ARIZONA DEPARTMENT OF HEALTH SERVICES

DOULA CERTIFICATION RECIPROCITY APPLICATION

Bureau of Licensing for Professions and Occupations (BLPO)
150 North 18th Avenue, Suite 410
Phoenix, AZ 85007

Legal First Name	Legal Middle Name	Legal Last Name	For Department Use Only **DOU-**

Pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7.2 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 16, Article 9, all requirements listed below must be submitted before a license can be issued by the Department. Missing items or blank fields on the application will result in a request for the missing information and delay processing of the application.

	APPLICATION CHECKLIST	ADHS REVIEW
INITIAL application requirements:		
	A completed and signed High School/High School Equivalency Attestation.	
	A signed Doula Code of Ethics Agreement.	
	A completed and signed Attestation of Licensure in Another State form.	
	Documentation of the valid professional license issued to the applicant by each state in which the applicant holds a professional license. The valid license must be at least 1 year old to qualify for reciprocity. Please note: If your license in another state lists only the expiration date, please provide documentation noting the date when the license became effective or provide your current license and the license from the previous licensing period.	
	Documentation of training in first aid and cardiopulmonary resuscitation through a course recognized by the American Heart Association.	
	A valid fingerprint clearance card issued according to A.R.S. § 36-766.01(A)(3).	
	A nonrefundable application fee of $100 plus an initial license fee of $200. Fees can be paid via cashier's check or money order, made payable to ADHS, **OR** you may complete the attestation below to request an initial application and license fee waiver. **NOTE: Do not sign the fee waiver attestation if you do not qualify and are paying the application and license fees.** I, _____ , attest under penalty of perjury that: (Please print full legal name) I meet the following fee waiver eligibility requirements, as specified in A.R.S. § 41-1080.01 as I am applying for this license for the first time in Arizona **AND** (please check one of the following) ☐ My family income does not exceed 200% of the federal poverty guidelines, **OR** ☐ I am an active duty military member's spouse, **OR** ☐ I am an honorably discharged veteran who has been discharged not more than two years before the date of this application. _____ _____ Signature of applicant Date Signed (MM/DD/YYYY)	
	A completed and signed Statement of Citizenship or Alien Status form.	
	A photocopy of citizenship or authorized presence document demonstrating applicant is 18 years of age, or older.	
	If current legal name is different than the name on any of the documents submitted, provide a photocopy of a name linkage document (marriage certificate, divorce decree, court order, etc.).	
	If the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certification within the previous five years, documentation that includes: • The date of the disciplinary action, revocation, or suspension; • The state or nationally accredited certifying body that issued the disciplinary action, revocation, or suspension; and • An explanation of the disciplinary action, revocation, or suspension.	
	If currently ineligible for licensing or certification in any state because of a license revocation or suspension, provide a photocopy of documentation that includes: • The date of the ineligibility; • The state or jurisdiction of the ineligibility; and • An explanation of the ineligibility for licensing or certification.	

APPLICANT INFORMATION

The applicant agrees to allow the Department to submit supplemental requests for information under A.A.C. R9-16-102. ☐ Yes ☐ No

Legal First Name	Legal Middle Name	Legal Last Name

Date of Birth (MM/DD/YYYY)	Social Security Number (XXX-XX-XXXX)
Email Address	**Phone Number (XXX) XXX-XXXX**

Residential Street Address Apt, Unit, etc. #

City	State	Zip Code

Mailing Street Address, if different than residential address Apt, Unit, etc. #

City	State	Zip Code

License/Certification History

If you are currently certified by an organization, enter your certification number below:

_____

Have you ever held a licensed Doula certification in Arizona (including currently)?

☐ Yes ☐ No

If you answered 'Yes' to the previous question, provide the certificate number(s) and expiration date(s).

Do you hold other professional licenses or certifications in this or any other state?

☐ Yes ☐ No

If you answered 'Yes' to the previous question, list the professional license or certification and the state in which it was issued.

Professional License or Certification	State Issued	License/Certificate Number

Have you ever had a professional license or certificate suspended, revoked, or had disciplinary action taken against it?

☐ Yes ☐ No

If you answered 'Yes' to the previous question, please provide the following information:

The type of action taken against the professional license or certificate:	The date of the action:	The state or nationally accredited certifying body that issued the action:

An explanation of the disciplinary action, revocation, or suspension:

Are you currently ineligible for licensing or certification in any state because of a license revocation or suspension?

☐ Yes ☐ No

If you answered 'Yes' to the previous question, please list:

The type of action taken against the professional license or certificate:	The date of ineligibility:	The state or jurisdiction:

An explanation of the ineligibility for licensing or certification:

EDUCATIONAL INFORMATION

Name of Institution	Degree, Certification, etc.	Date of Graduation (MM/YYYY)

City	State

Other Institution(s) Attended (if applicable)	Degree, Certification, etc.	Date of Graduation (MM/YYYY)

City	State

EMPLOYMENT (Current Employment Information)

☐ I am not currently employed as a doula.

Current or most recent Employer	Position	Dates of employment (MM/YYYY-MM/YYYY)

Address of Employer	City	State	Zip Code

Supervisor's Name	Supervisor's Email Address	Supervisor's Telephone Number

Additional Employer, if applicable	Position	Dates of employment (MM/YYYY-MM/YYYY)

Address of Employer	City	State	Zip Code

Supervisor's Name	Supervisor's Email Address	Supervisor's Telephone Number

Applicant's Legal First Name	Applicant's Legal Middle Name	Applicant's Legal Last Name

Applicant Attestation

I, _____, attest that all information submitted as part of this application is
(Printed Applicant Name)

true and accurate.

_____ _____

Applicant's Signature Date

NOTICES:
Pursuant to A.R.S. § 41-1030(B)(E)(F)(G):

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.

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

- Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

Please check the applicable fields:

☐ I am a U.S. Veteran

☐ I am a U.S. Military Spouse

Applicant's Legal First Name	Applicant's Legal Middle Name	Applicant's Legal Last Name

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFIT

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes (A.R.S.) § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions:

1. All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.
2. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license.
   a. If the document you submit does not contain a photograph, **you must also provide a government issued document that contains your photograph**.
   b. You must submit supporting legal documentation (i.e. marriage certificate) **if the name on your evidence is not the same as your current legal name**.

SECTION I — APPLICANT INFORMATION

Legal First Name	Legal Middle Name	Legal Last Name

Type of Application: ☐ Initial Application ☐ Renewal Application

Type of License/Certification:
☐ Doula ☐ Laser Technician
☐ Speech Language Pathology ☐ Audiology
☐ Midwifery ☐ Hearing Aid Dispensing

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☐ Yes ☐ No

If you answered **'Yes'** to the previous question, indicate place of birth:

City: _____ State (or equivalent): _____ Country or Territory: _____

If you answered **'Yes,'**

1. Attach a legible copy of a document from the attached list.

   Name of Document: _____
2. Skip Section III and go to Section IV.

If you answered **'No,' complete sections III and IV.**

SECTION III — ALIEN STATUS DECLARATION

To be completed by applicants who are **not citizens or nationals of the United States.**

1. Please indicate alien status by checking the appropriate box below.
2. Attach a legible copy of a document from the attached list.

Name of Document: _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1),-1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).
- ☐ 10. Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))
- ☐ 11. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 12. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 13. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 14. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV — DECLARATION

ALL applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

_____ _____

Signature of Applicant | Date

Applicant's Legal First Name	Applicant's Legal Middle Name	Applicant's Legal Last Name

ACCEPTABLE EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

Per A.R.S. § 41-1080, you must submit one of the documents in the list below to verify authorized presence in the United States.

Please note:

1. If the name on the document submitted is NOT your current legal name, you MUST provide a legal name linkage document (i.e. marriage certificate, court order, etc.)

Acceptable Documents:

If the document submitted does NOT contain your photograph, you MUST provide another government issued document that **contains a photograph.

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver's license issued by a state that verifies lawful presence in the U.S. is acceptable; however, not all states follow this practice. A license with 'enhanced' credentials does confirm lawful presence. If submitting a driver's license from a state other than Arizona, it is the applicant's responsibility to ensure it verifies lawful presence. If submitting a driver license which does not verify lawful presence, applicants must submit an additional document from the list below, eg. a U.S. birth certificate.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States. **
4. A United States certificate of birth abroad. **
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.