

Online Renewal Guide

Bureau of Special Licensing

2020



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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Registration

1. Visit our website at 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 "HOME", "AUDIENCES", "TOPICS", "DIVISIONS", and "A-Z INDEX". A search bar is located on the right. The main content area is divided into four columns: "Arizona State Hospital", "Licensing", "Planning & Operations", and "Prevention". The "Licensing" column has a red highlight under "Online Provider Services".

This will direct you to the Online Provider Services homepage

The screenshot shows the Online Provider Services homepage. The header includes the logo and the text "Arizona Department of Health Services Health and Wellness for All Arizonans". A search bar is located on the right. Below the header is a navigation menu with "Home", "Child Care Facilities Licensing", "Special Licensing", "Residential Facilities Licensing", "Long Term Care Facilities Licensing", "Medical Facilities Licensing", and "Contact Us". The main content area has a welcome message and a mission statement.

Registration cont'd

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 box, and the "Log in" link is also visible. A dark navigation menu on the left lists: 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" heading, 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 through information, standards, and regulation.

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 appropriate role
8. After choosing the right role, then enter the last 4 digit of SSN
9. Upon completing, select “*Register*”

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

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 of these special characters !@#\$\$%^&*()_+.

Password Confirm password

Email Confirm Email

First Name Last Name

Phone

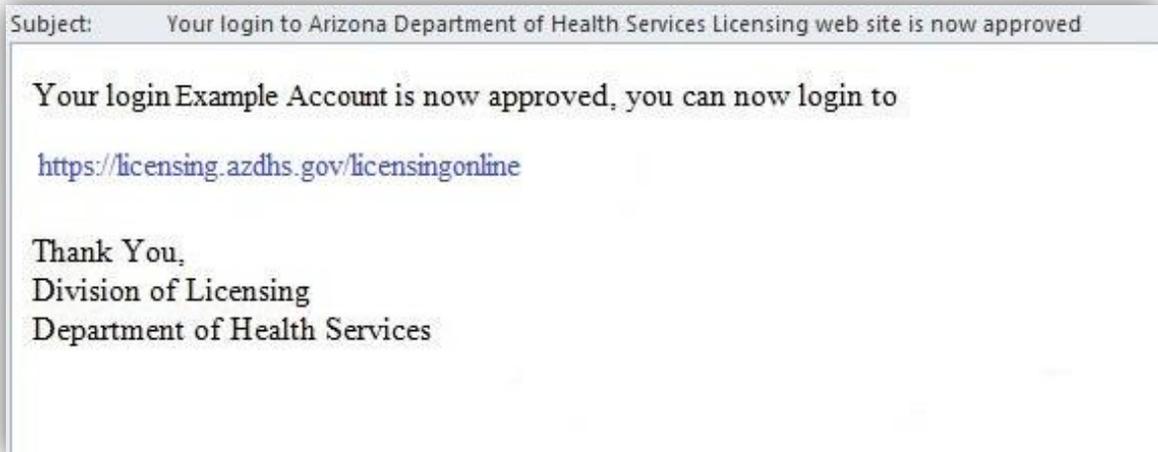
I am registering as
Speech Language Pathologist

License Number SLP Last 4 digit of SSN

Register

Registration cont'd

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

The screenshot shows the Arizona Department of Health Services (AZDHS) website. At the top left is the AZDHS logo and the text "Arizona Department of Health Services" and "Health and Wellness for All Arizonans". At the top right is a search bar labeled "Search AZDHS". Below the search bar are two links: "Register" and "Log in", with the "Log in" link highlighted by a red box. On the left side, there is a dark navigation menu with the following items: "Home", "Child Care Facilities Licensing", "Special Licensing", "Residential Facilities Licensing", "Long Term Care Facilities Licensing", "Medical Facilities Licensing", and "Contact Us". In the center of the page, there is a "Log in" section with two input fields: "User name" and "Password". Below these fields is a "Log in" button, which is highlighted by a red box. Below the "Log in" button, there are two links: "Register if you don't have an account." and "Click here for Help".

Submit Renewal cont'd

5. Read the terms as they are important!

6. Select “*Submit Online Renewal*”

The screenshot shows the Arizona Department of Health Services website. At the top, there is a navigation bar with the department's logo and name, a search bar, and links for "Register" and "Log in". Below the navigation bar, a "TEST ONLY" banner is visible. On the left side, there is a dark sidebar menu with various licensing categories, including "Special Licensing" which is highlighted. The main content area is titled "Welcome To Division Of Licensing Services Online Web Site" and contains a message from the Bureau of Special Licensing. The message explains that the portal is for speech and hearing licensees and provides instructions for first-time users, including the need to register and the availability of a paper application. It also states that license profiles are based on previous submissions and provides contact information for the Bureau of Special Licensing. A list of consequences for not renewing on time is provided, including license invalidation and enforcement actions. A list of items to have ready for renewal is also shown, such as continuing education courses, employer information, and a valid credit card. The page concludes with contact information for the Bureau of Special Licensing and a "Please note" section stating that the system will not allow renewal more than 90 days before the license expires. A "Submit Online Renewal" button is located at the bottom of the page.

Arizona Department of Health Services
Health and Wellness for All Arizonans

Search AZDHS

Register Log in

TEST ONLY

Home

Child Care Facilities Licensing

Long Term Care Facilities Licensing

Medical Facilities Licensing

Medical Marijuana Cards

Radiation Control Licensing

Residential Facilities Licensing

Special Licensing

Contact Us

Welcome To Division Of Licensing Services Online Web Site

Welcome to the Bureau of Special Licensing.

This portal is for the use of speech and hearing licensees for license renewal (except for Temporary or Business licenses). Please read the [Online Renewal Quick Reference Guide](#) before beginning your online renewal application.

First-time users must register before renewing their license. Temporary and Business Dispenser licenses must renew using a paper application available for [download from our website](#).

The information in your license profile is based on what was provided when you last submitted licensing information. If you have had changes affecting your license, please complete the "Notification of Changes Affecting a License" form [available online](#) and submit it to the Department via email to special.licensing@azdhs.gov or fax it to 602-364-4769.

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. Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If this web-based application is unavailable and your license will expire today or prior to the next ADHS business day, you MUST contact the Bureau of Special Licensing at (602) 364-2079. 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.

Before you renew your license online, please be sure you have the following items at hand:

- Complete information regarding all continuing education courses taken during the licensing period.
- Information pertaining to your employer.
- A valid credit card. The following credit cards are accepted: MasterCard, VISA, Discover and AMEX.
- We also accept electronic checks.

If you have any questions, please contact the Bureau of Special Licensing at 602-364-2079 or special.licensing@azdhs.gov.

Please note: The system will not allow you to renew your license more than 90 days before it expires.

[Submit Online Renewal](#)

7. Terms and conditions page will be displayed (see next page). Please read the terms and conditions and check the box stating I accept the above terms and conditions and click “*Continue*”.

Submit Renewal cont'd



Home

Child Care Facilities
Licensing

Special Licensing -

Residential Facilities
Licensing

Long Term Care
Facilities Licensing

Medical Facilities
Licensing

Contact Us

Home Submit Online Renewal Order History

DHS Renewal- Terms and Conditions

Electronic Update Access Agreement Terms and Conditions for Arizona Department of Health Services (DHS)

Your use of the DHS's Internet-enabled transaction services to access and change records held with the DHS is governed by this Access Agreement. Please read the conditions provided before checking the "I ACCEPT" check box.

By checking the "I ACCEPT" check box and selecting the "Continue" button, you acknowledge and agree:

You have read and understood this Agreement. Your Login with the DHS system will confirm your acceptance of and agreement to be bound by the Terms applicable to that access.

To conduct transactions with DHS by electronic means. That DHS may terminate this agreement at any time. To the following terms and conditions:

DHS Access Terms and Conditions

Introduction

DHS may provide Electronic Update Access to information relating to records stored by DHS.

Electronic Signature

Electronic Update Access requires an Electronic Signature which consists of your license number and the last four digits of your Social Security Number. The Electronic Signature is considered to be obtained at the time of successful DHS Login.

You, as a user of DHS's Internet-enabled transaction services, are responsible for keeping your Login information secret and confidential. Your Liability

You agree that use of this Electronic Signature as set forth above is the legal equivalent to your written signed instructions to DHS, and that you will be bound by and liable for all use including unauthorized use by other persons without your knowledge or consent. You are aware that DHS is under no obligation to confirm the actual identity or authority of any user of the Electronic Signature or any component thereof. Protection of Electronic Signature

You, as a user of DHS's Internet-enabled transactions services, agree to keep the Electronic Signature and all components thereof secret and safe to prevent unauthorized use.

DHS Not Liable

DHS may cancel or restrict use of Electronic Update Access or Electronic Signature without notice to you, the user. DHS has no liability for damages or harm which you may incur or experience as a result of any non-acceptance, delay or restriction in implementing instructions, or for any unavailability, malfunction, cancellation, restriction or withdrawal of Electronic Update Access or any portion of such service or any device associated with it.

DHS Access

The DHS information accessible through Electronic Update Access is that which has been specified in advance on DHS's records and to which DHS allows access.

Changes to Terms & Conditions

These Terms & Conditions may be subject to change. I agree to recheck them from time to time for any such changes.

General

The terms and conditions of other agreements relating to any other DHS business you may have remain in force except as expressly altered by these Terms. If there is a conflict between any provision of those other agreements and these Terms, those agreements prevail.

For Electronic Access by a personal computer (PC) you, as a user of the DHS's Internet-enabled transaction services, assume responsibility to keep any information stored in your PC, on disk, or any associated equipment secure from unauthorized access.

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 accept the above terms and conditions.

Continue

Submit Renewal cont'd

8. Check current license information in our file. You will have the opportunity to change this information on a later page.
9. Check the fee that you will pay at the end of the process.
NOTE: If you are applying within the 30 day grace period, there will be a \$25.00 late fee added. Choose “*continue*” to go to the next page of the renewal portal.



Arizona Department of Health Services
Health and Wellness for All Arizonans

Search AZDHS

Hello, [testyr2!](#) [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

DHS Renewal- Current Information

License Information

Name:

License Number:

Expiration Date: 4/30/2017

New Expiration: This license will be renewed so that it expires on 4/30/2019

Fees: \$200

Late Fee: \$0

Personal Contact Information

Street Address:

City:

State: AZ

Zip Code:

Personal Phone Number:

Email Address:

Personal Fax Number:

[Previous](#)

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Submit Renewal cont'd

10. Update any information that is incorrect in the Bureau's system. If everything is accurate choose "Continue", if not, update all information that is not accurate then click "Continue".

**Arizona Department of Health Services**
Health and Wellness for All Arizonans

Search AZDHS

Hello, [testyr2!](#) [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

DHS Renewal Information - Contact Information

Personal Contact Information

Full Name (First Middle Last): <input type="text"/>	Street Address Line 1: <input type="text"/>	
City: <input type="text"/>	State: Arizona (AZ) <input type="text"/>	ZIP: <input type="text"/>
E-mail (name@domain.com): <input type="text"/>	Personal Phone Number (nnn) nnn- nnnn: <input type="text"/>	Personal Fax Number (nnn) nnn- nnnn: <input type="text"/>

Business Contact Information

Are You Employed? Yes No Self Employed

Place Of Employment: <input type="text"/>	Street Address Line 1: <input type="text"/>	
City: <input type="text"/>	State: Arizona (AZ) <input type="text"/>	ZIP: <input type="text"/>
Business Phone Number (nnn) nnn- nnnn: <input type="text"/>	Business Fax Number (nnn) nnn- nnnn: <input type="text"/>	

Mailing Address

Would you like to use your Personal Address or Business Address as the mailing address? Use Personal Address Use Business Address

[Previous](#) [Continue](#)

Submit Renewal cont'd

11. Enter additional employment if you happen to have more than one employer.

**Arizona Department of Health Services**
Health and Wellness for All Arizonans

Search AZDHS

Hello, **testyr2!** [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

DHS Renewal Information - Additional Employment

Additional Employment

Place Of Employment: <input type="text"/>	Street Address: <input type="text"/>	
City <input type="text"/>	State: <input type="text" value="Please Select"/>	ZIP: <input type="text"/>
Business Phone Number (nnn) nnn-nnnn: <input type="text"/>	Business Fax Number (nnn) nnn-nnnn: <input type="text"/>	

Additional Employment will display below
if you would like to edit information click "Edit". To delete click "Delete".

Place Of Employment	Address	City	State
---------------------	---------	------	-------

[Previous](#)

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Submit Renewal cont'd

12. Check Personal and Professional Conduct. Choose either yes or no.

NOTE: If yes is chosen, this will not stop you from renewing online. It could delay processing and renewal of your license. Click “Continue”.

The screenshot shows the Arizona Department of Health Services (AZDHS) website interface. At the top, there is a logo for AZDHS with the tagline "Health and Wellness for All Arizonans" and a search bar labeled "Search AZDHS". Below the logo, there are navigation links: "Home", "Submit Online Renewal", and "Order History". The main content area is titled "DHS Renewal Information - Personal and Professional Conduct" and features a section header "Personal and Professional Conduct". There are two questions, each with "Yes" and "No" radio button options:

- Question 1: "Since your last licensure application, have you been convicted of a felony or misdemeanor for moral turpitude in this or any other state or jurisdiction?"
- Question 2: "Has your license been suspended or revoked by any state within the past two years?"

At the bottom right of the form, there are "Previous" and "Continue" buttons. The footer of the page reads "Division Of Licensing Services | Arizona Department of Health Services Copyright © 2014-2017".

Submit Renewal cont'd

13. If you have completed the required continuing education credits as required, check the box attesting that you have done so, and click continue. If you have not completed your CEs, you are ineligible to reapply.

The screenshot displays the Arizona Department of Health Services (AZDHS) website interface. At the top, the AZDHS logo and name are visible, along with a search bar and user information for 'testSLPA6999'. A navigation menu includes 'Home', 'Submit Online Renewal', 'Enforcement', and 'Order History'. The main content area is titled 'DHS Renewal Information - Continuing Education' and features a 'Continuing Education' section with a checkbox for attesting to the completion of required continuing education credits. A 'Continue' button is present next to the checkbox.

Arizona Department of Health Services
Health and Wellness for All Arizonans

Search AZDHS

Hello, [testSLPA6999](#) | [Update Profile](#) [Log off](#)

TEST ONLY

Home Submit Online Renewal Enforcement Order History ▾

DHS Renewal Information - Continuing Education

Continuing Education

I attest that I have completed the required continuing education credits in compliance with A.R.S. §36-1904, and I can provide documentation of completion of my continuing education credits upon request.

[Previous](#) [Continue](#)

Submit Renewal cont'd

14. Confirm the total fees (including late fee if applicable) , then choose “Submit Renewal Fee”.

Arizona Department of Health Services
Health and Wellness for All Arizonans

Search AZDHS

Hello, [testyr2!](#) [Update Profile](#) [Log off](#)

[Home](#) [Submit Online Renewal](#) [Order History](#)

DHS Renewal Information - Submit Renewal Fee

Renewal Fee	\$	200
Late Fee	+\$	0
Total Amount	= \$	200

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

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Submit Renewal cont'd

15. Checkout process, please enter your credit card 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.

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: Donald Gibson
Address: 150 N 18th Ave, Phoenix, AZ 85007
Phone: 602-364-3052
Email: donald.gibson@azdhs.gov

ACCOUNT INFORMATION

VISA
4*****1111 EXP.01/2023

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
599	HSDLS007	SLP Lic Ren 12	\$200.00	1	\$200.00
599	TOTAL				\$200.00

Licensure Fee Application for [REDACTED]

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	\$200.00

The total amount to be billed to your credit card is **\$200.00**

Submit Renewal cont'd

17. Once you authorize the payment, the portal will allow you to print a 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 93806.
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: Donald Gibson
Address: 150 N 18th Ave, Phoenix, AZ 85007
Phone: 602-364-3052
Email: donald.gibson@azdhs.gov

ACCOUNT INFORMATION

VISA
4*****1111

PAYMENT DATE

DATE:
Thu, 23 Jul 2015 15:55:23 MST

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
599	HSDLS007	SLP Lic Ren 12	\$200.00	1	\$200.00
599		TOTAL			\$200.00

NOTES
Licensure Fee Application for [REDACTED]

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	\$200.00

The total amount billed to your credit card is \$200.00

[Printer Friendly Version \(PDF\)](#) CONTINUE

Submit Renewal cont'd

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

Home BCCL Home BSPL Home Contact Us

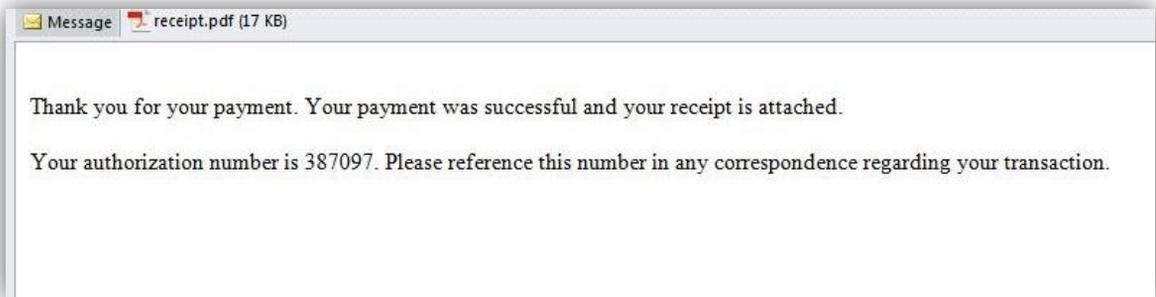
Hello, [dgibson845](#) | [Update Profile](#) | [Log off](#)

Payment Receipt
Licensure Fee Application



Order Number: 599	Authorization Code: 93806	Partial Card Number: 1111	Card Type: Visa	Payment Status: Approved	Payment Date: 7/23/2015 3:50:44 PM
Name of Licensee*:	ITSSPLA TEST RECORD				
License Number*:		License Expire Date	08/31/2015	New License Expire Date	08/31/2017
Renewal Fee					\$ 200
Late Fee					+\$ 0
Total Amount					-\$ 200

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



Submit Renewal cont'd

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

The screenshot shows the Arizona Department of Health Services website. The header includes the logo, the text "Arizona Department of Health Services" with the tagline "Health and Wellness for All Arizonans", and a search bar labeled "Search AZDHS". A user is logged in as "testSLPA" with options to "Update Profile" and "Log off". A navigation menu contains "Home", "Submit Online Renewal", and "Order History". The "Order History" section displays "Total Records Found: 1" and a note about certificate file attachments. A table lists one record with columns for "License #", "Submitted Date", "Online Renewal Form", and "Receipt". The record shows a license number (redacted), a submission date of "7/5/2016 3:06:38 PM", and links for "Get PDF" and "Get Receipt". The page is identified as "Page 1 of 1" with a "1" in a blue box.

License #	Submitted Date	Online Renewal Form	Receipt
[REDACTED]	7/5/2016 3:06:38 PM	Get PDF	Get Receipt

Congratulations! You submitted your online renewal successfully.