requirements.
- I certify that I am exempt from the requirements of A.R.S. § 32-3211 regarding the secure storage, transfer and access of patient records because I am employed by a health care institution as defined in A.R.S. § 36-401.

PART IV. BACKGROUND QUESTIONNAIRE

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

QUESTIONS		
a.	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
b.	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
c.	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
d.	Have you <u>ever</u> 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). <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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
e.	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
f.	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
g.	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
h.	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
CONFIDENTIAL QUESTION		
i.	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 V. CONTINUING EDUCATION ACTIVITIES LISTING

USE THIS SHEET ONLY TO LIST:

1. Board approved tutorial completion date (**required as of 01/01/18**)
2. 3 clock hours in behavioral health ethics or mental health law
3. 3 clock hours in cultural competency and diversity

Pursuant to A.A.C. R4-6-802(C), Licensees shall report 3 clock hours in each of the above areas. Continuing education activities meeting these requirements are counted in the required 30 clock hours of continuing education required for license renewal. They do not need to be listed again on the general activities listing.

ACTIVITY TYPE *	NAME OF ACTIVITY	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED or COMPLETED	HOURS	Office use only**
On line tutorial <i>(required)</i>	Arizona Statutes/Regulations Tutorial	Center for Credentialing & Education (CCE)	Board approved tutorial on Arizona Statutes and Regulations	<i>(enter date tutorial completed)</i>	3.0	

*College course, workshop, conference, seminar, on-line course, in-service training or presentation you gave.

USE THIS SHEET ONLY IF YOU HOLD A LISAC, LASAC OR LSAT LICENSE

Licensees with substance abuse licensure shall report 20 clock hours in the categories prescribed in A.A.C. R4-6-802(E). Continuing education activities meeting these requirements are counted in the required 30 clock hours of continuing education required for license renewal. They do not need to be listed again on the general activities listing.

ACTIVITY TYPE *	NAME OF ACTIVITY	SPONSORING ORGANIZATION	DESCRIPTION OF CONTENT	DATE(S) ATTENDED or COMPLETED	HOURS	Office use only**

*College course, workshop, conference, seminar, on-line course, in-service training or presentation you gave.

PART VI. LEGAL RESIDENCY DECLARATION

Pursuant to A.R.S. § 41-1080(A) a licensee's presence in the United States must be authorized under federal law.

Please select **one** of the following:

- I am a legal resident of the United States, or hold a form of non-expiring work authorization issued by the federal government.
- I hold a limited form of work authorization issued by the federal government. This authorization expires on: _____

PART VII. AFFIDAVIT

By signing below:

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

I authorize the Board of Behavioral Health Examiners to obtain any relevant information regarding my renewal application. I further authorize any entity holding relevant information to release said information to the Board.

I affirm that I have completed the required 30 hours of continuing education according to A.A.C. R4-6-802 within the preceding two years of the expiration date of my current license.

I will obtain signed provider verification or other documentation of continuing education activities used for license renewal and retain these documents for a minimum of 24 months from the date of renewal of my license. These verification documents will be made available to the Board upon request.

Signature

Date

CONTINUING EDUCATION ACTIVITIES - INSTRUCTION SHEET

You must document 30 clock hours of continuing education (including the 3 clock hour Board approved tutorial on statutes and regulations) for each renewal submitted on a Continuing Education Activities form (form may be copied) and submit this form with your renewal application.

CONTINUING EDUCATION ACTIVITIES: Only activities with dates between the date the Board received your last renewal application and the expiration of the current license may be included.

ACTIVITY TYPE: Indicate if the event was a college course, workshop, conference, seminar, on-line course, in-service training, first time presentation you gave, publication of a paper, report or book or attendance at a Board of Behavioral Health board meeting.

NAME OF ACTIVITY: Give the workshop name, course title or subject covered if no name is available.

SPONSORING ORGANIZATION: Name of the professional organization, agency or school sponsoring the activity.

DESCRIPTION OF CONTENT: Give a brief description of the specific areas covered in the activity. You may wish to provide a separate more detailed description if the relevance of the activity is questionable.

DATES ATTENDED: Give the date(s) attended or completed.

HOURS: List the number of hours attended (i.e., 2 hours, 3.5 hours). For graduate or undergraduate courses taken, one semester-credit hour or the hour equivalent of one semester hour equals 15 clock hours of continuing education.

DOCUMENTATION: Supporting documentation of your continuing education is not required at the time you submit your renewal application but must be maintained for 24 months following the date of the license renewal. Pursuant to A.A.C. R4-6-801(D), the Board may audit a licensee to verify compliance with the continuing education requirements and may request copies of the documentation of participation. If you include documentation with your application it will be destroyed, so do not send originals.

CONTINUING ACTIVITIES LISTING FORMS NEED TO BE LEGIBLE OR THEY WILL BE RETURNED TO YOU.

ARTICLE 8. LICENSE RENEWAL AND CONTINUING EDUCATION

R4-6-802. Continuing Education

- A.** A licensee who maintains more than one license may apply the same continuing education hours for renewal of each license if the content of the continuing education relates to the scope of practice of each license.
- B.** For each license period, a licensee may report a maximum of:
1. Ten clock hours of continuing education for first-time presentations by the licensee that deal with current developments, skills, procedures, or treatments related to the practice of behavioral health. The licensee may claim one clock hour for each hour spent preparing, writing, and presenting information;
 2. Six clock hours of continuing education for attendance at a Board meeting where the licensee is not:
 - a. A member of the Board,
 - b. The subject of any matter on the agenda, or
 - c. The complainant in any matter that is on the agenda; and
 3. Ten clock hours of continuing education for service as a Board or ARC member.
- C.** For each license period, a licensee shall report:
1. A minimum of three clock hours of continuing education sponsored, approved, or offered by an entity listed in subsection (D) in:
 - a. Behavioral health ethics or mental health law, and
 - b. Cultural competency and diversity; and
 2. Beginning January 1, 2018, in addition to the requirement under subsection (C)(1), complete a three clock hour Board-approved tutorial on Board statutes and rules.
- D.** A licensee shall participate in continuing education that relates to the scope of practice of the license held and to maintaining or improving the skill and competency of the licensee. The Board has determined that in addition to the continuing education listed in subsections (B) and (C), the following continuing education meets this standard:
1. Activities sponsored or approved by national, regional, or state professional associations or organizations in the specialties of marriage and family therapy, professional counseling, social work, substance abuse counseling, or in the allied professions of psychiatry, psychiatric nursing, psychology, or pastoral counseling;
 2. Programs in behavioral health sponsored or approved by a regionally accredited college or university;
 3. In-service training, courses, or workshops in behavioral health sponsored by federal, state, or local social service agencies, public school systems, or licensed health facilities or hospitals;
 4. Graduate or undergraduate courses in behavioral health offered by a regionally accredited college or university. One semester-credit hour or the hour equivalent of one semester hour equals 15 clock hours of continuing education;
 5. Publishing a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the practice of behavioral health. For the license period in which publication occurs, the licensee may claim one clock hour for each hour spent preparing and writing materials; and
 6. Programs in behavioral health sponsored by a state superior court, adult probation department, or juvenile probation department.
- E.** The Board has determined that a substance abuse technician, associate substance abuse counselor, or an independent substance abuse counselor shall ensure that at least 20 of the 30 clock hours of continuing education required under R4-6-801(B) are in the following categories:
1. Pharmacology and psychopharmacology,
 2. Addiction processes,
 3. Models of substance use disorder and addiction treatment,
 4. Relapse prevention,
 5. Interdisciplinary approaches and teams in substance use disorder and addiction treatment,
 6. Substance use disorder and addiction assessment and diagnostic criteria,
 7. Appropriate use of substance use disorder and addiction treatment modalities,
 8. Substance use disorder and addiction as it related to diverse populations,
 9. Substance use disorder and addiction treatment and prevention,
 10. Clinical application of current substance use disorder and addiction research, or
 11. Co-occurring disorders.

FOR INFORMATIONAL PURPOSES ONLY. DO NOT SUBMIT WITH YOUR RENEWAL APPLICATION.

R4-6-803. Continuing Education Documentation

- A.** A licensee shall maintain documentation of continuing education for 24 months following the date of the license renewal.
- B.** The licensee shall retain the following documentation as evidence of participation in continuing education:
 - 1. For conferences, seminars, workshops, and in-service training presentations, a signed certificate of attendance or a statement from the provider verifying the licensee's participation in the activity, including the title of the program, name, address, and telephone number of the sponsoring organization, names of presenters, date of the program, and clock hours involved;
 - 2. For first-time presentations by a licensee, the title of the program, name, address, and telephone number of the sponsoring organization, date of the program, syllabus, and clock hours required to prepare and make the presentation;
 - 3. For a graduate or undergraduate course, an official transcript;
 - 4. For an official transcript; and
 - 5. For attendance at a Board meeting, a signed certificate of attendance prepared by the Board.

Pursuant to A.R.S. § 41-1030, 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.

FOR INFORMATIONAL PURPOSES ONLY. DO NOT SUBMIT WITH YOUR RENEWAL APPLICATION.

32-3211. Medical records; protocol; unprofessional conduct; corrective action; exemptions

A. A health professional must prepare a written protocol for the secure storage, transfer and access of the medical records of the health professional's patients. At a minimum the protocol must specify:

1. If the health professional terminates or sells the health professional's practice and the patient's medical records will not remain in the same physical location, the procedure by which the health professional shall notify each patient in a timely manner before the health professional terminates or sells the health professional's practice in order to inform the patient regarding the future location of the patient's medical records and how the patient can access those records.
2. The procedure by which the health professional may dispose of unclaimed medical records after a specified period of time and after the health professional has made good faith efforts to contact the patient.
3. How the health professional shall timely respond to requests from patients for copies of their medical records or to access their medical records.

B. The protocol prescribed in subsection A of this section must comply with the relevant requirements of title 12, chapter 13, article 7.1 regarding medical records.

C. A health professional shall indicate compliance with the requirements of this section on the health professional's application for re-licensure in a manner prescribed by the health professional's regulatory board.

D. A health professional who does not comply with this section commits an act of unprofessional conduct.

E. In addition to taking disciplinary action against a health professional who does not comply with this section, the health professional's regulatory board may take corrective action regarding the proper storage, transfer and access of the medical records of the health professional's patients. For the purposes of this subsection, corrective action does not include taking possession or management of the medical records.

F. For the purposes of this section, health professional does not include a veterinarian.

G. This section does not apply to a health professional who is employed by a health care institution as defined in section 36-401 that is responsible for the maintenance of the medical records.