



STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
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DOUGLAS A. DUCEY
Governor

TOBI ZAVALA
Executive Director

CLINICAL SUPERVISOR REGISTRATION FORM

Pursuant to A.R.S. § 32-3253(15), the Board maintains a registry of licensees who have met the educational requirements to provide supervision. Inclusion on the registry is voluntary. To be eligible for inclusion on the registry, an individual must be in compliance with the educational requirements set forth in A.A.C. R4-6-214.

Please select ONE of the following:

- I am not currently included on the clinical supervision registry and wish to be considered.
- I am currently on the clinical supervision registry and am submitting documentation of my compliance with the continuing education requirements to remain on the registry.

Name: _____

Address: _____

Preferred Telephone Number: _____

Preferred Email _____

License Number(s): _____ Issue Date: _____ Exp. Date: _____

_____ Issue Date: _____ Exp. Date: _____

Licensing board (if other than AzBBHE) _____

To be considered for inclusion on the registry of clinical supervisors, or to demonstrate compliance with continuing education requirements to remain on the registry, please attach the following to this form:

- Evidence of being qualified under A.A.C. R4-212(A) including:
 - A copy of your active license (not necessary if licensed by AzBBHE)
 - A statement from your employer if qualified under A.A.C. R4-6-212(A)(3)
- Documentation of having completed the education required under A.A.C. R4-6-214 including:
 - A copy of completion certificates and course descriptions for applicable training
 - A copy of a current certificate if qualifying under A.A.C. R4-6-214(A)(1)(b-d)

Board staff will notify you of your approval for initial inclusion or remaining on the registry by your selected method of contact. PLEASE SELECT ONE: Mail E-mail

I certify under penalty of perjury that the above information and all supporting documents are true and accurate to the best of my knowledge.

Signature

Date Signed