

# LICENSE RENEWAL FORM - AUD, DA, HAD, SLP, SLPL

(NOT FOR TEMPORARY or BUSINESS LICENSE RENEWALS)



Division of Licensing Services  
 Office of Special Licensing  
 Audiologists, Hearing Aid Dispensers, and  
 Speech-Language Pathologists

Rohno Geppert, Licensing Program Manager  
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 Phone (602) 364-2079 (602) 364-4769 Fax  
<http://www.azdhs.gov/als/hadisp/>

Before using this form, consider renewing online at <http://www.az.gov/dhs/licensing>.

**Please complete ALL fields with current information so you can ensure your records are updated. Please PRINT legibly in black or blue ink.**

- I. TYPE OF RENEWAL LICENSE APPLIED FOR** (Check one box only. Complete a separate application for each type of license held.):
- Hearing Aid Dispenser       Audiologist - AUD       Dispensing Audiologist
- Speech-Language Pathologist - SLP       **Limited** Speech-Language Pathologist - SLPL

**II. LICENSEE IDENTIFYING INFORMATION**

1. Licensee Last Name, First Name, M.I.		2. All 9 digits S.S.N.	
3. License Number incl. Code Letters		4. License Expiration Date	
5. Licensee E-mail Address		6. Licensee Contact Phone #	
7. Licensee Residential Address, City, State, Zip code			
8. Licensee's Agency/Business/Employer (A/B/E) Name		9. A/B/E Contact Phone #	
10. A/B/E Address, City, State, Zip code			
11. A/B/E Contact Person and Position Title		12. Contact Person Phone #	
13. Licensee's Practice Location Name, Address, City, State, Zip code (List if multiple practice locations, e.g. each school, clinic, or dispensing location)			
_____			
_____			
_____			

Licensee Last Name and Current Date \_\_\_\_\_

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**III. PERSONAL AND PROFESSIONAL CONDUCT** – If the answer to any of the following questions is Yes, explain fully in a separate signed and dated affidavit. Check or Circle your response at the beginning of each question.

1.     **Yes**     **No**    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?
2.     **Yes**     **No**    Has your license suspended or revoked by any State within the past two years?
3.     **Yes**     **No**    Are you currently under investigation, or have disciplinary action pending by any state or government agency?
4.     **Yes**     **No**    Has disciplinary action been taken against you by any state or government agency, or have you entered into a settlement agreement with any state or government agency that resolves a violation, within the past two years?

**IV. REQUIRED CONTINUING EDUCATION DOCUMENTATION**

Please ensure your completed Continuing Education forms are attached to this application. **A separate complete CE Form is required for each distinct course session.** Consult the Technical Assistance Bulletin – *FYI for Complete and Congruent CE Forms* for details about continuing education requirements and completing this documentation.

**V. RECORD PROTOCOL COMPLIANCE** – Please select one or both of the following, whichever is applicable:

- I certify that I am aware of the requirements** of Arizona Revised Statutes §32-3211 regarding the care, custody, control, and confidentiality of client/patient/ medical records **and am in compliance** with the requirements;
- I certify that I am exempt** from the requirements of Arizona Revised Statutes §32-3211 regarding the care, custody, control, and confidentiality of client/patient/medical records **because** I am employed by a healthcare institution as defined in A.R.S. §36-401.

**VI. FEES** - Submit **\$100.00 Renewal License Fee with this application.** Payments must be in the form of a Cashier’s Check or Money Order payable to: Arizona Department of Health Services. The Department no longer accepts personal or business account checks for the payment of application or licensing fees. Applications **received by the Department** within 30 days after your license has expired must also include a **\$25.00 Late Fee or your renewal application will be considered incomplete.**

**VII. UNLAWFUL ACTS:** A.R.S. § 36-1936 provides that no person may willfully make a false, material statement in an application for a license or for renewal of a license. **This application must be signed and include all required information.** Your signature on this application indicates that you have provided correct and accurate information in this document. Failure to disclose material information may result in your application for license being denied. Any material information not disclosed in this application may result in any license that has been issued to be suspended or revoked.

***I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL, COMPLETE AND ACCURATE.***

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SIGNATURE OF APPLICANT

DATE SIGNED

**Mail completed application, and all required documentation and fees to:**  
**Arizona Department of Health Services**  
**Office of Special Licensing**  
**150 North 18th Avenue, Suite 460**  
**Phoenix, AZ 85007**

Licensee Last Name and Current Date \_\_\_\_\_



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## PLEASE READ THIS INFORMATION PRIOR TO SUBMITTING YOUR CONTINUING EDUCATION FORMS

### Quantity of continuing education hours required for renewal per Arizona Revised Statute §36-1904:

**12 CE Hours for hearing aid dispensing;** 1 CE Hour = 60 minutes continuous instruction. For course content that relates to the practice of fitting and dispensing hearing aids: *courses sponsored by a single manufacturer of hearing aids may not satisfy more than four hours* of continuing education within the prior twelve months.

**10 CE Hours for audiology, and speech language pathology;** 1 CE Hour = 50 minutes continuous instruction. Dispensing Audiologist and Limited Speech-Language Pathologist are classed with audiology and speech-language pathology for CE hour purposes.

### Record of CE Completion: Arizona Administrative Code R9-16-207—Audiology, Speech-Language Pathology and R9-16-308—Hearing Aid Dispensing

A licensee shall maintain a record of each CE course completed by the licensee. . . . The record shall contain:

1. The name, address, and license number of the licensee;
2. A statement, signed by the licensee, verifying the information contained in the record and;
3. For each CE course completed by the licensee, the following information:

CE Course	Course Provider	Course Presenter
1. Course Name/Title 2. Number of Hours Earned 3. Summary of Course Content 4. Summary of Course Educational Objectives	5. Course Provider Name 6. Course Date 7. Course Location of Presentation 8. Signed Statement from Course Provider Verifying Attendance	9. Presenter Name 10. Description of Presenter’s Credentials (i.e. relevant education, training, experience)

### Qualitative Congruence Factors the Department uses to determine CE course approval

A.A.C. R9-16-207 Speech-Language Pathology and Audiology	A.A.C. R9-16-309 Hearing Aid Dispensers
<p>G. The Department shall approve a CE course if the Department determines that the CE course:</p> <ol style="list-style-type: none"> <li>1. Is designed to provide <i>current developments, skills, procedures, or treatment in diagnostic and therapeutic procedures</i> in audiology or speech-language pathology;</li> <li>2. Is developed and presented by individuals knowledgeable and experienced in the subject area; and</li> <li>3. <i>Contributes directly to the professional competence</i> of a licensee.</li> </ol>	<p>A. For course work to be eligible . . . for CE hours, the course content shall <i>directly relate to the practice of fitting and dispensing</i> hearing aids and <i>the educational objectives shall exceed an introductory level of knowledge</i> as it relates to fitting and dispensing hearing aids. The course work shall include advances, within the last five years, in the field as follows:</p> <ol style="list-style-type: none"> <li>1. Procedures in the selection and fitting of hearing aids,</li> <li>2. Pre- and post-fitting management of clients,</li> <li>3. Instrument circuitry and acoustic performance data,</li> <li>4. Earmold design and modification contributing to improved client performance,</li> <li>5. Audiometric equipment or testing techniques which demonstrate an improved ability to identify and evaluate hearing loss,</li> <li>6. Auditory rehabilitation,</li> <li>7. Ethics,</li> <li>8. Federal and state statutes or rules, or</li> <li>9. Assistive listening devices.</li> </ol>

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## When you complete your CE Form for renewing your license...

1. Assume your courses are \*not\* pre-approved. See explanation below if you have CE Pre-Approval.
2. Complete all fields on the CE form. Do not use “see attached” to complete your form.
3. Write full descriptions of content summaries and objectives on the form.
4. Complete a separate CE Form for each distinct course session you attend.

## Explanations of the above list regarding CE Form completeness

1. ASHA, AAA, IHHIS course certifications \*do not\* mean “pre-approved”. Arizona licensing is governed by the rules of Arizona law and not representative professional organizations. **You should \*not\* assume your courses are pre-approved** unless you have a letter or certificate of pre-approval by the Arizona Department of Health Services – Office of Special Licensing. If you do have a letter or certificate of pre-approval from us, *you must still submit a CE form for each course with parts 1,2,3,7,8 completed*. Attach a copy of your letter or certificate of pre-approval along with your certificate of attendance.
2. The Department approves or denies CE Hours based on the information you provide on your CE Form. Therefore, **complete all of the spaces in the form**. We will not approve forms with missing information (except in the case of pre-approval noted above) and this will delay your application until it is complete. We will \*not\* accept “see attached” types of entries nor print-outs of course syllabi, high-lighted course materials, etc. because these materials take too much time to review and find all the information that is required on the CE Form.
3. Since the Department approves or denies CE hours based upon the information you provide on your CE Form, it is vital that you **write full descriptions in the course content summaries and objectives**. You should be describing how the course content and objectives contribute to improving your professional competence in your scope of practice according to the Qualitative Congruence factors listed above for your license class. Copying this information to the CE Form from course materials is acceptable.
4. For multiple-hour conferences and workshops, **please use a separate CE form for each distinct course session attended**. These events typically cover multiple topics, and each of those sessions and the value of their corresponding hours are evaluated for approval. You may submit a copy of the course schedule highlighting the specific sessions you attended to help clarify to us the correct amount of hours.

## Evaluating Congruence

The Department evaluates course summaries and educational objectives to determine if they reflect the criteria listed in the *Qualitative Congruence chart* above. Professional competence is in the context relevant to the licensee’s scope of practice as defined in Arizona Revised Statute §36-1901. The following types of course content are categorically denied approval:

- **Individualized Educational Program / I.E.P Pro updates**
- **“Business-related”-- Practice management, practice success/improvement, marketing, reducing returns**
- **Personal enhancement--** e.g. stress management, career advancement, networking, personal success and motivation.
- **Maximizing Reimbursement / Coding Compliance**
- **Business/District Policies and Procedures trainings and ‘updates’**