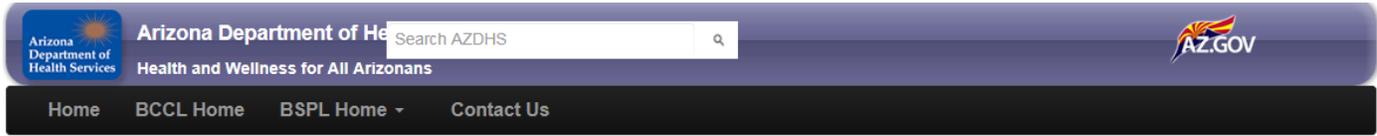


Quick Reference Guide for Online Renewal Portal

To start the renewal process each person will have to register. Choose Register when you launch <https://licensing.azdhs.gov/LicensingOnline/BSLSAndH> Choose register, below is the screen that will come up. After you submit this information, you will receive an e-mail with your User ID.



Register.

[Register](#) [Log in](#)

Create a new account.

Before you move forward to register and create your account, you should take the time to develop and write down on a piece of paper a unique password as you will need to enter that password twice.

User name

Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one special character !@#\$%^&*()_+.

Password Confirm password

Email Confirm Email

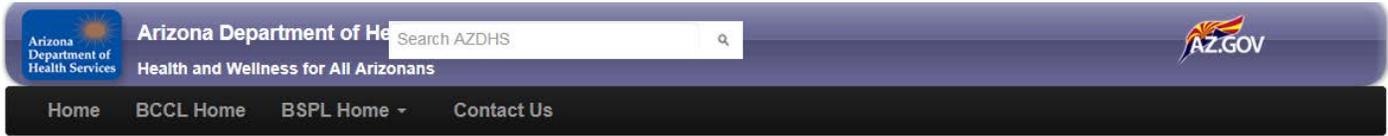
First Name Last Name

Phone

I am registering as
Please Select

[Register](#)

After you submit your registration, you will automatically be directed to the main page. Click Log in



Log in

[Register](#) [Log in](#)

User name

Password

[Log in](#)

[Register](#) if you don't have an account.

[Click here for Help](#)

You will enter the username and password that you chose when you registered.

The welcome page will come up with instructions for users to navigate the portal. This page will also tell you what items you will need on hand before you continue, when you are ready, you will choose Submit Online Renewal.

Arizona Department of Health Services 

Health and Wellness for All Arizonans

[Home](#) [BCCL Home](#) [BSPL Home](#) [Contact Us](#)

Welcome To Division Of Licensing Services Online Web Site

Hello, [dgibson845!](#) [Update Profile](#) [Log off](#)

Welcome to the Bureau of Special Licensing.

For first-time users, You will need to register first. The information in your Profile is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the Department. When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. If you have any questions, please contact the Bureau of Special Licensing at 602-364-2079.

Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If your license will expire today or prior to the next ADHS business day, you MUST contact the Office of Special Licensing at (602) 364-2079 to coordinate your paper submission of a license renewal application. Failure to do so will or could result in:

- Your license becoming invalid;
- Delays in reinstating your expired license, during which you are forbidden to provide services; and
- An enforcement action taken against your license.

Before you renew your license online, please be sure you have the following items at hand:

- Complete information regarding all continuing education courses taken during the licensing period.
- Information pertaining to your employer.
- A valid credit card.

NOTE: Citizenship/alien-status verification is not a component of the online renewal system and must be completed in paper format.

[Submit Online Renewal](#)

Terms and conditions page will be displayed, please read the terms and conditions and check the box stating I accept the above terms and conditions and click Continue.

DHS Renewal- Terms and Conditions

Hello, [dgibson845!](#) [Update Profile](#) [Log off](#)

Electronic Update Access Agreement Terms and Conditions for Arizona Department of Health Services (DHS)

Your use of the DHS's Internet-enabled transaction services to access and change records held with the DHS is governed by this Access Agreement. Please read the conditions provided before checking the "I ACCEPT" check box.

By checking the "I ACCEPT" check box and selecting the "Continue" button, you acknowledge and agree:

You have read and understood this Agreement. Your Login with the DHS system will confirm your acceptance of and agreement to be bound by the Terms applicable to that access.

To conduct transactions with DHS by electronic means. That DHS may terminate this agreement at any time. To the following terms and conditions:

DHS Access Terms and Conditions

Introduction

DHS may provide Electronic Update Access to information relating to records stored by DHS.

Electronic Signature

Electronic Update Access requires an Electronic Signature which consists of your license number and the last four digits of your Social Security Number. The Electronic Signature is considered to be obtained at the time of successful DHS Login.

You, as a user of DHS's Internet-enabled transaction services, are responsible for keeping your Login information secret and confidential. Your Liability

You agree that use of this Electronic Signature as set forth above is the legal equivalent to your written signed instructions to DHS, and that you will be bound by and liable for all use including unauthorized use by other persons without your knowledge or consent. You are aware that DHS is under no obligation to confirm the actual identity or authority of any user of the Electronic Signature or any component thereof. Protection of Electronic Signature

You, as a user of DHS's Internet-enabled transactions services, agree to keep the Electronic Signature and all components thereof secret and safe to prevent unauthorized use.

DHS Not Liable

DHS may cancel or restrict use of Electronic Update Access or Electronic Signature without notice to you, the user. DHS has no liability for damages or harm which you may incur or experience as a result of any non-acceptance, delay or restriction in implementing instructions, or for any unavailability, malfunction, cancellation, restriction or withdrawal of Electronic Update Access or any portion of such service or any device associated with it.

DHS Access

The DHS information accessible through Electronic Update Access is that which has been specified in advance on DHS's records and to which DHS allows access.

Changes to Terms & Conditions

These Terms & Conditions may be subject to change. I agree to recheck them from time to time for any such changes.

General

The terms and conditions of other agreements relating to any other DHS business you may have remain in force except as expressly altered by these Terms. If there is a conflict between any provision of those other agreements and these Terms, those agreements prevail.

For Electronic Access by a personal computer (PC) you, as a user of the DHS's Internet-enabled transaction services, assume responsibility to keep any information stored in your PC, on disk, or any associated equipment secure from unauthorized access.

I accept the above terms and conditions.

[Continue](#)

The next page is all the current information that the Bureau has on file. You will have the opportunity to change this information on a later page. This also shows the fee that you will pay at the end of the process. NOTE: If you are applying within the 30 day grace period, there will be a \$25.00 late fee added. Choose continue to go to the next page of the renewal portal.

DHS Renewal- Current Information

Hello, dgibson845! Update Profile Log off

License Information

Name: ITSSLPA TEST RECORD
License Number: SLPA8557
Expiration Date: 8/31/2015
New Expiration: This license will be renewed so that it expires on 8/31/2017
Fees: \$200
Late Fee: \$0

Personal Contact Information

Street Address: 4561 W 16TH ST City: PHOENIX
State: AZ Zip Code: 85016
Personal Phone Number: 6025551212 Email Address: OSL.TArequests@azdhs.gov
Personal Fax Number:

Previous Continue

This page will allow you to update any information that is incorrect in the Bureau's system. If everything is accurate choose Continue, if not, update all information that is not accurate then click Continue.

DHS Renewal Information - Contact Information

Personal Contact Information

Full Name (First Middle Last): <input type="text" value="ITSSLPA TEST RECORD"/>	Street Address Line 1: <input type="text" value="4561 W 16TH ST"/>	
City <input type="text" value="PHOENIX"/>	State: <input type="text" value="Arizona (AZ)"/> <input type="button" value="v"/>	ZIP: <input type="text" value="85016"/> - <input type="text"/>
E-mail (name@domain.com): <input type="text" value="OSL.TArequests@azdhs.gov"/>	Personal Phone Number (nnn) nnn-nnnn: <input type="text" value="(602) 555-1212"/>	Personal Fax Number (nnn) nnn-nnnn: <input type="text"/>

Business Contact Information

Are You Employed? Yes No Self Employed

Place Of Employment: <input type="text"/>	Street Address Line 1: <input type="text" value="4561 W 16TH ST"/>	
City <input type="text" value="PHOENIX"/>	State: <input type="text" value="Arizona (AZ)"/> <input type="button" value="v"/>	ZIP: <input type="text" value="85016"/> - <input type="text"/>
Business Phone Number (nnn) nnn-nnnn: <input type="text" value="(602) 000-0000"/>	Business Fax Number (nnn) nnn-nnnn: <input type="text"/>	Supervising SLP (If Applicable): <input type="text"/>

Mailing Address

Would you like to use your Personal Address or Business Address as the mailing address? Use Personal Address Use Business Address

[Previous](#) [Continue](#)

If you happen to have more than one employer you have the opportunity to enter it on this page. You can enter as many employers that you may have.

DHS Renewal Information - Additional Employment

Additional Employment

Place Of Employment: <input type="text"/>	Street Address: <input type="text"/>	
City <input type="text"/>	State: <input type="text" value="Please Select"/> <input type="button" value="v"/>	ZIP: <input type="text"/> - <input type="text"/>
Business Phone Number (nnn) nnn-nnnn: <input type="text"/>	Business Fax Number (nnn) nnn-nnnn: <input type="text"/>	Supervising SLP (If Applicable): <input type="text"/>

[Save Additional Employment](#) [Clear and Add New Additional Employment](#)

Additional Employment will display below
if you would like to edit information click "Edit". To delete click "Delete".

Place Of Employment	Address	City	State
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[Previous](#) [Continue](#)

The next page is Personal and Professional Conduct. Choose either yes or no. NOTE: If yes is chosen, this will not stop you from renewing online. It could delay processing and renewal of your license. Click Continue

DHS Renewal Information - Personal and Professional Conduct

Hello, [dgibson845](#)! [Update Profile](#) [Log off](#)

Personal and Professional Conduct

- Yes No Since your last licensure application, have you been convicted of a felony or misdemeanor for moral turpitude in this or any other state or jurisdiction?
- Yes No Has your license been suspended or revoked by any state within the past two years?

[Previous](#) [Continue](#)

The next page will be the Continuing Education page.

This page is where you will enter all the continuing education that you had completed during the previous licensure period. If the CEU was approved by the organizations listed below, the only information that needs to be submitted includes: Course Name, Sponsor, City, State, Date Completed and CE Hours. You would then attach the certificate of completion to this CEU and click Save Course. You would do this for all subsequent courses that need to be entered.

- 1. Hearing Healthcare Providers of Arizona**
- 2. Arizona Speech-Language-Hearing Association**
- 3. American Speech-Language-Hearing Association**
- 4. International Hearing Society**
- 5. International Institute for Hearing Instrument Studies**
- 6. American Auditory Society**
- 7. American Academy of Audiology**
- 8. Academy of Doctors of Audiology**
- 9. Arizona Society of Otolaryngology-Head and Neck Surgery**
- 10. American Academy of Otolaryngology-Head and Neck Surgery**

If the course was not approved by the organizations listed above. All fields are required: Course Name, Sponsor, Instructor, City, State, Date Compete, CE Hours, Course Content, Learning Objectives and Instructor Education/Training Experience. You would then click Save Course. This will be done for all subsequent coursed that need to be entered

Once you have entered all the continuing education and related documents you will choose Continue. See screen shots below of the Continuing Education page.



Course is added

DHS Renewal Information - Continuing Education

CE Course Information

Course Name: Sponsor: Instructor Name (If Applicable):

Is Course In Person? Yes No City: State: Date Completed: CE Hours:

CE Courses approved by organizations listed in

- R9-16-312.B (HAD)
- R9-16-208.C (SLP/AUD/DA)
- R9-16-504.C (SLPA)

If you check this box you will need to attach certificate.
If you can't attach the certificate you can mail or fax it to Bureau.

Attach Certificate

If I can't attach the certificate, I will

mail it fax it

Course Content:

Learning Objectives:

Instructor Education/Training Experience:

Added Courses

Total CE Hours: 20

Added Courses will display below

if you would like to edit information about the entered class press "Edit". To delete an entered class press "Delete".

Course Name	Sponsor	Date Completed	CE Hours		
class	yep	6/21/2015	20	Edit	Delete

[Previous](#)

The next screen will confirm the total fees (including late fee if applicable). Choose Submit Renewal Fee.

DHS Renewal Information - Submit Renewal Fee

Renewal Fee	\$	200
Late Fee	+\$	0
Total Amount	-\$	200

[Previous](#) [Submit Renewal Fee](#)

Payment information will be displayed. Enter all required fields and choose Continue. If you enter an e-mail address, a receipt will be sent to you.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Payment Information

☆Indicates Required Field

Please enter the customer's billing and credit card information. Click the continue button to go to the Order Review page to authorize payment.

CHECKOUT - PAYMENT INFORMATION

☆First Name:

☆Last Name:

☆Billing Address:

☆City:

☆State:

☆Zip: only 5 digits

Email: (receipt will be emailed to you)

☆Phone Number:

The following credit cards are accepted



☆Credit Card Number:

☆Expiration Date:

☆CSV:



CVV number
CVV number is a 3 digit code on the back of your Visa or MasterCard.

CLEAR

CONTINUE

Please review all information to ensure that it is accurate then choose Authorize.

Order Review

Please review your order and ensure the information below is correct before proceeding.

If you agree with the information as displayed; please click the "Authorize" button to process the credit card payment.

BILLING INFORMATION

Name: Donald Gibson
Address: 150 N 18th Ave, Phoenix, AZ 85007
Phone: 602-364-3052
Email: donald.gibson@azdhs.gov

EDIT

ACCOUNT INFORMATION

VISA
4*****1111 EXP.01/2023

EDIT

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
599	HSDLS007	SLP Lic Ren 12	\$200.00	1	\$200.00
599		TOTAL			\$200.00

NOTES

Licensure Fee Application for SLPA8557

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$200.00

The total amount to be billed to your credit card is **\$200.00**

PREVIOUS

AUTHORIZE

The last step is the option to download the receipt or print a PDF of the receipt for your records. After you do this, choose Continue.

Receipt

Thank you for your payment. Your payment was successful.

Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.

Your authorization number is 93806.

Please reference this number in any correspondence regarding your transaction.

[Click here to download receipt](#)

[Printer Friendly Version \(PDF\)](#)



[Get the Adobe Acrobat Reader](#)

BILLING INFORMATION

Name: Donald Gibson
Address: 150 N 18th Ave, Phoenix, AZ 85007
Phone: 602-364-3052
Email: donald.gibson@azdhs.gov

ACCOUNT INFORMATION

VISA
4*****1111

PAYMENT DATE

DATE:
Thu, 23 Jul 2015 15:55:23 MST

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
599	HSDLS007	SLP Lic Ren 12	\$200.00	1	\$200.00
599		TOTAL			\$200.00

NOTES

Licensure Fee Application for SLPA8557

The following amount was billed to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$200.00

The total amount billed to your credit card is **\$200.00**

[Printer Friendly Version \(PDF\)](#)

CONTINUE

The final page is a summary of the transaction. You will choose Log off.

Payment Receipt

Licensure Fee Application



Order Number: 599	Authorization Code: 93806	Partial Card Number: 1111	Card Type: Visa	Payment Status: Approved	Payment Date: 7/23/2015 3:50:44 PM
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Name of Licensee*:	ITSSLPA TEST RECORD
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License Number*:	SLPA8557	License Expire Date	08/31/2015	New License Expire Date	08/31/2017
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Renewal Fee	\$ 200
Late Fee	+\$ 0
Total Amount	=\$ 200