ARIZONA DEPARTMENT OF HEALTH SERVICES
Bureau of Special Licensing

APPLICATION for INITIAL LICENSE
Speech-Language Pathologist ASSISTANT

APPLICANT LAST NAME:	APPLICANT FIRST NAME:	MI:

APPLICANT, If you are re-applying for an *expired* or *non-renewable* license, write the license number here: _____

This table for ADHS use only!	Date Received: _____	BSLSTAFF: _____
FEE AMOUNT $	*FEE ACCT#*	*APPL LIC LATE DUP*
FEE AMOUNT $	*FEE ACCT#*	*APPL LIC LATE DUP*

Please provide the following information and documents: **[Please print legibly.]**	**ADHS ADMIN REVIEW**	**ADHS SUBST REVIEW**
Do you agree to allow the Department to submit supplemental requests for information under R9-16-505? Circle one: **YES** **NO**		
The applicant's name [Full Legal Name]:		
The applicant's home address:		
The applicant's telephone number [Personal Contact]:		
The applicant's e-mail address:		
The applicant's Social Security number:		
If applicable, the applicant's business name [Arizona Practice DBA]:		
If applicable, the applicant's business address [Arizona Practice Location]:		
If applicable, the applicant's business telephone number [Arizona Practice Location]:		

Please provide the following information and documents: [Please print legibly.]	ADHS ADMIN REVIEW	ADHS SUBST REVIEW
APPLICANT NAME:		
If applicable, the name of the applicant's employer:		
If applicable, the applicant's employer's business address:		
If applicable, the applicant's employer's business telephone number:		
Have you *ever* been convicted of a felony or of a misdemeanor involving moral turpitude in this or another state or jurisdiction? Circle one: **YES** **NO** If **YES,** for each conviction please provide (attach additional pages if multiple convictions): i. The date of the conviction, _____ ii. The state or jurisdiction of the conviction, _____ iii. An explanation of the crime of which the applicant was convicted, _____ _____ and iv. The disposition of the case _____ _____(provide a copy of the court record).		
Have you been licensed in speech-language pathology in any state or country? Circle one: **YES** **NO** If **YES**, please list the State or Country, license number, and the issued, effective, and expiration date:		

State or Country	License Number	Issued / Effective / Expiration Date

Within the last two years, has *any license* issued to you been suspended or revoked? Circle one: **YES** **NO** If **YES,** please provide documentation that includes: a. The date of the revocation or suspension, b. The state or jurisdiction of the revocation or suspension, and c. An explanation of the revocation or suspension.		
Are you currently ineligible for *any licensing* in any state because of a license revocation or suspension? Circle one: **YES** **NO** If **YES,** please provide documentation that includes: a. The date of the ineligibility for licensing, b. The state or jurisdiction of the ineligibility for licensing, and c. An explanation of the ineligibility for licensing.		
Has a disciplinary action been imposed on you by any state, territory, or district in this country for an act related to the practice of speech-language pathology? Circle one: **YES** **NO** If **YES,** please provide documentation that includes: a. The date of the disciplinary action; b. The state or jurisdiction of the disciplinary action; c. An explanation of the disciplinary action; and d. Any other applicable documents, including a legal order or settlement agreement.		

Please provide the following information and documents: [Please print legibly.]	ADHS ADMIN REVIEW	ADHS SUBST REVIEW
APPLICANT NAME:		
A-1. An ***official transcript issued to the applicant*** from an accredited college or university, showing completion of at least 60 semester credit hours of general education and speech-language pathology technical course work, as required in A.R.S. § 36.1940.04(A); **and**		
Documentation (below), signed by a licensed speech-language pathologist as required in A.R.S. § 36.1940.04(A) who provided supervision to the applicant, confirming the applicant's completion of at least 100 hours of clinical interaction that did not include observation.		

A-2. CONFIRMATION OF APPLICANT CLINICAL INTERACTION EXPERIENCE

The CIE supervisor's name:
The CIE supervisor's telephone number:
The CIE supervisor's email address:
The CIE supervisor's speech-language pathologist license number and State issued by:
The name of the university and the date a master's degree was conferred to the supervisor:
By signing below, I confirm that I supervised this applicant's completion of 100 hours of clinical interaction as required in A.R.S. § 36.1940.04. _____ *The signature of the CIE supervisor* _____ *Date signed*

Please provide the following information and documents: [Please print legibly.]	ADHS ADMIN REVIEW	ADHS SUBST REVIEW
APPLICANT NAME:		
Complete the "ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE LICENSING OR CERTIFICATION" form on page 5. Include a copy of your U.S. passport, current or expired; Birth certificate; Naturalization documents; or Documentation of legal resident alien status which verify lawful status to your current legal name as used on this application.		
A $100 non-refundable application fee. Make checks payable to: *Arizona Department of Health Services*. PRINT in the memo line your Last Name and "BSL APP FEE". Cash is not accepted.		
A $200 license fee* made payable to: *Arizona Department of Health Services*. PRINT in the memo line your Last Name and "BSL LIC FEE". Cash is not accepted. *The Department will review your application for completeness according to the timeframes indicated in AAC R9-16-505. A license fee is not required at this time. However, if we find no administrative or substantive deficiencies when we review your application, including your license fee will allow the Department to issue your license without delay.		
By signing below, you attest that all of the information submitted as part of the application is true and accurate: The applicant's signature: _____ date of signature:_____		

Before submitting your application, take a moment to double check that all application pages, documents, attachments, and fees are included. Be sure to save a personal copy of your application and any attachments. Mail completed application and all required documentation to:

Arizona Department of Health Services
Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

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.

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.

ADHS
LICENSING

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE LICENSING OR CERTIFICATION

DIRECTIONS: ***IF you are a citizen or national of the United States of America, complete Sections I, II, and IV. IF you are *NOT* a citizen or national of the United States, complete Sections I, III, and IV.*** *Submit this completed form and copy of one or more documents that provide evidence of your citizenship or alien status with your application for license or renewal. Clear legible copies are acceptable. Please be aware if you send an original document, we cannot guarantee its return to you.*

SECTION I – APPLICANT INFORMATION

TYPE OF LICENSE/CERTIFICATION: ☐ SPEECH-LANGUAGE PATHOLOGY ☐ AUDIOLOGY ☐ HEARING AID DISPENSING

Applicant's Name (Print or type)_____Date:_____

Applicant's Home Address: _____

SECTION II – CITIZENSHIP OR NATIONAL STATUS

DIRECTIONS: Attach a legible copy of the front, and the back (if any), of a document from ***LIST A: U.S. CITIZEN OR U.S. NATIONAL***. [If your current legal name ***differs*** from the name on your proof of status, please provide a copy of your marriage certificate, divorce decree, or court document indicating your legal name change.]

Name of document provided:_____Expiration Date:_____

City:_____State (or equivalent):_____ Country or Territory: _____

SECTION III – ELIGIBLE ALIEN STATUS

DIRECTIONS: Attach a legible copy of the front, and the back (if any), of a document from ***LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR***. [If your current legal name ***differs*** from the name on your proof of status, please provide a copy of your marriage certificate, divorce decree, or court document indicating your legal name change.]

Name of document provided:_____Expiration Date:_____

City:_____State (or equivalent):_____ Country or Territory: _____

SECTION IV – DECLARATION

DIRECTIONS: ALL APPLICANTS MUST COMPLETE THIS SECTION. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

_____

APPLICANT'S SIGNATURE **DATE**

SECTION V – ADHS USE ONLY – VERIFICATION

ADHS SIGNATURE: **DATE:**

EVIDENCE OF U.S. CITIZENSHIP OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S.Immigration and Naturalization Service (INS).
[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

(1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
(2) United States passport;
(3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
(4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
(5) Form N-561, Certificate of Citizenship;
(6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
(7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
(8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
(9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border). [Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

(1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
(2) Evidence of civil service employment by the U.S. government before June 1, 1976;
(3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
(4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
(5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
(6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

• Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

• Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

• Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;

• The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or

• Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

• Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);

• Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or

• Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in (a) or (b) above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

• A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or

• A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

• If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;

• If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

• If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;

• Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.
Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- * Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- * Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- * Form I-94 annotated with stamp showing admission under § 207 of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

- * Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- * Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- * Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- * Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- * Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- * Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- * Form I-94 with stamp showing authorized admission as nonimmigrant.

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

- * Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA.