

**ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS**  
**APPLICATION FOR LICENSURE—BEHAVIOR ANALYST**  
**GENERAL INSTRUCTIONS AND INFORMATION**

**APPLICATION MATERIALS**

An application form for licensure as a behavior analyst is enclosed. Please read the enclosed materials very carefully as lack of familiarity with the requirements may cause delays in the application process. Applicants should call the Board Office prior to submitting application forms to verify that the forms and fees are still current.

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- \* Check or Money Order in the amount of \$350 made payable to the Board of Psychologist Examiners
- \* Application for Licensure with any required supporting documentation
- \* Supervised Training Experience Verification form sent directly to the Board by the training program administrator or supervisor.
- \* Mandatory Confidential Information form (non-public information)
- \* Official transcripts from all graduate institutions attended, sent directly to the Board by the university/college
- \* Verification of credential (e.g., license, certification or registration) in other jurisdictions or certification by a national certification board, if applicable, sent directly to the Board by the appropriate jurisdiction
- \* Completion of the Arizona Statement of Citizenship and Alien Status accompanied by copy of your passport or birth certificate.

**It is the applicant's responsibility to contact information sources to verify that materials have been sent. Board staff do not fax application documents to information sources. It is the applicant's responsibility to make ensure that all information sources are aware of any deadlines that the applicant is attempting to meet. Applications must be administratively complete in order to be scheduled on the Board agenda. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. It may be helpful to submit course catalog descriptions and/or course syllabi. The Board provides the applicant one *Notice of Deficiency* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8159 to check the status of the application file.**

**STATUTES AND RULES**

A free copy of the Board's Statutes and Rules (rules governing psychologists) are available on the Board's website <https://psychboard.az.gov>. To obtain a hard copy of the Board's Statutes, Arizona Revised Statutes §§ 32-2061 through 32-2091.13, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. Rules regulating psychologists (Arizona Administrative Code R4-26-101 through R4-26-308,) are also available for \$5.00. Please write "Statutes and Rules" in the memo section of the check.

**CONTACTING THE BOARD**

Heather Broaddus, Licensing Coordinator  
(602) 542-8159  
Fax (602) 542-8279  
Email: [heather.broaddus@psychboard.az.gov](mailto:heather.broaddus@psychboard.az.gov)  
Website: <https://psychboard.az.gov>

Mailing Address:  
Arizona Board of Psychologist Examiners  
1400 W. Washington, Suite 240  
Phoenix, AZ 85007

**NOTICE FOR AMERICANS WITH DISABILITIES**

Title II of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability. Persons with disabilities may request reasonable accommodations by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for accommodations. Documents may be made available in alternative format by contacting the Board.

With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:

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.

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## **Arizona Board of Psychologist Examiners**

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### **FEE SCHEDULE**

Application	\$350*
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**\*This fee is non-refundable and must accompany the application.**

Initial Licensing Fee <i>(\$20.83/mo. for months remaining until next renewal date, payable after the Board approves your application for licensure)</i>	\$500 Prorated
Biennial Active Renewal Fee	\$500
Biennial Inactive Renewal Fee	\$85
Reinstatement Fee	\$200

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Statutes and Rules	\$ 5
Duplicate Renewal Receipt	\$ 5
Duplicate Certificate	\$ 25
Verification of Licensure	\$ 2

All fees shall be in the form of personal check or money order submitted to and made payable to the **Arizona Board of Psychologist Examiners**

# GENERAL INFORMATION\*

(Please print or type)

1. Full Name: \_\_\_\_\_

Other Names Used (currently or in the past): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_ Work Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Email: \_\_\_\_\_

Gender:            Female            Male

- |    |  |      |          |
|----|--|------|----------|
| 2. | If you become licensed in Arizona, please specify which address and telephone number you want listed in the agency directory.  | Home | Business |
| 3. | At which address would you like to receive correspondence?   | Home | Business |
| 4. | Are you on active duty in the military?  | Yes  | No       |
| 5. | Are you or have you been licensed or certified as a behavior analyst in any regulatory jurisdiction in the US or any other country? If yes, list jurisdiction(s) and license number(s): _____                            | Yes  | No       |
| 6. | Are you certified as a behavior analyst by the Behavior Analyst Certification Board (BACB)? If yes, please send the Request for Verification of Certification to the BACB and provide original certification date: _____ | Yes  | No       |
| 7. | If you are not certified by the BACB, have you ever taken a national examination for behavior analysis? If yes, please complete the Verification of Results of Examination and provide examination date: _____           | Yes  | No       |

## IF ANSWERING "YES" TO ANY QUESTIONS BELOW, PLEASE ATTACH EXPLANATION

- |     |  |     |    |
|-----|--|-----|----|
| 8.  | Are you licensed or certified in any other field(s) or profession(s)? If yes, please Provide the name of the profession(s), jurisdiction(s), and license number:<br>_____  | Yes | No |
| 9.  | Have you ever had a professional license, certification or registration refused, revoked, suspended or restricted in any regulatory jurisdiction of the U.S. or in another country?  | Yes | No |
| 10. | Have you ever voluntarily surrendered a license, certification, or registration in another regulatory jurisdiction in the U.S. or another country while under investigation for reasons that relate to unprofessional conduct or in lieu of disciplinary proceedings?* | Yes | No |

\*This information is considered public

11. Have you ever had a complaint, allegation or investigation in another regulatory jurisdiction in the US or another country that relates to unprofessional conduct against your professional license, certification or registration? Yes No
12. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or misdemeanor other than a minor traffic offense or ever entered into a diversion program in lieu of prosecution, including any convictions that have been expunged, pardoned, or deleted? (If yes, please include the status of the resolution, and expected resolution date). Yes No
13. Have you ever been sued or prosecuted for an act or omission relating to your practice as a behavior analyst, or your work in another profession? Yes No
14. Have you ever been involuntarily terminated or have you resigned in lieu of termination from any behavioral health position or related employment? Yes No
15. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to safely and competently practice? Yes No
16. Do you have any medical, physical, or psychological condition that may in any way impair or limit your ability to practice behavior analysis safely and effectively? Yes No
17. **UNDERGRADUATE AND GRADUATE EDUCATION:**

University, College, or Institution of Higher Learning	City and State	Dates Attended	Degree & Date	Name of Department	Major Subject Area

18. Official Graduate Degree Program Title: \_\_\_\_\_
19. Major Advisor: \_\_\_\_\_ Department: \_\_\_\_\_
20. Title of Thesis/Dissertation, if applicable: \_\_\_\_\_
21. Official title of specialty area, if applicable: \_\_\_\_\_
22. Pursuant to A.R.S. § 32-2091.03(A)(1), was your graduate program accredited by a recognized accrediting agency at the time of your graduation? Yes No  
Please list accrediting agency: \_\_\_\_\_
23. Pursuant to A.R.S. § 32-2091.03(A)(3), did you complete at least 225 classroom hours of specific graduate level instruction that meets nationally recognized standards for behavior analysts? Yes No

- |  |     |    |
|--|-----|----|
| 24. Did you complete your degree, coursework and work experience requirements AFTER January 1, 2000?   | Yes | No |
| If yes, did you complete 1,500 hours of supervised work experience or independent fieldwork in the practice of applied behavior analysis in no less than 12 months?  | Yes | No |
| 25. Did you complete your degree, coursework or experience requirements BEFORE January 1, 2000?  | Yes | No |
| If yes, was your supervised work experience or core specified coursework accrued in a setting outside of a college or university program?  | Yes | No |
| If yes, was your coursework or supervised work experience acquired after the graduate degree program and before January 1, 2000?   | Yes | No |
| If yes, are you certified by the Behavior Analyst Certification Board?   | Yes | No |
| 26. List your training experiences relating to behavior analysis, including the names of individuals from whom you are requesting verification forms:  |     |    |
| _____  |     |    |
| _____  |     |    |
| _____  |     |    |
| 27. Supervised work experience in behavior analysis (please submit applicable verification forms):   |     |    |
| a. Have you completed a minimum of 1500 hours supervised work experience in behavior analysis?   | Yes | No |
| b. Did the experience include conducting behavioral assessments and assessment activities related to the need for behavioral interventions? [A.R.S. § 32-2091.03(B)(1)]  | Yes | No |
| c. Did the experience include designing, implementing, and monitoring behavior analysis programs for clients?  | Yes | No |
| d. Did the experience include overseeing the implementation of behavior analysis programs by others?   | Yes | No |
| e. Did the experience include other activities normally performed by the behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analysis program, researching the literature related to the program, talking to individuals about the program and any additional activities related to oversight of behavioral programming such a behavior analyst supervision issues or evaluation of behavior analysts performance? | Yes | No |

**PROFESSIONAL EXPERIENCE IN BEHAVIOR ANALYSIS:**

List most recent first and for each of the positions give the following information: your exact title, a brief statement of the type of employment; and the amount and kind of professional supervision

<b>Start &amp; End Dates</b>	<b>Hours/Week</b>	<b>Employer</b>	<b>Employer Address</b>

- a. Title: \_\_\_\_\_
- b. Type of Employment: \_\_\_\_\_
- c. Nature of Supervision: \_\_\_\_\_
- d. Name and Address of Professional Supervisor: \_\_\_\_\_  
\_\_\_\_\_

<b>Start &amp; End Dates</b>	<b>Hours/Week</b>	<b>Employer</b>	<b>Employer's Address</b>

- a. Title: \_\_\_\_\_
- b. Type of Employment: \_\_\_\_\_
- c. Nature of Supervision: \_\_\_\_\_
- d. Name and Address of Professional Supervisor: \_\_\_\_\_  
\_\_\_\_\_

<b>Start &amp; End Dates</b>	<b>Hours/Week</b>	<b>Employer</b>	<b>Employer's Address</b>

- a. Title: \_\_\_\_\_
- b. Type of Employment: \_\_\_\_\_
- c. Nature of Supervision: \_\_\_\_\_
- d. Name and Address of Professional Supervisor: \_\_\_\_\_  
\_\_\_\_\_

<b>Start &amp; End Dates</b>	<b>Hours/Week</b>	<b>Employer</b>	<b>Employer's Address</b>

- a. Title: \_\_\_\_\_
- b. Type of Employment: \_\_\_\_\_

c. Nature of Supervision: \_\_\_\_\_

d. Name and Address of Professional Supervisor: \_\_\_\_\_

\_\_\_\_\_

<b>Start &amp; End Dates</b>	<b>Hours/Week</b>	<b>Employer</b>	<b>Employer's Address</b>

a. Title: \_\_\_\_\_

b. Type of Employment: \_\_\_\_\_

c. Nature of Supervision: \_\_\_\_\_

d. Name and Address of Professional Supervisor: \_\_\_\_\_

\_\_\_\_\_

<b>Start &amp; End Dates</b>	<b>Hours/Week</b>	<b>Employer</b>	<b>Employer's Address</b>

e. Title: \_\_\_\_\_

f. Type of Employment: \_\_\_\_\_

g. Nature of Supervision: \_\_\_\_\_

h. Name and Address of Professional Supervisor: \_\_\_\_\_

\_\_\_\_\_

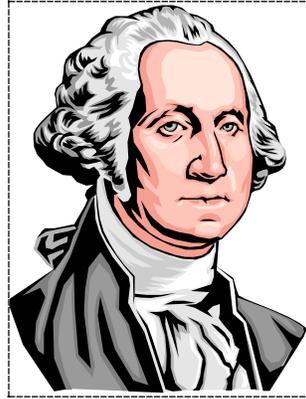
*\*Note: You may photocopy this page or add additional pages as needed.*

If licensed, I would like the name on my wall certificate to read (include name and degree only):

\_\_\_\_\_

This application shall be accompanied by:

1. One original, un-retouched passport quality photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space below, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
2. A check or money order in the amount of \$ \_\_\_\_\_, made payable to the Arizona Board of Psychologist Examiners.



AFFIDAVIT

Pursuant to A.R.S. Sections 32-2091.09 and 32-2091.12, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

I swear that the statements contained herein are true in every respect. I have not omitted any information that might affect this application. I will conform to the standards of professional conduct as defined in Arizona Revised Statute Section 32-2091, et seq., and the rules pertaining thereto.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

Affix

\_\_\_\_\_  
Signature of Notary

Notary Seal

My Commission Expires: \_\_\_\_\_



**State of Arizona  
Board of Psychologist Examiners**

1400 West Washington, Suite 240  
Phoenix, Arizona 85007

Phone: (602) 542-8162 Fax: (602) 542-8279  
<https://psychboard.az.gov>

**BEHAVIOR ANALYST  
REQUEST FOR VERIFICATION OF CERTIFICATION**

**APPLICANT:** PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND EMAIL THE FORM TO [verifications@bacb.com](mailto:verifications@bacb.com) WITH THE SUBJECT TO READ: **ARIZONA VERIFICATION**. THE BACB WILL THEN EMAIL THE COMPLETED FORM BACK TO ARIZONA:

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**APPLICANT INFORMATION:**

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
CERTIFICATION NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DAYTIME PHONE NUMBER

\_\_\_\_\_  
CITY, STATE AND ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME ON CERTIFICATION RECORDS  
IF DIFFERENT FROM ABOVE

\_\_\_\_\_  
MONTH/YEAR OF CERTIFICATION

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
(DATE)

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**ATTENTION:** BEHAVIOR ANALYST CERTIFICATION BOARD, INC. (BACB)

- The individual named above is currently certified by the BACB as a "Board Certified Behavior Analyst" ("BCBA").
- The individual named above is not currently certified by the BACB.
- The individual named above has taken and passed the national examination administered by the BACB.
- The individual named above has not taken and/or passed the national examination administered by the BACB.

\_\_\_\_\_  
BACB -- Verified by

\_\_\_\_\_  
Date

**PLEASE EMAIL EVIDENCE REQUESTED TO THE FOLLOWING EMAIL ADDRESS:**

[heather.broaddus@psychboard.az.gov](mailto:heather.broaddus@psychboard.az.gov)



# State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 240  
Phoenix, AZ 85007

Phone: 602-542-8159  
Fax: 602-542-8279

E-Mail: [heather.broadus@psychboard.az.gov](mailto:heather.broadus@psychboard.az.gov)  
[https:// psychboard.az.gov](https://psychboard.az.gov)

## SUPERVISED WORK EXPERIENCE OR INDEPENDENT FIELDWORK VERIFICATION (MINIMUM 1500 HOURS)

Dear \_\_\_\_\_:

Date: \_\_\_\_\_

I am applying for licensure as a Behavior Analyst in Arizona. My application shows that I participated in supervised work experience or independent fieldwork in the practice of applied behavior analysis with you or your organization from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_. Arizona Revised Statute (A.R.S.) § 32-2091.03(2) requires that evidence of at least 1500 hours of supervised work experience or independent fieldwork be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and mail this and any other requested information directly to the Board at the above address. Thank you for your assistance.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**SECTION A.** (The information below must be completed by the supervisor, a behavior analyst certified by a national behavior analyst certification board, or certified behavior analyst knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**)

I attest that \_\_\_\_\_ participated in supervised work experience or independent fieldwork in the practice of applied behavior analysis at \_\_\_\_\_

\_\_\_\_\_ (Name of sites)

1. Total hours of experience: \_\_\_\_\_

**IF ANSWERING "NO" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER**

2. Did this applicant successfully perform the supervised work experience or independent fieldwork at a satisfactory level of performance? Yes      No

3. Did work experience or fieldwork include the following:

a. Conducting behavior assessments and assessment activities related to the need for behavioral interventions. Yes      No

b. Designing, implementing and monitoring behavior analysis programs for clients. Yes      No

c. Overseeing the implementation of behavior analysis programs for clients. Yes      No

d. Other activities normally performed by a behavior analyst that are directly related to behavior analysis, such as attending planning meetings regarding the behavior analysis program, researching the literature related to the program, talking to individuals about the program, and any additional activities related to oversight of behavioral programming such as behavior analyst supervision issues or evaluation of behavior analysts' performance) Yes      No

4. For supervised work experience, did the supervisor observe the applicant engaging Yes      No

in behavior analytic activities in the natural environment at least once every two weeks?

- |   |     |    |
|---|-----|----|
| 5. Were no more than half of the supervised hours in each supervisory period conducted in small groups of 10 or fewer participants?   | Yes | No |
| 6. Did the remainder of the total supervision hours in each supervisory period consist of direct one-to-one contact?  | Yes | No |
| 7. If supervision occurred prior to January 1, 2011, was the supervisor certified by the Behavior Analyst Certification Board?  | Yes | No |
| 8. If supervision occurred after January 1, 2011, was the supervisor a behavior analyst licensed in Arizona or in a state that licenses behavior analysts at the time of the supervised experience?                               | Yes | No |
| If no, is the applicant requesting an exemption from the board from this requirement?<br><b>(Please attach the request with the supporting documentation (supervisor resume &amp; supervisor unofficial graduate transcript))</b> | Yes | No |

**IF ANSWERING "YES" TO THE FOLLOWING QUESTION, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER**

- |  |     |    |
|--|-----|----|
| 9. Was the supervisor conducting the supervised work experience a relative, subordinate, or employee of the applicant? | Yes | No |
|--|-----|----|

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**SECTION B.**

I hereby certify that the information provided here is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
License or Certification Number

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

# Arizona Board of Psychologist Examiners Mandatory Confidential Information

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Name (Last, First, Middle)

---

Other Names Used (Last, First, Middle Maiden)

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Residential Address\* (P.O. BOX NOT ACCEPTABLE)

---

Mailing Address (If different from above)

Check here to indicate if residential address is the same as your business address

(\_\_\_\_) \_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Date of Birth\*\*

(\_\_\_\_) \_\_\_\_\_  
Home Fax Number

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Social Security Number\*\*\* (Required)

\* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.

\*\*THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.

\*\*\*A.R.S. §§ 25-320(P) and 25-502(K) MANDATE THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.

ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS  
Professional License and Commercial License  
Arizona Board of Psychologist Examiners

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 § 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: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

**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 or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. 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**

APPLICANT'S NAME (Print or type) \_\_\_\_\_

TYPE OF APPLICATION (Check one)     INITIAL APPLICATION                       RENEWAL

TYPE OF LICENSE/CERTIFICATION \_\_\_\_\_

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

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

If **Yes**, 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) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status. Name of document provided \_\_\_\_\_

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).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. 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))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. 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.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

## **EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS**

**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.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
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.