

ATTESTATION OF LICENSURE IN ANOTHER STATE

Please complete a separate attestation for each state in which you are currently licensed.

LICENSE INFORMATION				
Professional License or Certificat		License/Certificate Number	Date Issued	
	-			
	(Applicant's Printed Name as it	appears on ID document)	, attest that:	
I am currently licensed or cer	tified in at least one other	state in the discipline applied for and	at the same practice	
•		ense or certification is in good standir	•	
hold a license or certification.				
✓ I have been licensed or certifi	ied in the discipline applie	d for and at the same practice level in	another state for at	
<u>least one year;</u>				
✓ I have met the minimum edu	cation requirements and, i	f applicable, work experience and clir	nical supervision	
requirements, according to, a	s applicable:			
Occupation	Applicable Statute (A	A.R.S.) or Rule (A.A.C.)		
Community Health Workers	A.A.C. R9-16-806(A)			
Medical Radiologic Technologists	A.R.S. § 32-2815(D), 3	A.R.S. § 32-2815(D), 32-2841(E)		
peech & Hearing Professionals	A.R.S. § 36-1904(D), /	A.R.S. § 36-1904(D), A.A.C. R9-16-208(A)(1)(2)(3)		
uneral Industry Professionals	A.A.C. R4-12-202(E)			
Certified Laser Technician	A.A.C. R9-16-703(B)			
oulas	A.R.S. § 36-766.01(D)			
unprofessional conduct; and	egation, or investigation pe	ion in any other state or country whil ending before another regulatory ent	•	
SIGN				