



**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**HEARING AID DISPENSER, AUDIOLOGY AND**  
**SPEECH-LANGUAGE PATHOLOGY**  
**INDIVIDUAL RENEWAL LICENSE APPLICATION**

**IDENTIFYING INFORMATION** (Please provide the following information):

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Social Security #</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Place of Employment</b>			
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Business Phone Number</b>		<b>Home Phone Number</b>	
(    )		(    )	

**CURRENT LICENSE INFORMATION**

Current License Number: _____      Expiration Date: _____
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**TYPE OF RENEWAL LICENSE APPLIED FOR** (Check one box only. A separate application must be submitted for each type of license applied for):

<input type="checkbox"/> Hearing Aid Dispenser License <input type="checkbox"/> Audiology License <input type="checkbox"/> Dispensing Audiology License <input type="checkbox"/> Speech-Language Pathology License <input type="checkbox"/> Limited Speech-Language Pathology License (Limited to providing services to pupils under the authority of a local education agency or state supported institution)	<input type="checkbox"/> Temporary Audiology License (For Completion of CFY. This type of license can be renewed only once) <input type="checkbox"/> Temporary Speech-Language Pathology License (For Completion of CFY. This type of license can be renewed only once) <input type="checkbox"/> Temporary Hearing Aid Dispenser License (This type of license can be renewed only once)
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**PERSONAL AND PROFESSIONAL CONDUCT** – If the answer to any of the following questions is Yes, explain fully in a separate signed and dated affidavit.

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Since your last licensure application, have you been convicted of a felony or misdemeanor for moral turpitude in this or any other State or Jurisdiction?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your license suspended or revoked by any State within the past two years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently under investigation, or have disciplinary action pending by any state or government agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has disciplinary action been taken against you by any state or government agency, or have you entered into a settlement agreement with any state or government agency that resolves a violation, within the past two years? | <input type="checkbox"/> | <input type="checkbox"/> |

**REQUIRED CONTINUING EDUCATION DOCUMENTATION** - 8 Hours of approved continuing education credit must be completed during the previous licensure period in order to be eligible for Licensure Renewal. Please ensure that a completed Continuing Education Form for Renewals is attached with this Application.

**FEES** - Submit **\$100.00 Renewal License Fee** (Check or Money Order payable to: Arizona Department of Health Services) with this Application. Applications received within 30 days after your license has expired must also include a **\$25.00 Late Fee**.

**UNLAWFUL ACTS:** A.R.S. § 36-1936 provides that no person may willfully make a false, material statement in an application for a license or for renewal of a license. This application must be signed and include all required information.

Your signature on this application indicates that you have provided correct and accurate information in this document. Failure to disclose material information may result in your application for license being denied. Any material information not disclosed in this application may result in any license that has been issued to be suspended or revoked.

***I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL, COMPLETE AND ACCURATE.***

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Mail completed application, and all required documentation and fees to:**

Arizona Department of Health Services  
Office of Special Licensing  
150 North 18<sup>th</sup> Avenue, Suite 460  
Phoenix, Arizona 85007