

**Speech-Language Pathologist & Speech-Language Pathologist–Limited** ver. 2015-06-12

License First Name, MI., Last Name	<input type="checkbox"/> <b>A-1-d.</b> License Expiration Date	<input type="checkbox"/> <b>A-1-d.</b> Full License Number [specify SLP or SLPL]

<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 Admin. Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> <b>AAC R9-16-206 A-1-a.</b> The applicant’s full legal name;		
<input type="checkbox"/> <b>A-1-a.</b> The applicant’s home address [Preferred Mailing Address];		
<input type="checkbox"/> <b>A-1-a.</b> The applicant’s telephone number [Personal Contact 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-b.</b> If applicable, the applicant’s business address [Physical Practice Location, Name and List if multiple];		
<input type="checkbox"/> <b>A-1-b.</b> If applicable, the applicant’s business telephone number [Practice Contact Number];		
<input type="checkbox"/> <b>A-1-c.</b> If applicable, the name of the applicant 's employer;		
<input type="checkbox"/> <b>A-1-c.</b> If applicable, the applicant 's <u>employer's</u> business address;		
<input type="checkbox"/> <b>A-1-c.</b> If applicable, the applicant 's <u>employer's</u> telephone number;		

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Please complete the following:		For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> AAC R9-16-206 A-1-e. 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"/> A-1-f. If YES to A-1-e., 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;			
<input type="checkbox"/> A-1-g. Within the two years before the renewal application date, have you had a speech-language pathologist license suspended or revoked by any state?	<b>YES NO</b>		
<input type="checkbox"/> A-3. [SLP-LIMITED ONLY] AAC R9-16-203 (B.) An applicant for a speech-language pathologist license, limited to providing services to pupils under the authority of a local education agency or state-supported institution, shall submit: <input type="checkbox"/> 2. A copy of an employee agreement or employment contract, conditioned upon the applicant's receipt of a speech-language pathologist license, with a local education agency or a state-supported institution that includes the [PLEASE HIGHLIGHT THE FOLLOWING ON THE CONTRACT]: <input type="checkbox"/> a. Applicant's name, <input type="checkbox"/> b. Applicant's Social Security number, <input type="checkbox"/> c. Name of the local education agency or state-supported institution, <input type="checkbox"/> d. Classification title of the applicant, <input type="checkbox"/> e. Work dates or projected work dates of the employment contract, and <input type="checkbox"/> f. Signatures of the applicant and the individual authorized by the governing board to represent the local education agency or state-supported institution; and <input type="checkbox"/> 3. A copy of a [current] temporary or regular certificate in speech and language therapy issued by the State Board of Education to the applicant.			

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**Continuing Education Required for License Renewal per A.A.C. R9-16-206**

**INSTRUCTIONS: PLEASE READ THIS ENTIRE PAGE BEFORE PROCEEDING**

IF your course completion documents (e.g. CEU transcripts, certificates) *POSITIVELY SHOW* the continuing education course was developed, endorsed, or sponsored by one of the organizations listed per A.A.C. R9-16-208 (C) below;

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| <ol style="list-style-type: none"> <li>1. <b>Hearing Healthcare Providers of Arizona,</b></li> <li>2. <b>Arizona Speech-Language-Hearing Association,</b></li> <li>3. <b>American Speech-Language-Hearing Association,</b></li> <li>4. <b>International Hearing Society,</b></li> <li>5. <b>International Institute for Hearing Instrument Studies,</b></li> <li>6. <b>American Auditory Society,</b></li> <li>7. <b>American Academy of Audiology,</b></li> </ol> | <ol style="list-style-type: none"> <li>8. <b>Academy of Doctors of Audiology,</b></li> <li>9. <b>Arizona Society of Otolaryngology-Head and Neck Surgery,</b></li> <li>10. <b>American Academy of Otolaryngology-Head and Neck Surgery, or</b></li> <li>11. <b>An organization determined by the Department to be consistent with an organization in subsection (C)(1) through (10).</b></li> </ol> |
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THEN, complete this page and provide clear, legible copies of the document indicating your completion of each continuing education course. *Keep the original for your records.* Please **highlight** on the document where it shows that the course was developed, endorsed, or sponsored by one of the organizations listed in A.A.C. R9-16-208 (C).

<b>Please complete the following:</b>	<b>YES</b>	<b>NO</b>	For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> AAC R9-16-206 A-2. I verify that I am submitting <b>at least 20 clock hours</b> of continuing education that I have completed within the two years before the expiration date of my license.				
<input type="checkbox"/> A-2. In the box to the right, <b>→→→</b> <b>Please write the number of pages</b> that will follow indicating your proof of completion of continuing education for license renewal.				

IF you are submitting ANY courses that do NOT meet the criteria in A.A.C. R9-16-208 (C) above, THEN complete the next page to request approval for each of those courses.

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**Request for Approval of a Continuing Education Course per A.A.C. R9-16-208 (E) & (F):**

Please complete this page for each course that was NOT developed, endorsed, or sponsored by one of the organizations listed per A.A.C. R9-16-208(C). Duplicate this page as needed.

Please complete the following:	For ADHS-BSL Administrative Review	For ADHS-BSL Substantive Review
<input type="checkbox"/> <b>AAC R9-16-206 A-2.</b> I completed this continuing education course within the two years before the expiration date of the license.	<b>YES    NO</b>	
<input type="checkbox"/> <b>A-2-a.</b> The name of the individual or organization providing the course;		
<input type="checkbox"/> <b>A-2-b.</b> The date the course was completed;		
<input type="checkbox"/> <b>A-2-b.</b> The location where the course was provided [Physical or WebURL];		
<input type="checkbox"/> <b>A-2-c.</b> The title of the course;		
<input type="checkbox"/> <b>A-2-d.</b> The description of the course's content and educational objectives;		
<input type="checkbox"/> <b>A-2-e.</b> The name of the course instructor(s) [presenter];		
<input type="checkbox"/> <b>A-2-f.</b> The instructor's education, training, and experience background, if applicable; and		
<input type="checkbox"/> <b>A-2-g.</b> The number of continuing education <b>clock hours earned</b> for this course [e.g. convert ASHA CEU 0.45 into <b>4.5 hours</b> ];		
<input type="checkbox"/> <b>A-2. ENCLOSE A COPY OF PROOF OF COMPLETION</b> Documentation of the continuing education required in R9-16-208, completed within the two years before the expiration date of the license,		

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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> Please add a \$25 fee for each duplicate license. →	\$	
<input type="checkbox"/> <b>AAC 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  <b>\$25 late fee. →→ →</b>	\$	
<input type="checkbox"/> <b>A-4.</b> Please enclose a <b>license renewal fee</b> in the amount of <b>\$200</b> , made payable to <i>Arizona Department of Health Services</i> . Print on the memo line your Full License Number and "LIC RENEW".	<b>\$ 200</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-h.</b> By your signature below, you attest that the information submitted in this application is true and accurate.		
<input type="checkbox"/> <b>A-1-i.</b> The applicant's signature		
<input type="checkbox"/> <b>A-1-i.</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)**