

# Online Renewal Guide

## Bureau of Medical Facilities Licensing

### 2017

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ARIZONA DEPARTMENT  
OF HEALTH SERVICES

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# Registration

1. Visit our website at [www.azdhs.gov](http://www.azdhs.gov)
2. Select “Divisions”.
3. Then “Online Provider Services”.

The screenshot shows the Arizona Department of Health Services website. The header includes the logo and the text "ARIZONA DEPARTMENT OF HEALTH SERVICES Health and Wellness for All Arizonans". Below the header is a navigation menu with tabs for HOME, AUDIENCES, TOPICS, DIVISIONS (which is highlighted), and A-Z INDEX. A search bar labeled "Google Custom Search" is located on the right. The main content area is divided into four columns: Arizona State Hospital, Director's Office, Licensing, Planning & Operations, and Prevention. The "Licensing" column has a red highlight over the "Online Provider Services" link, with a hand cursor icon pointing to it.

This will direct you to the Online Provider Services homepage

The screenshot shows the Online Provider Services homepage. The header includes the Arizona Department of Health Services logo and the text "Arizona Department of Health Services Health and Wellness for All Arizonans". A search bar labeled "Search AZDHS" is located on the right. Below the header is a navigation menu with links for Home, Child Care Facilities Licensing, Special Licensing (with a dropdown arrow), Residential Facilities Licensing, Long Term Care Facilities Licensing, Medical Facilities Licensing, and Contact Us. The main content area features a welcome message: "Welcome To Division Of Licensing Services Online Web Site" and a mission statement: "The ADHS Division of Licensing Services licenses and monitors health and child care facilities and providers throughout Arizona. Licensing inspections, on-site surveys, and complaint investigations are conducted to promote quality care and safety and ensure that performance standards are met for facility operation and maintenance." The mission statement is: "Mission Statement: To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services."

# Registration cont'd

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## 4. Select "Register".

The screenshot displays the Arizona Department of Health Services (AZDHS) website. At the top left is the AZDHS logo with the tagline "Health and Wellness for All Arizonans". To the right is a search bar labeled "Search AZDHS". In the top right corner, the "Register" link is highlighted with a red rectangular box, and a mouse cursor is pointing at it. Next to it is a "Log in" link. On the left side, there is a dark navigation menu with the following items: Home, Child Care Facilities Licensing, Special Licensing (with a dropdown arrow), Residential Facilities Licensing, Long Term Care Facilities Licensing, Medical Facilities Licensing, and Contact Us. The main content area features a "Welcome To Division Of Licensing Services Online Web Site" message, followed by a paragraph describing the division's role in licensing and monitoring health and child care facilities. Below this is a "Mission Statement" box stating the goal to protect the health and safety of Arizonans by providing information, establishing standards, and regulating health and child care services.

# Registration cont'd

5. Create a user name and password.
6. Write this down & keep it in a safe place, as it will be required each time you log in.
7. In the “I am registering as” box: Select, “*Medical Facilities Provider*”.
8. Use the “Name of owner” box & select the owner name from the drop down list, then in “*License #*” select, the license number or All Facilities. If you have more than 1 facility we encourage you to “register all.”
9. Upon completing, select “Register”.



Home

Child Care Facilities  
Licensing

Special Licensing

Residential Facilities  
Licensing

Long Term Care  
Facilities Licensing

Medical Facilities  
Licensing

Contact Us

Register.

Create a new account.

Before you move forward to register and create your account, you should take the time to develop and write down on a piece of paper a unique password as you will need to enter that password twice.

User name

Password should be at least 8 characters long and includes at least one upper case, one lower case, one number and one special character !@#%&^&\*( )\_+.

Password

Confirm  
password

Email

Confirm  
Email

First Name

Last Name

Phone

I am registering as

Name of Owner

License #

Select License Number ▲

- All Licenses
- CSLG6378
- H0016
- H0086
- H0092
- H0137
- H0155
- H3690
- H4237
- H4434
- H4436
- H4946
- H5738
- H6592
- H7034
- H7035
- H7250
- HHA0015
- HHA7245

Select License Number ▼

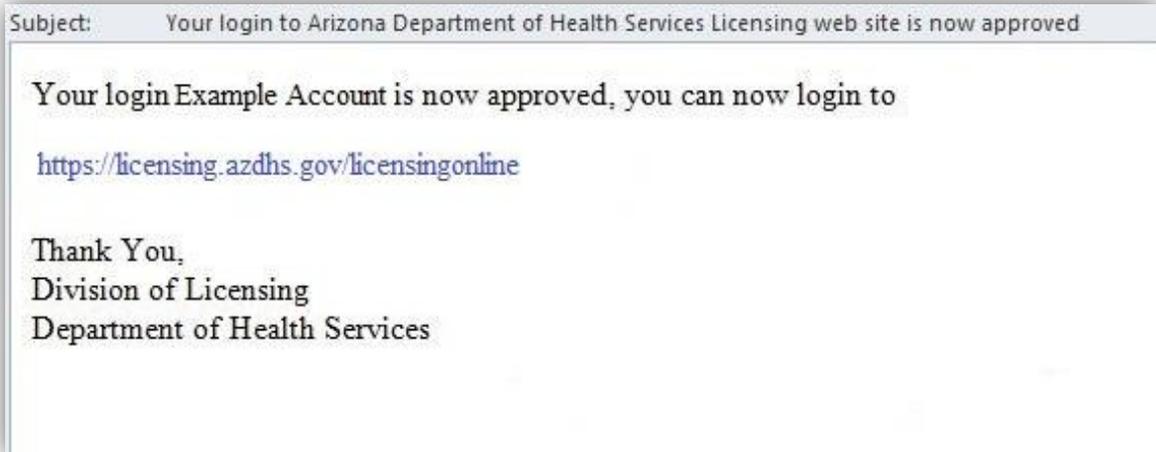
Please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email.

**Register**

## Registration cont'd

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10. You will get a notification email informing you that you have been approved within 48 hours.
11. Upon approval, you can start the online renewal process.
12. Click the link and it will redirect you to the login page.



# Submit Renewal

1. Visit Online Provider Services homepage at <https://licensing.azdhs.gov/LicensingOnline/>
2. Select “Log in” at the top right corner.
3. Enter the username and password.
4. Select “Log in” below the password box.

Arizona Department of Health Services  
Health and Wellness for All Arizonans

Search AZDHS

Register Log in

Home  
Child Care Facilities Licensing  
Special Licensing  
Residential Facilities Licensing  
Long Term Care Facilities Licensing  
Medical Facilities Licensing  
Contact Us

Log in

User name

Password

Log in

Register if you don't have an account.

Click here for Help

# Submit Renewal cont'd

5. Read the terms as they are important!
6. Select “*Submit Online Renewal*”.

The screenshot displays the Arizona Department of Health Services (AZDHS) website. At the top left is the AZDHS logo with the tagline "Health and Wellness for All Arizonans". To the right is a search bar labeled "Search AZDHS". In the top right corner, there are links for "Register" and "Log in".

A dark sidebar on the left contains a menu with the following items: Home, Child Care Facilities Licensing, Special Licensing (with a dropdown arrow), Residential Facilities Licensing, Long Term Care Facilities Licensing, Medical Facilities Licensing, and Contact Us.

The main content area is titled "Welcome To Division Of Licensing Services Online Web Site". Below the title, there are three informational boxes:

- Welcome to the Bureau of Medical Facilities Licensing.**
- For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except holidays). You will receive a confirmation email. The information in your Profile is based on what is currently in the public records regarding your license. If you need to make changes, you will need to contact the Department. When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. If you have any questions, please contact the Bureau of Medical Facilities Licensing at 602-364-3030.**
- Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If your license will expire today or prior to the next ADHS business day, you MUST contact the Bureau of Medical Facilities at (602) 364-3030 to coordinate your paper submission of a license renewal application. Failure to do so will or could result in:  
Your license becoming invalid;  
Delays in reinstating your expired license, during which you are forbidden to provide services; and  
An enforcement action taken against your license.**

Below these boxes, there is a final box with the following text:

Before you renew your license online, please be sure you have the following items at hand:  
Complete ownership and facility information.  
A valid credit card. The following credit cards are accepted: MasterCard, VISA.  
All attachments need to be under 5 MB each.

At the bottom of the main content area, there is a blue button labeled "Submit Online Renewal".

# Submit Renewal cont'd

7. If you have multiple facilities, select one from the list, and then click “*Submit Renewal License Application*”.

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### Facility List

Total facilities Found: 44

FAC ID	License #	Facility Name	License Expires	Bed Count	
BH3154	CSLG6378	BANNER DEL E WEBB MEDICAL CENTER-BEHAVIORAL HEALTH	05/31/2017	0	<a href="#">Submit Renewal License Application</a>
MED5675	OTC6689	BANNER BEHAVIORAL HEALTH OUTPATIENT SCOTTSDALE CAM	06/30/2017	0	<a href="#">Submit Renewal License Application</a>
AZ037114	HHA7245	BANNER HOME CARE - PAYSON	07/31/2017	0	<a href="#">Submit Renewal License Application</a>
BH4370	OTC6603	BANNER BEHAVIORAL HEALTH OUTPATIENT CLINIC	08/31/2017	0	<a href="#">Submit Renewal License Application</a>
MED6306	OTC7299	BANNER CHILDREN'S COMMUNITY CLINIC-TOLLESON	08/31/2017	0	<a href="#">Submit Renewal License Application</a>
MED2950	OSC5846	BANNER ESTRELLA SURGERY CENTER	08/31/2017	0	<a href="#">Submit Renewal License Application</a>
MED3557	H4237	BANNER GATEWAY MEDICAL CENTER	08/31/2017	177	<a href="#">Submit Renewal License Application</a>
MED5863	UNC6813	CARING CONNECTIONS PALLIATIVE CARE	08/31/2017	0	<a href="#">Submit Renewal License Application</a>
AZ037015	HHA0015	BANNER HOME CARE	09/30/2017	0	<a href="#">Submit Renewal License Application</a>
MED0551	HSPC0037	BANNER HOSPICE	09/30/2017	0	<a href="#">Submit Renewal License Application</a>
MED4420	H4946	BANNER IRONWOOD MEDICAL CENTER	09/30/2017	53	<a href="#">Submit Renewal License Application</a>
MED3530	OTC7919	BANNER HEALTH CLINIC	10/31/2017	0	<a href="#">Submit Renewal License Application</a>

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# Submit Renewal cont'd

## 8. Enter the "Health Care Institution Information".

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RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

### I. HEALTH CARE INSTITUTION INFORMATION

**Name of Health Care Institution:**  **License No.:**

**Street Address:**

**City:**  **State:**  **ZIP Code:**

**Mailing Address:**

**City:**  **State:**  **ZIP Code:**

**Phone No. (nnn) nnn-nnnn:**  **E-mail: (name@domain.com):**

**Select one class or subclass(Listed in A.A.C. R9-10-102):**

<input type="radio"/> General hospital	<input type="radio"/> Rural general hospital	<input type="radio"/> Special hospital
<input type="radio"/> Behavioral health inpatient facility	<input type="radio"/> Home health agency	<input type="radio"/> Unclassified health care institutions
<input type="radio"/> Recovery care center	<input type="radio"/> Hospice inpatient facility	<input type="radio"/> Hospice service agency
<input type="radio"/> Outpatient surgical center	<input checked="" type="radio"/> Outpatient treatment center	<input type="radio"/> Abortion clinic
<input type="radio"/> Substance abuse transitional facility	Respite on the premises capacity: <input type="text"/>	<input type="radio"/> Counseling facility
<input type="radio"/> Behavioral health specialized transitional facility	Number of observation / stabilization chairs: <input type="text"/>	

# Submit Renewal cont'd

## 9. Continue entering the "Health care Institution Information".

What is the health care institution's scope of practice:

Note: If services have been added or removed, please notify the bureau!

Health care institution's day and hours of operation(i.e. 8-5, 8:00a-5:00p):

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Admv Hours:	<input type="text"/>						
Clinic Hours:	<input type="text"/>						
Respite Hours:	<input type="text"/>						

Hours:  24/7

**Is health care institution accredited?**  
 Yes  No

**Name of accrediting organization (must be from a nationally recognized organization):**  
 ▼

SUBMIT, if applicable a copy of the full accreditation report and cover letter.

Browse...

Browse...

**Is health care institution requesting certification under Title XIX of the Social Security Act?**  
 Yes  No

Continue

- Accrediting organization and file uploading is only effective if you select "yes".
- Use the "choose file" box to attach the accreditation report and note the file limit is 5MB.
- Please make sure that this is the FULL, FINAL accreditation report, along with the approval letter and certificate – not an executive summary!

# Submit Renewal cont'd

## 10. Enter the Owner Information.

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**RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION**

**II. OWNER INFORMATION**

**Owner's Name:**

**Street Address:**

**City:**  **State:**  **ZIP Code:**

**Phone No. (nnn) nnn-nnnn:**  **Fax No. (nnn) nnn-nnnn:**

**The owner is a (select one)**

Sole proprietorship       Corporation       Partnership  
 Limited liability partnership       Limited liability company       Governmental agency

If the owner is a partnership or a limited liability partnership, the name of each partner;  
If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;  
If the owner is a corporation, the name and title of each corporate officer; or  
If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: <input type="text"/>	Title: <input type="text"/>
Name: <input type="text"/>	Title: <input type="text"/>
Name: <input type="text"/>	Title: <input type="text"/>

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended since the previous license application was submitted?  
 Yes  No  
If Yes, indicate:  
The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license :

Name:  Address:

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# Submit Renewal cont'd

## 11. Continuance of "Owner Information".



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### RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended since the previous license application was submitted?

Yes  No

If Yes, indicate:  
The reason for denial, revocation, or suspension:

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

Name:  Address:

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9-10- 108(C)(2) ?

Yes  No

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## Submit Renewal cont'd

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A new window will now appear based on your facility type. For more information, click the documents below.



Hospital



Home Health Agency



Hospice Service  
Agency



Behavioral Health  
Inpatient Facility



Outpatient  
Treatment Center

If you have any further questions, feel free to contact our main line at 602-364-3030 and ask to speak to one of our renewals support staff.

# Submit Renewal cont'd

## 12. Signature and Authority

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### RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

#### IX. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name:  Title:

Street Address:

City:  State:  ZIP Code:

Phone No. (nnn) nnn-nnnn:

#### X. GOVERNING AUTHORITY

Name:

Street Address:

City:  State:  ZIP Code:

#### XI. CHIEF ADMINISTRATIVE OFFICER

Name:  Title:

Highest Educational Degree:

Work experience related to the health care institution class or subclass related to licensing requested:

Attach Resume if possible:

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# Submit Renewal cont'd

## 13. Signature and Additional documents



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**RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION**

**XII. SIGNATURES**

- 1.If the applicant is an individual, the owner of the health care institution.
- 2.If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
- 3.If the applicant is a governmental agency, the head of the governmental agency.

Signature	Title
<input type="text" value="Imma Right"/>	<input type="text" value="CEO"/>
<input type="text"/>	<input type="text"/>

**XIII. ADDITIONAL DOCUMENTATION**

If the health care institution is located in a leased facility, submit a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility. Yes No  
File size limit is 5 MB, if file is larger than 5 MB please email it to Bureau instead.

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Note: Make sure that the lease is current and has the lease dates clearly indicated! The file limit is 5MB.

# Submit Renewal cont'd

14. Please review fee remittance table before proceeding to "Submit Renewal Fee".

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RENEWAL LICENSE APPLICATION FOR HEALTH CARE INSTITUTION

FEES			AMOUNT DUE
<b>Application Fee:</b> (Due when application is submitted)			50
<b>Licensed Capacity:</b>	<b>License Fee:</b>	<b># of Beds x 94 each:</b>	<b>Total License Fee + Number of Beds Fee:</b>
200	1875	18800	20675
<b>Add Enforcement Fees owed:</b> Enforcement Fees previously owed: +\$0 Enforcement Fees currently owed for late Fee: +\$0			<b>Total Enforcement Fees Owed:</b> <input type="text" value="0"/>
<b>Total Amount Due:</b>			20725

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. 36-405(B)(6), 36-882(f) and 36-897.01(c), except as provided in A.R.S. 41-1077.  
NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans' Home, Arizona State Hospital or adult foster care settings. Authority: A.R.S. 36-405  
Please note that The Bureau will not receive your application unless the payment process is completed and the credit card payment is approved.  
Do Not use the back arrow on your browser once you get to the payment screen.

[Previous](#)   [Submit Renewal Fee](#)

# Submit Renewal cont'd

15. Checkout process, please enter your credit information.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

## Payment Information

☆Indicates Required Field

Please enter the customer's billing and credit card information. Click the continue button to go to the Order Review page to authorize payment.

### CHECKOUT - PAYMENT INFORMATION

☆First Name:	<input type="text"/>	☆Last Name:	<input type="text"/>
☆Billing Address:	<input type="text"/>	☆City:	<input type="text"/>
☆State:	<input type="text" value="AZ"/>	☆Zip: only 5 digits	<input type="text"/>
Email: (receipt will be emailed to you)	<input type="text"/>	☆Phone Number:	<input type="text"/>

The following credit cards are accepted



☆Credit Card Number:	<input type="text"/>	 <p>CVV number CVV number is a 3 digit code on the back of your Visa or MasterCard.</p>
☆Expiration Date:	<input type="text" value="January"/> <input type="text" value="2017"/>	
☆CSV:	<input type="text"/>	

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# Submit Renewal cont'd

16. Review the order carefully, then select “*Authorize*” to continue with the renewal.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

### Order Review

Please review your order and ensure the information below is correct before proceeding.  
If you agree with the information as displayed, please click the “**Authorize**” button to process the credit card payment.

#### BILLING INFORMATION

Name: FFF FFF  
Address: T54T, FF, AZ 66666  
Phone: 555-555-5555  
Email:  
[EDIT](#)

#### ACCOUNT INFORMATION

VISA  
4\*\*\*\*\*1111 EXP:04/2021  
[EDIT](#)

#### ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1135	HSDLS100	BH NO CAP & 1-59 BADS	\$375.00	1	\$375.00
1135	HSDLS130	BH FEE PER BED	\$470.00	1	\$470.00
1135	HSDLS185	HLTH FACILITY APP FEE	\$50.00	1	\$50.00
1135	TOTAL				\$895.00

[NOTES](#)  
Licensure Fee Application for BH1310

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$895.00

The total amount to be billed to your credit card is **\$895.00**

[PREVIOUS](#) [AUTHORIZE](#)

# Submit Renewal cont'd

17. Once you authorize the payment, the portal will allow you to print a receipt.

PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

## Receipt

Thank you for your payment. Your payment was successful.  
Do not close this window. Click the "Continue" button to return to the Agency application.

### YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.  
Your authorization number is **409061**.  
Please reference this number in any correspondence regarding your transaction.  
[Click here to download receipt](#)  
[Printer Friendly Version \(PDF\)](#)  
 [Get the Adobe Acrobat Reader](#)

### BILLING INFORMATION

Name: FFF FFF  
Address: T54T, FF, AZ 60006  
Phone: 555-555-5555  
Email:

### ACCOUNT INFORMATION

VISA  
4\*\*\*\*\*1111

### PAYMENT DATE

DATE:  
Fri, 24 Mar 2017 09:13:10 MST

### ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1135	HSDLS100	BH NO CAP & 1-59 BADS	\$375.00	1	\$375.00
1135	HSDLS130	BH FEE PER BED	\$470.00	1	\$470.00
1135	HSDLS185	HLTH FACILITY APP FEE	\$50.00	1	\$50.00
1135		TOTAL			\$895.00

### NOTES

Licensure Fee Application for BH1310

The following amount was billed to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$895.00

The total amount billed to your credit card is \$895.00

# Submit Renewal cont'd

18. Print preview view. You can print this and save it.

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Payment Receipt  
Licensure Fee Application

 [Get Online Renewal Form in PDF](#)

Order Number:	Authorization Code:	Partial Card Number:	Card Type:	Payment Status:	Payment Date:
Name of Health Care Institution:		BANNER BEHAVIORAL HEALTH OUTPATIENT SCOTTSDALE CAM			
License Number:		293OTC66890000	License Expiration Date:		06/30/2017
FEES			AMOUNT DUE		
Application Fee:(Due when application is submitted)			50		
Licensed Capacity:	License Fee:	# of Beds x 94 each:	Total License Fee + Number of Beds Fee:		
200	1875	18800	20675		
Total Amount Due:			\$20725		
Enforcement Fees Paid:			\$0		
Total Amount Paid:			\$20725		

19. Fee status will be sent by email with the receipt attached in PDF.

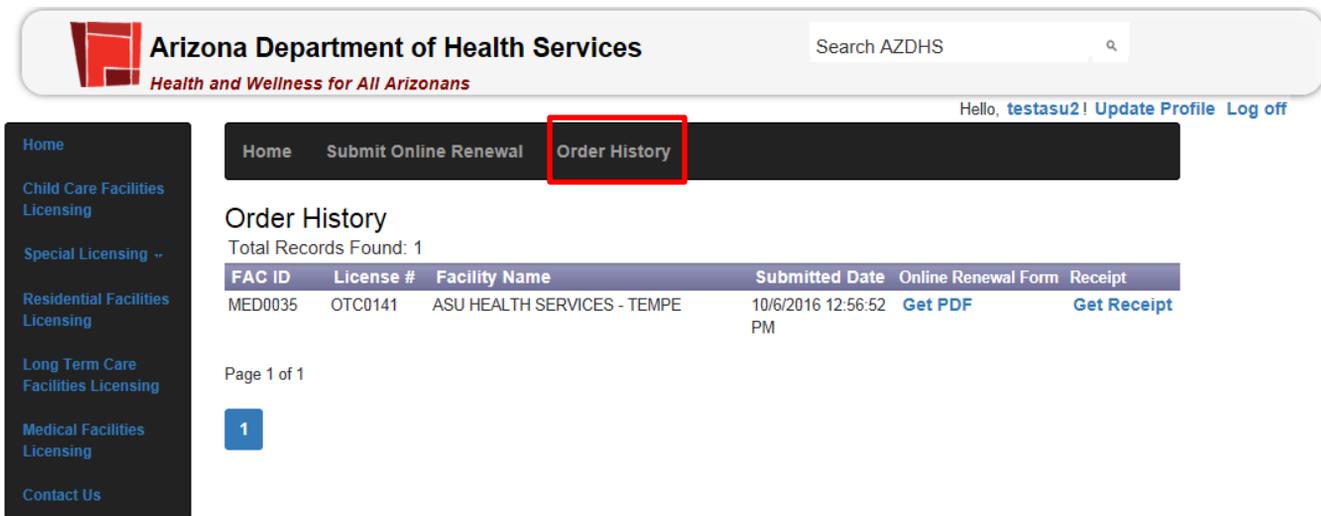
 Message  receipt.pdf (17 KB)

Thank you for your payment. Your payment was successful and your receipt is attached.

Your authorization number is 387097. Please reference this number in any correspondence regarding your transaction.

# Submit Renewal cont'd

20. Click “*Order history*” to review the application form and receipt.



Arizona Department of Health Services  
Health and Wellness for All Arizonans

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Home Submit Online Renewal **Order History**

### Order History

Total Records Found: 1

FAC ID	License #	Facility Name	Submitted Date	Online Renewal Form	Receipt
MED0035	OTC0141	ASU HEALTH SERVICES - TEMPE	10/6/2016 12:56:52 PM	<a href="#">Get PDF</a>	<a href="#">Get Receipt</a>

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*Congratulations! You submitted your online renewal successfully.*