



ATTESTATION OF LICENSURE IN ANOTHER STATE

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

Table with 4 columns: Professional License or Certification, State Issued, License/Certificate Number, Date Issued

I, \_\_\_\_\_, attest that: (Applicant's Printed Name as it appears on ID document)

- I am currently licensed or certified in at least one other state...
I have been licensed or certified in the discipline applied for...
I have met the minimum education requirements and, if applicable, work experience and clinical supervision requirements...

Table with 2 columns: Occupation, Applicable Statute (A.R.S.) or Rule (A.A.C.)

- I have not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
I do not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct.



Applicant's Signature

Date (MM/DD/YYYY)