



**ADHS-BSL-SPHR RENEWAL APPLICATION  
Temporary Speech-Language Pathologist**

Page 1 of 3  
ver. 2015-09-24

Licensee First Name, MI., Last Name	<input type="checkbox"/> <b>A-1-b.</b> License Expiration Date	<input type="checkbox"/> <b>A-1-b.</b> License Number
		TSLP

<p>PLEASE NOTE: If it is <b>more than 30 days after</b> your license expired, the license is non-renewable.</p> <p>Please e-mail <a href="mailto:OSL.TArequests@azdhs.gov">OSL.TArequests@azdhs.gov</a> for assistance or contact the Bureau of Special Licensing at 602-364-2079.</p>	
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<b>Please complete the following:</b>	For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> <b>AAC R9-16-207 A-1-a.</b> The applicant's full legal name [First, Middle, Last];		
<input type="checkbox"/> <b>A-1-a.</b> The applicant's home address [Primary Personal Mailing Address];		
<input type="checkbox"/> <b>A-1-a.</b> The applicant's personal contact telephone number;		
<input type="checkbox"/> <b>A-1-a.</b> The applicant's e-mail address [Please Ensure Personal Deliverability];		
<input type="checkbox"/> <b>A-1-c.</b> The name of the applicant's <u>employer</u> ;		
<input type="checkbox"/> <b>A-1-c.</b> The applicant 's <u>employer's</u> business address;		
<input type="checkbox"/> <b>A-1-c.</b> The applicant 's <u>employer's</u> telephone number;		
<input type="checkbox"/> <b>AAC R9-16-207 A-1-e.</b> Since your previous license application, have you been convicted of a felony or a misdemeanor involving moral turpitude in this or another state?	<b>YES NO</b>	
<input type="checkbox"/> <b>A-1-f. If YES to A-1-e.</b> Include a copy of all of the following for each conviction: <input type="checkbox"/> i. The date of the conviction, <input type="checkbox"/> ii. The state or jurisdiction of the conviction, <input type="checkbox"/> iii. An explanation of the crime of which the applicant was convicted, and <input type="checkbox"/> iv. The disposition of the case;		



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<b>Please complete the following for each clinical fellowship site. Duplicate this page as needed.</b>	For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> <b>R9-204-A-8-c.</b> The Name and Physical Address where the clinical fellowship will take place.		
<input type="checkbox"/> <b>Supplemental Request per R9-16-209</b> The phone number at the clinical fellowship site where the applicant can be contacted.		
<input type="checkbox"/> <b>AAC R9-16-207 A-1-d. CLINICAL FELLOWSHIP (CF) AGREEMENT</b>		
The CF supervisor's name: [As it appears on the AZ license]		
The CF supervisor's business address:		
The CF supervisor's telephone number:		
The CF supervisor's Arizona license number: [NOT ASHA#]		
By signing below, I agree to comply with A.A.C. R9-16-210.		
<hr style="width: 40%; margin-left: 0;"/> <i>The signature of the CF supervisor</i>		
<hr style="width: 20%; margin-left: 0;"/> <i>Date signed</i>		

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.



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<b>Please complete the following:</b>		ADHS-BSL Administrative Review	ADHS-BSL Substantive Review
<input type="checkbox"/> <b>R9-16-215 B. Request for a Duplicate License</b> If requesting a duplicate license, please add a \$25 fee for each duplicate license requested. →→→	\$		
<input type="checkbox"/> <b>R9-16-206 B.</b> In addition to the documentation and renewal fee in subsection (A), an applicant who submits a renewal application within 30 calendar days <i>after</i> the license expiration date shall submit a [if applicable] <b>\$25 late fee.</b> →→→	\$		
<input type="checkbox"/> <b>R9-16-207 A-3.</b> Please enclose a <b>license renewal fee</b> in the amount of <b>\$100</b> , made payable to <i>Arizona Department of Health Services</i> . Print on the memo line your Full License Number and "LIC RENEW".	<b>\$ 100</b>		
<b>Total Payment Amount Encl.</b> →→→	\$		
<b><i>Please make and keep a receipt copy of your payment.</i></b>			
<input type="checkbox"/> <b>A-1-g.</b> By your signature below, you attest that the information submitted in this application is true and accurate.			
<input type="checkbox"/> <b>A-1-h.</b> The applicant's signature			
<input type="checkbox"/> <b>A-1-h.</b> The applicant's date of signature			

**Before submitting your application, please double-check that all application pages, documents, attachments, and fees are included. Be sure to save a personal copy of your completed application and any attachments. If you wish confirmation of the receipt of your application, please deliver it via a receipt confirmation service.**

**Mail the 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**

**For questions and technical assistance, feel free to contact the Bureau  
 by phone, 602-364-2079 or by e-mail, [OSL.TArequests@azdhs.gov](mailto:OSL.TArequests@azdhs.gov)**