



APPROVAL APPLICATION FOR DUI SERVICES

A.R.S. Title 36, Chapter 4 and 9 A.A.C. 20
Bureau of Behavioral Health Facilities Licensing
150 N. 18th Ave., Ste. 420
Phoenix, Arizona 85007
Email: BehavioralHealth.Licensing@azdhs.gov

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. PROVIDER INFORMATION

Name of Applicant: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone No. _____	E-mail: _____
Name of Individual Acting on Behalf of the Applicant: _____	
Phone No. _____	E-mail: _____
Name of Business, if different from the applicant's name: _____	
For facility providing DUI services, the facility's:	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone No. _____	
_____ Applicant Signature	_____ Date Signed

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II. ADDITIONAL INFORMATION AND DOCUMENTATION

Name of Administrator: _____

Submit a copy of administrator's resume.

Submit a copy of the applicant's:

1. U.S. Passport, current or expired;
2. Birth certificate;
3. Naturalization documents; or
4. Documentation of legal resident alien status.

Indicate whether providing:

- | | | |
|---|---|--|
| <input type="checkbox"/> DUI screening face-to-face | <input type="checkbox"/> DUI education electronically | <input type="checkbox"/> DUI treatment |
| <input type="checkbox"/> DUI screening electronically | <input type="checkbox"/> DUI education in a classroom setting | |

If providing DUI screening, submit a copy of the:

1. Standardized instrument for measuring alcohol dependency or substance abuse required in R9-20-108(C)(4), and
2. Policies and procedures required in R9-20-108(A).

If providing DUI education, submit a copy of the:

1. DUI education pre-test required in R9-20-109(E)(1),
2. DUI education information required R9-20-109(E)(2),
3. DUI education post-test required in R9-20-109(E)(3),
4. Policies and procedures required in R9-20-109(A), and
5. Policies and procedures required in R9-20-109(F).

If providing DUI treatment, submit a copy of the:

1. Group counseling programs, as required in R9-20-110(C)(2); and
2. Policies and procedures required in R9-20-110(A).