

ATTESTATION OF LICENSURE IN ANOTHER STATE

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

LICENSE INFORMATION			
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 in the discipline applied for and at the same practice level as determined by the regulating entity and the license or certification is in good standing in all states in which I hold a license or certification.
- ✓ I have been licensed or certified in the discipline applied for and at the same practice level in another state for **at least one year**;
- ✓ I have met the minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to, as applicable:

Occupation	Applicable Statute (A.R.S.) or Rule (A.A.C.)
Community Health Workers	A.A.C. R9-16-806(A)
Medical Radiologic Technologists	A.R.S. § 32-2815(D), 32-2841(E)
Speech & Hearing Professionals	A.R.S. § 36-1904(D), A.A.C. R9-16-208(A)(1)(2)(3)
Funeral Industry Professionals	A.A.C. R4-12-202(E)
Certified Laser Technician	A.A.C. R9-16-703(B)
Doulas	A.R.S. § 36-766.01(D)

- ✓ 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)