



Notification of Changes Affecting a License (CHGAFFLIC)

A licensee shall submit a notice to the Department in writing within 30 calendar days after the effective date of a change in:

1. The licensee's home address or e-mail address, including the new home address or e-mail address;
2. The licensee's name, including a copy of one of the following with the licensee's new name:
 - a. Marriage certificate,
 - b. Divorce decree, or
 - c. Other legal document establishing the licensee's new name; and
3. The place or places, including address or addresses, where the licensee engages in the practice of audiology, speech-language pathology, or fitting and dispensing hearing aids.

Send your notice via e-mail to: Special.Licensing@azdhs.gov

Subject: SPHR CHGAFFLIC [Your full license number]

Body:

1. Full Legal Name; (previous & new if applicable)
2. Full License Number;
3. Previous & New Home Address;
4. Previous & New Practice Name and Physical Address;
5. Phone Number of New Practice Location;
6. Date this change took effect.

Email is the preferred method of receipt. Alternatively, notice may be sent via FAX to 602-364-4769; or by mail to: ADHS Bureau of Special Licensing, ATTN: SPHR-CHGAFFLIC, 150 N 18th AVE STE 410, Phoenix AZ 85007.