

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS  
APPLICATION FOR PSYCHOLOGIST EXAMINATION AND/OR LICENSURE  
GENERAL INSTRUCTIONS AND INFORMATION

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**APPLICATION MATERIALS**

An application form for examination and/or licensure as a psychologist is enclosed. Please read the enclosed materials very carefully as lack of familiarity with the requirements may cause delays in the application process. This form may change without notice. Applicants should call the Board office prior to submitting application forms to ensure the form being used is the most current. The current application and fee schedule are maintained on the Board's website. Revision date is next to the page number.

If you have failed the Examination for Professional Practice in Psychology three or more times in any state, you must contact the Board before submitting an application, pursuant to A.R.S. § 32-2072(C) and R4-26-204(A)(1).

**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:**

1. Check or Money Order made payable to the Board of Psychologist Examiners: \$200 for temporary licensure (application for licensure and/or examination), \$350.00 for all other applications
2. Application for licensure and/or examination with any required supporting documentation. *Do not include verifications in your application. Verifications must come from the primary source. This includes verification of licensure, certification, official transcripts and work experience/training. If you have a SEALED official transcript, you may include it in your application packet, but it must be unopened. Transcripts in open envelopes will not be accepted.*
3. "Core Program Requirements" form (If you did not graduate from an APA accredited doctoral program)
4. "Supervised Internship or Training Experience Verification" form sent directly to the Board by the training program administrator or supervisor. If the program was not an APA approved internship or a member of APPIC, a copy of the written statement describing goals and content of training and clear expectations for the quality and quantity of work is also required. *The Board may waive this at your written request if you have twenty years of licensed practice in the U.S. or Canada. (Checking the appropriate box on application page 4 meets the requirement for a written request.)*
5. If applicable, "Postdoctoral Experience Verification" form sent directly to the Board by the training supervisor along with the written training plan pursuant to A.R.S. §32-2071(G)(7). (Only the training plan is required for a supervised temporary license application.) *The Board may waive this at your written request if you have ten years of licensed practice in the U.S. or Canada.*
6. If applicable, "Supervised Preinternship Experience Verification" form sent directly to the Board by the Educational Institution along with the written training plan pursuant to A.R.S. §32-2071(E)(2). (Not required for a supervised temporary license application) *The Board may waive this at your written request if you have ten years of licensed practice in the U.S. or Canada.*
7. Verification of all psychology licenses ever held in other states, sent directly to the Board of Psychologist Examiners by the appropriate jurisdiction.
8. Verification of any licenses or certifications held in any other field(s) or profession(s), sent directly from the state licensure Board
9. The "Mandatory Confidential Information" page (non-public information)
10. Official transcripts from all graduate institutions attended, regardless of degree, sent directly to the Board by the university/college (transcripts sent digitally will be accepted ONLY if the Board can validate the transcripts).
11. Reference forms sent directly to the reference by the Board. Provide an email address on the application for references to expedite requests.
12. Self-query from the National Practitioner Data Bank available at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov). Provide results to the Board.
13. Completion of the Arizona Statement of Citizenship and Alien Status (2 pages) accompanied by copy of your passport, birth certificate and picture ID, or other acceptable documentation. Please note, if the documentation, such as a birth certificate, does not have your picture, you must also send a copy of a valid picture ID such as a driver's license, US passport, military ID, etc.

It is the applicant's responsibility to request verifications and contact information sources to verify that materials have been sent, including reference letters mailed/emailed from the Board office. Board staff cannot fax reference letters or other application documents to information sources. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines that the applicant is attempting to meet. New 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 [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov) or (602) 542-8161 to check the status of the application file.

## STATUTES AND RULES

To obtain a hard copy of the Board's Statutes, Arizona Revised Statutes §§ 32-2061 through 32-2087.03, and Rules, Arizona Administrative Code R4-26-101 through R4-26-310, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. Please write "Statutes and Rules" in the memo section of the check. It is also possible to download a free copy of the Statutes and Rules from the Board's website <https://psychboard.az.gov>.

## NOTICE FOR APPLICANTS REQUESTING TO TAKE THE EPPP PRIOR TO COMPLETION OF SUPERVISED TRAINING

Applicants for examination and licensure may now take the Examination for Professional Practice in Psychology (EPPP) upon completion of the doctoral degree, including completion of a minimum 1500 hours of internship, but prior to completion of the 1500 hours of additional supervised professional experience required for licensure. The Supervised Psychology Internship or Training Verification form must be submitted by the site/supervisor directly to the Board. Where applicable, Supervised Preinternship Experience Verification form(s) must be submitted by the educational institution directly to the Board. Where applicable, Postdoctoral Professional Psychology Experience Verification form(s) must be submitted by the site/supervisor directly to the Board, once postdoctoral hours are completed. If an applicant has completed all training experiences, all appropriate verification forms must be provided.

An applicant who has been approved for the EPPP must pass the exam and complete the 3000 hours of supervised professional experience before the applicant may be approved for licensure.

## EXAMINATION (EPPP)

The Examination for Professional Practice in Psychology (EPPP) is administered for Arizona via computer at authorized Pearson VUE Testing Centers. Once an applicant is approved by the Board of Psychologist Examiners to sit for the EPPP, the Board will provide the applicant's name to the Association of State and Provincial Psychology Boards (ASPPB). ASPPB will email an application packet to the applicant; receive, review, correct and verify the application; and collect payment directly from the applicant.

## STUDY MATERIALS

Information regarding study materials for the EPPP can be obtained by contacting the ASPPB at:

P.O. Box 3079  
Peachtree City, GA 30269  
678-216-1175  
[www.asppb.net](http://www.asppb.net)

## CONTACTING THE BOARD

Kathy Fowkes, Licensing Specialist  
E-mail: [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov)  
Direct Line : (602) 542-8161  
Fax: (602) 926-8095  
Internet : <https://psychboard.az.gov>

### **Mailing Address**

Arizona Board of Psychologist Examiners  
1740 West Adams Street, Suite 3403  
Phoenix, Arizona 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 in its public meetings. 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. These documents may be made available in alternative formats by contacting the Board.

### NOTICE:

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.

### NOTICE:

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.

**Arizona Board of Psychologist Examiners**  
**APPLICATION FOR PSYCHOLOGIST EXAMINATION AND/OR LICENSURE**

**FEE SCHEDULE**

**All fees are non-refundable**

**INITIAL APPLICATION FEES**

- Application for Licensure as a Psychologist or as a behavior analyst.. \$350.00
- Application for Temporary Psychologist License..... \$200.00
- Reapplication..... \$200.00

**LICENSE ISSUANCE FEES:**

***DO NOT** send issuance fee with application. Issuance fees are payable **only** after the Board approves your application for licensure. Sending payment for the license issuance fee prior to application approval will delay the processing of your application and the check/money order will be rejected.*

- **Behavior Analyst & Psychologist Initial Issuance Fee..... \$500.00 (max.)**  
Prorated\*  
*\*The initial license issuance fee is calculated at \$20.8333/month for the first license cycle including month of issuance and month of expiration.*
- **Temporary Psychologist Issuance Fee**  
**(license is non-renewable)..... \$500.00**

**RENEWAL AND REINSTATEMENT FEES:**

- Biennial Active Renewal Fee..... \$500.00
- Biennial Inactive Renewal Fee..... \$ 85.00
- Reinstatement Fee..... \$200.00

**OTHER FEES:**

- Statutes and Rules Hard Copy.....\$ 5.00
- Duplicate Renewal Receipt.....\$ 5.00
- Duplicate Certificate.....\$ 25.00
- Verification of Licensure.....\$ 2.00

All fees shall be in the form of personal checks or money orders submitted to and made payable to the **Arizona Board of Psychologist Examiners.**  
**Board staff are not authorized to accept credit card payments.**

**All fees are non-refundable**

**Arizona Board of Psychologist Examiners**  
**APPLICATION FOR PSYCHOLOGIST EXAMINATION AND/OR LICENSURE**

Applicant Name: \_\_\_\_\_  
(Please include your degree - Psy.D., Ph.D., etc.)

**PLEASE SELECT ONE**

1. Applying to take the EPPP only (\$350.00)

Complete all questions on the application and submit all applicable documentation (see instruction page) including internship verification form

2. Applying to take the EPPP and Licensure (\$350.00)

Complete all questions on the application and submit all applicable documentation (see instruction page) including internship verification form and verification form for the additional 1,500 hours of supervised work experience

3. Applying for licensure by Waiver (\$350.00)-Please select the type of Waiver that applies to you :

*("Waiver" means that you have previously passed the EPPP with a score that meets or exceeds the cut off score for Arizona)*

- a. Passed the EPPP but not licensed as a psychologist at the independent level
- b. Passed the EPPP and licensed as a psychologist at the independent level for less than 10 years
- c. Passed the EPPP and licensed as a psychologist at the independent level for 10 or more years
- d. Passed the EPPP and licensed as a psychologist at the independent level for 20 or more years

\*4. Applying for Supervised Temporary Licensure as Psychologist only \$200

Complete all questions on the application and submit all applicable documentation (see instruction page) including internship verification form.

\*5. Applying for Supervised Temporary Licensure as a Psychologist and EPPP (\$200)

Complete all questions on the application and submit all applicable documentation (see instruction page) including internship verification form.

**\*NOTE:** Applicants applying for supervised temporary licensure as a Temporary Psychologist while completing postdoctoral experience will be required to meet requirements pursuant to A.R.S. §32-2073 regarding temporary licensure.



## GENERAL INFORMATION

(PLEASE PRINT OR TYPE)

1.	Full Name:	Date:
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Home Address: Please provide on the *Mandatory Confidential Information* form enclosed.

Business Address:	Street:		
	City:	State:	Zip:

Work Phone:	(    )	Ext.:	Work Fax:	(    )
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Work E-Mail:				
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Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
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2. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board.	Home <input type="checkbox"/>	Business <input type="checkbox"/>
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3. Which address would you like the Board to use as your mailing address?	Home <input type="checkbox"/>	Business <input type="checkbox"/>
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<b>PLEASE CHECK YES OR NO</b>	<b>YES</b>	<b>NO</b>
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4. Are you on active duty in the military?		
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5. Do you hold a Certificate of Professional Qualification in Psychology (CPQ), a National Register of Health Service Providers in Psychology (NRHSPP) credential, or are you a Specialist (Diplomate) of the American Board of Professional Psychology (ABPP)? If yes, please use the "Application for Licensure as a Psychologist by Credential" form.		
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6. Are you or have you been licensed or certified as a psychologist in any state or Canadian province (jurisdiction)? If yes, list state(s) and license number(s): _____		
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7. Have you ever taken the national examination in psychology (EPPP), including exams taken in Arizona? If yes, list all states and dates:  List Jurisdiction and Dates: _____		
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**FOR QUESTIONS 8 THROUGH 21 BELOW, IF THE ANSWER IS YES, PLEASE ATTACH AN EXPLANATION**

	<b>YES</b>	<b>NO</b>
8. Have you made application to any other state or Canadian province in which you are not licensed? If yes, attach an explanation and include dates		
9. Are you or have you been licensed or certified in any other field or profession? If yes, please provide the name of the profession(s), jurisdiction(s), and license number(s):  _____		
Name of Profession(s), Jurisdictions(s) & License Numbers		

10. Has any state or province ever denied or rejected your application for a professional license, certification, or registration?		
11. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration?		
12. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration?		
13. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s): Name(s): _____		
14. Have you ever had membership in a professional association in the field of psychology denied or revoked?		
15. Are you currently under investigation or have you been found to have violated a professional code of conduct by any jurisdiction? (If yes, please provide explanation)		
16. Have you ever been sanctioned or placed on probation by any jurisdiction?		
17. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or a misdemeanor other than a minor traffic offense (a DUI is not a minor traffic offense) or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged, pardoned or deleted? (If yes, please include in your explanation the status of resolution, and expected resolution date)		
18. Have you been sued or prosecuted for an act or omission relating to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a profession in which you were not certified or licensed?		
19. Have you ever been involuntarily terminated or have you resigned in lieu of termination from any psychological or behavioral health position or related employment?		

**FOR QUESTIONS 20 AND 21, ANSWERS ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC**

20. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice?		
21. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice psychology safely and effectively?		

(continued on next page)

22. UNDERGRADUATE & GRADUATE EDUCATION –Enter required information below for all graduate degrees you have earned. Official transcripts for all graduate degrees (even if not psychology related) must be sent directly to the Board.

<b>A</b>	Name of College or University		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:
<b>B</b>	Name of College or University		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:
<b>C</b>	Name of College or University		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:
<b>D</b>	Name of College or University		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:

23.	Name of Doctoral Degree Major Advisor:	Title of Dissertation or PsyD Project:
Official Title of your Doctoral Degree Program or Pre-doctoral Specialty Area:		

24.	Pursuant to A.R.S. §32-2071(K), did you complete at least 18 semester hours (or equivalent) within a 12-month consecutive period at the institution that granted your doctorate in psychology, or a minimum of 300 hours of student-faculty contact that involved face-to-face educational meetings conducted by the institution's psychology faculty and fully documented by the institution and the student?	YES	NO

25. **SUPERVISED TRAINING EXPERIENCE/VERIFICATIONS:** List your psychology-related training experience(s) in the table below, including names of the individuals from whom you are requesting verifications. (If more space is needed, please attach information on a separate sheet.) "Type of experience" refers to preinternship, internship or postdoctoral. It is not necessary to list preinternship sites if you are not applying those hours toward licensure. You must list internship and postdoctoral supervised experiences. Please submit applicable verification form(s) to your supervisor(s).

A.	Name of Supervisor	Site Name, City, State	Type of Experience
B.	Name of Supervisor	Site Name, City, State	Type of Experience
C.	Name of Supervisor	Site Name, City, State	Type of Experience
D.	Name of Supervisor	Site Name, City, State	Type of Experience
E.	Name of Supervisor	Site Name, City, State	Type of Experience
F.	Name of Supervisor	Site Name, City, State	Type of Experience
G.	Name of Supervisor	Site Name, City, State	Type of Experience
H.	Name of Supervisor	Site Name, City, State	Type of Experience
I.	Name of Supervisor	Site Name, City, State	Type of Experience
J.	Name of Supervisor	Site Name, City, State	Type of Experience
K.	Name of Supervisor	Site Name, City, State	Type of Experience

26. List your total amount of hours of supervised training experience in each category, and check which type(s) of experiences you are applying towards Arizona licensure to meet the 3,000 hour requirement.

**\*\*\*Internship must have a minimum of 1,500 hours pursuant to A.R.S. §32-2071(F)\*\*\***

Preinternship hours: _____	Internship hours: _____	Postdoctoral* hours: _____
Applying towards licensure: <input type="checkbox"/>	Applying towards licensure: <input type="checkbox"/>	Applying towards licensure: <input type="checkbox"/>

**\*NOTE:** Some states require completion of postdoctoral experience prior to licensure. Applicants who may apply to other states for licensure should review specific requirements for postdoctoral experience prior to obtaining licensure in Arizona.

27. If licensed, I would like my name on the license to read:

\_\_\_\_\_  
(Name and degree only, such as Psy.D., Ph.D., etc.)

28. My areas of professional competence are:

\_\_\_\_\_

29. My intended general area of professional activity/practice in Arizona (e.g., clinical, etc.) is:

\_\_\_\_\_

30. **REFERENCES:** To be acceptable, reference psychologists must provide favorable endorsement of your professional competence and your experience in the areas of intended practice, not merely indicate that you are known to them. Mere provision of a signature or an unfavorable report by a reference psychologist does not constitute provision of credentials necessary for licensure.

Reference psychologists shall be psychologists licensed or certified to practice psychology in a United States or Canadian jurisdiction. **Members of the Arizona Board of Psychologist Examiners may not provide references.** The Board may reject any reference and/or require additional references from the applicant.

List the names, positions, addresses and phone numbers of **at least two** psychologists familiar with your education, training or experience and who have knowledge of your professional activities **WITHIN THE PAST THREE (3) YEARS**. The Board will contact these persons directly for the required information and endorsement on forms provided by the Board.

A. First and Last Name, including degree: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

**\*for expedited service, please include an email address for your reference.**

B. First and Last Name, including degree: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

**\*for expedited service, please include an email address for your reference.**

31. **PROFESSIONAL EXPERIENCE IN PSYCHOLOGY.** List supervised experiences you are applying toward licensure, as well as supervised experiences that were employment only. Please list the most recent first and, for each of the positions, give the following information required below. You may photocopy this page or add additional pages as needed. If you have employment only and supervised experience towards licensure at the same site, list each type of experience separately.

Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:		
Applicant Job Title:	Type of Employment:	
Name of Professional Supervisor:	Nature of Supervision:	
Present Address of Professional Supervisor:		
Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:		
Applicant Job Title:	Type of Employment:	
Name of Professional Supervisor:	Nature of Supervision:	
Present Address of Professional Supervisor:		
Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:		
Applicant Job Title:	Type of Employment:	
Name of Professional Supervisor:	Nature of Supervision:	
Present Address of Professional Supervisor:		
Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only	<input type="checkbox"/> Supervised Experience Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:		
Applicant Job Title:	Type of Employment:	
Name of Professional Supervisor:	Nature of Supervision:	
Present Address of Professional Supervisor:		

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

32.	Was your doctoral program accredited by the American Psychological Association (APA), Office of Program Consultation and Accreditation at the time of your graduation?  a. If YES, skip to item 33. b. If NO: <ul style="list-style-type: none"> <li>• Complete the Core Program Requirements section</li> <li>• Attach a copy of the official program description from the university catalogue that most accurately reflects your program at the time of attendance.</li> </ul>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

## CORE PROGRAM REQUIREMENTS

Name \_\_\_\_\_

Date \_\_\_\_\_

In accordance with A.R.S. 32-2071(A)(4) and Board Rules, an applicant shall show a minimum of 3 or more graduate semester hours (or 5 quarter hours, 6 trimester hours, or the equivalent classroom contact hours) in each of the following areas.

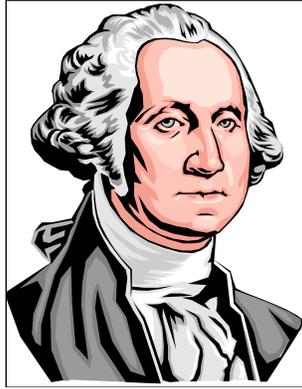
Please note: Providing course descriptions and/or course syllabi could be helpful in demonstrating that you meet these requirements of Arizona law. It is possible to satisfy one of these course requirements through your comprehensive examination [see A.A.C. R4-26-202(C) and (E)]. If you are deficient in one or two content areas, Arizona law allows you to make-up those courses as a non-matriculated graduate student.

Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
		<b>SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS IN PSYCHOLOGY:</b>		
				Semester Quarter Trimester
		<b>RESEARCH METHOD AND STATISTICS:</b> (May include design, methodology, statistics and psychometrics)		
				Semester Quarter Trimester
		<b>BIOLOGICAL BASIS OF BEHAVIOR:</b> (May include physiological psychology, comparative psychology, neuro-psychology, sensation and perception and psychopharmacology)		
				Semester Quarter Trimester

		<b>COGNITIVE-AFFECTIVE BASIS OF BEHAVIOR:</b> (May include learning, thinking, motivation and emotion)		
				Semester Quarter Trimester
		<b>THE SOCIAL BASIS OF BEHAVIOR:</b> (May include social psychology, group processes, cultural diversity, and organizational and systems theory)		
				Semester Quarter Trimester
		<b>INDIVIDUAL DIFFERENCES:</b> (May include personality theory, human development and abnormal psychology)		
				Semester Quarter Trimester
		<b>ASSESSMENT:</b> (Includes instruction in interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning)		
				Semester Quarter Trimester
		<b>TREATMENT MODALITIES:</b> (Includes Instruction in the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders)		
				Semester Quarter Trimester

33. This application shall be accompanied by:

- A. One original, un-retouched 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 color photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
- B. A Check or Money Order in the amount of \$\_\_\_\_\_, made payable to the Arizona Board of Psychologist Examiners. (Please refer to fee table at the end of the application packet if you are not sure of the fee required).



PHOTOGRAPH

## ATTESTATION

Pursuant to A.R.S. Sections 32-2061, 32-2071.01 and 32-2081, 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 32-2061, et seq., and the rules pertaining thereto.

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Signature of Applicant

Name of Applicant:

Summary of Pre-Internship Supervised Professional Experiences

Abbreviated Title of Training Site	Dates of Supervised Experience (From & To; Month, Year) Listed Chronologically	Semester(s)	Class Number	Total Number of Supervised Hours	Direct Hours	Hours worked per week	Total Face to Face Individual Supervision	Total Face to Face Group Supervision	Total Face to Face (Group + Individual) Supervision	Weekly Face to Face Individual Supervision	Weekly Face to Face Group Supervision	Weekly Face to Face (Individual+Group) Supervision Totals
<i>Example - Best Mental Hlth Clinic</i>	<i>Sept 08 - May 09</i>	<i>Fall 2008; Spring 2009</i>	<i>CPY 639; CPY 639</i>	<i>297</i>	<i>100</i>	<i>9</i>	<i>30</i>	<i>0</i>	<i>30</i>	<i>1</i>	<i>0</i>	<i>1</i>
<b>GRAND TOTAL</b>												

**Notes:**  
 Follow format in example (e.g., Best Mental Hlth Clinic) for each entry  
 Each experience listed in this summary must be included separately and verified by the educational institution on the Supervised Preinternship Verification Form  
 Enter N/A for class number if experience is not associated with a specific class  
 Please refer to A.R.S. §32-2071 (E) for information pertaining to preinternship requirements



# State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403  
Phoenix, AZ 85007

Phone: 602-542-8162  
Fax: 602-542-8279

E-Mail: [Kathy.fowkes@psychboard.az.gov](mailto:Kathy.fowkes@psychboard.az.gov)  
<https://psychboard.az.gov>

*If sending by fax, please use a cover sheet with your facility's logo or letterhead.*

## SUPERVISED PSYCHOLOGY INTERNSHIP OR TRAINING EXPERIENCE VERIFICATION (MINIMUM 1,500 HOURS)

Dear Dr. \_\_\_\_\_:  
(your supervisor)

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

I am applying for licensure in Arizona as a Psychologist. My application shows that I participated in a professional psychology training experience with your organization from \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YY). Arizona Revised Statute (A.R.S.) § 32-2071(D) and (F) requires that evidence of at least 1,500 hours of supervised professional internship experience 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. Email is acceptable. Thank you for your assistance.

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

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

**SECTION A.** The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**

I attest that \_\_\_\_\_ participated in a professional psychology training program at  
(name of trainee)

Name of Internship Site: \_\_\_\_\_

City and State of Site: \_\_\_\_\_

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

No more than 40 hours worked per week can be applied towards licensure pursuant to A.R.S. §32-2071(H). Report only consecutive hours that can be applied towards licensure.

YES NO

2.	Did this applicant successfully complete this psychology training program at a satisfactory level of performance? If no, please attach an explanation.		
3.	During the entire time this applicant was in training, was this psychology training program a predoctoral internship approved by the American Psychological Association Committee on Accreditation (APA)?		
4.	During the entire time this applicant was in training, was this psychology training program an internship facility that was a member of the Association of Psychology and Postdoctoral Internship Centers (APPIC)?		

**IF ANSWERING "YES" TO EITHER QUESTIONS 3 OR 4 ABOVE, PLEASE SKIP TO SECTION C. YOU DO NOT NEED TO ANSWER QUESTIONS 5 THROUGH 27 IN SECTION B.**

**SECTION B. (For interns at sites that were not APA approved or APPIC members during the entire time the intern was in training.)**

5. Number of hours trainee worked per week: \_\_\_\_\_ for \_\_\_\_\_ weeks.
6. TOTAL hours of individual, face-to-face supervision: \_\_\_\_\_
7. TOTAL number of direct client contact hours: \_\_\_\_\_

**IF ANSWERING “YES” TO QUESTIONS 8-10, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

		YES	NO
8.	Prior to, or during the training, did any of this trainee’s supervisors have a familial or financial relationship with this trainee, or was the trainee the employer of a supervisor?		
9.	Was any credit given to this trainee for activities completed before the starting date?		
10.	Was any credit given to this trainee for activities performed which were not directly under supervision and control by your organization or facility?		

**IF ANSWERING “NO” TO ANY OF QUESTIONS 11-27, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

		YES	NO
11.	Did the psychology training program have a clearly designated staff psychologist who was responsible for the integrity and quality of training?		
12.	Was this staff psychologist Licensed or Certified in the state where the psychology training took place? Who was this psychologist? _____ (name of staff psychologist)		
13.	Did the psychology training program have at least two psychologists on staff as supervisors?		
14.	Was supervision of this psychology trainee provided by the person who carried clinical responsibility for the cases being supervised?		
15.	At all times, was a supervisor available to the trainee at the various points of decision making?		
16.	Was 50% or less of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? (If more than 50% of face to face supervision was completed using real-time visual telecommunication or other confidential electronic means, please provide percentage: _____%)		
17.	Was at least 50% of the training supervision provided by one or more licensed or certified psychologists?		
18.	Did training include a range of assessment, consultation and treatment activities conducted directly with clients?		
19.	Was a minimum of 25% of the trainee’s time in direct client contact?		

		YES	NO
20.	Was there a minimum of one (1) hour of face-to-face, individual supervision for each twenty (20) hours of experience with the specific intent of dealing with the quality of psychological service rendered directly by the trainee?		
21.	Did the training include at least two additional hours per week in other learning activities? (Examples of additional learning activities may include: case conferences involving a case in which the trainee was actively involved; seminars dealing with clinical issues; co-therapy with a professional staff person including discussion, group supervision or additional individual supervision).		
22.	Did this applicant have a title designating his or her trainee status?		
23.	Was there a written statement that described the goals and content of training and that stated clear expectations for the quality and quantity of this trainee's work? <b>IF YES, PLEASE ATTACH A COPY OF THIS STATEMENT.</b>		
24.	Did you attach a copy of the written statement referenced in Question 23?		
25.	Was the written statement in Question 23 established by the time the trainee began training and did it correspond to the training program this applicant completed?		
26.	Did the training program include interaction with other psychology trainees?		
27.	Was any of the time spent fulfilling academic degree requirements such as doctoral degree formal course work, practica, field laboratory, dissertation or thesis credit counted toward the hours accumulated in this psychology training program?  If yes, how much time was spent in these activities as a part of the training experience?  _____		

### **SECTION C**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
License # and State

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

\_\_\_\_\_  
Email Address



# State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403 Phone: 602-542-8162 E-Mail: [Kathy.fowkes@psychboard.az.gov](mailto:Kathy.fowkes@psychboard.az.gov)  
Phoenix, AZ 85007 Fax: 602-542-8279 <https://psychboard.az.gov>  
*If sending by fax, please use a cover sheet with your facility's logo or letterhead.*

## SUPERVISED PREINTERNSHIP EXPERIENCE VERIFICATION Educational Institution

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

Dear Dr. \_\_\_\_\_:

I am applying for licensure in Arizona as a Psychologist. My application shows that while a student at \_\_\_\_\_, I participated in supervised preinternship psychology training experiences (see list below). Arizona Revised Statutes (A.R.S.) §32-2071(D)(5) requires that verification of these experiences be sent to the Arizona Board of Psychologist Examiners. Please verify the experiences I have listed below, complete the subsequent questions, and send this and any other requested information directly to the Board at the above address. Thank you for your assistance.

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

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

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title of Doctoral Program or Predoctoral Specialty Area: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_ Semester/Year of Graduation: \_\_\_\_\_

### To Be Completed By Applicant:

Pursuant to A.R.S. §32-2071(E)(5), I have provided the Board a copy of the written training plan developed by the doctoral program from the educational institution from which I graduated. (If no, please attach an explanation on a separate page)	Yes	No

**TO BE COMPLETED BY THE APPLICANT AND VERIFIED BY THE EDUCATIONAL INSTITUTION:**

List in chronological order each place of supervised preinternship experience for which you are claiming hours. Please print. Use additional copies of this page as needed.

Name of Facility/Training Site:		Phone:	
Address:		City & State:	
Dates of Supervised Experience	From:	To:	
Applicant's working title:			
Term/Class number/title in which you received academic credit for this experience (e.g., Fall 2009, PSY 660 Practicum)*:			

*\*Note: If academic experience was not received for this experience, please attach an explanation.*

\_\_\_\_\_ Total Number of Supervised Experience Hours

\_\_\_\_\_ Total Hours of Direct Patient/Client Contact

\_\_\_\_\_ Number of Hours Worked per Week

\_\_\_\_\_ Total hours of face-to-face supervision distributed as follows:

\_\_\_\_\_ Total Hours of Individual Supervision

\_\_\_\_\_ Total hours of Group Supervision

\_\_\_\_\_ Hours of Face to Face Supervision per Week distributed as follows:

\_\_\_\_\_ Hours of individual supervision per week

\_\_\_\_\_ Hours of group supervision per week

Description of Training: \_\_\_\_\_

Name of Faculty Supervisor: \_\_\_\_\_

Name of Primary Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Primary Supervisor: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Name of Secondary/Other Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Secondary/Other Supervisor: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

**Verified by (To Be Completed by Doctoral Program Training Director, Faculty Supervisor, or Other Institution Official):**

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

Printed Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Email Address: \_\_\_\_\_

**To Be Completed by Doctoral Program Training Director, Faculty Supervisor, or Other Institution Official:  
Please check Yes or No for each question. (FOR EACH "NO" RESPONSE, PLEASE ATTACH AN EXPLANATION  
REFERENCING THE QUESTION #)**

		YES	NO
1.	Was the training experience(s) completed within 72 months?		
2.	Pursuant to A.R.S. 32-2071(2) and (5), was there a written training plan between the student and graduate training program for each supervised experience? (If YES, please attach a copy of the plan(s))		
3.	Did the preinternship supervised experience(s):		
a.	Reflect a faculty-directed organized sequential series of supervised experiences?		
b.	Provide increased complexity following appropriate academic coursework?		
c.	Prepare the applicant for internship?		
4.	Did the written training plan(s):		
a.	Designate an allotment of time for each training activity?		
b.	Specify goals and objectives?		
c.	Indicate methods of evaluation of the student?		
d.	Indicate methods of evaluation of the supervisory experiences?		
5.	If any of the supervision was conducted off-site, was the licensed supervisor's approval obtained in writing?		
6.	Was at least 50% of the supervised experience spent in psychological service-related activities?		
7.	Did this applicant successfully complete this supervised training experience(s)?		
8.	Was ethics training included throughout the training experience?		
9.	Was regularly scheduled contemporaneous face-to-face individual supervision provided for at least one hour per week per twenty hours of supervised preinternship professional experience that addressed the direct psychological services provided by the student?		

10. \_\_\_\_\_ Please indicate the percent of supervision provided by a licensed psychologist.

\_\_\_\_\_ Please indicate the percent of supervision provided by a licensed mental health professional.

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

**Completed By (Printed Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Name of Educational Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



# State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403  
Phoenix, AZ 85007

Phone: 602-542-8162  
Fax: 602-542-8279

E-Mail: [Kathy.fowkes@psychboard.az.gov](mailto:Kathy.fowkes@psychboard.az.gov)  
<https://psychboard.az.gov>

*If sending by fax, please use a cover sheet with your facility's logo or letterhead.*

## POSTDOCTORAL PROFESSIONAL PSYCHOLOGY EXPERIENCE VERIFICATION

Dear Dr. \_\_\_\_\_:  
(Supervisor Name)

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

I am applying for licensure in Arizona as a Psychologist. My application shows that I was under your supervision from \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY). Arizona Revised Statutes (A.R.S.) § 32-2071(D) and (G) allows postdoctoral hours to be applied toward supervised professional experience required for licensure. Evidence of supervised professional postdoctoral experience MUST be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and mail this information directly to the Board at the above address. Thank you for your assistance.

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

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

**SECTION A. The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's postdoctoral experience. It may not be completed by the applicant.**

I attest that \_\_\_\_\_ worked as a postdoctoral supervisee at  
(Applicant Name)

(Name of Site) \_\_\_\_\_ in (City & State) \_\_\_\_\_

From \_\_\_\_\_ (MM/DD/YYYY) To \_\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_ Number of hours trainee worked per week

\_\_\_\_\_ Total number of hours of postdoctoral experience

\_\_\_\_\_ Number of hours of individual, face to face supervision

**(Note: A.R.S. 32-2071(G)(5) requires 1 hour of face-to-face, individual supervision for each 20 hours of supervised professional experience)**

\_\_\_\_\_ Number of direct client contact hours

**(Note: A.R.S. 32-2071(G)(5) at least forty per cent of the supervisee's time shall be in direct contact with clients or patients)**

**IF ANSWERING "YES" TO ANY OF QUESTIONS 1-4, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

		YES	NO
1.	Prior to or during supervision, were you and the supervisee involved in a familial or financial relationship or was the supervisee your employer?		
2.	Did this training experience begin prior to written certification by the supervisee's educational program that the applicant had satisfied all requirements for the doctoral degree or prior to written certification that the supervisee completed an appropriate internship training program?		
3.	Did any of the hours described here accumulate while the supervisee was functioning in a professional capacity not directly under your responsibility?		
4.	Did the supervisee have less than 1 hour of face-to-face individual supervision for each twenty hours of supervised professional experience?		

**IF ANSWERING "NO" TO ANY OF QUESTIONS 5-17 PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

**YES NO**

5.	Were you licensed or certified as a psychologist in the state where the supervision occurred?		
6.	Were you licensed or certified as a psychologist for at least two years prior to beginning the supervision?		
7.	Did you accept full clinical and ethical responsibility for the supervisee's actions as a postdoctoral trainee?		
8.	Were you fully available to the supervisee in the event of emergency?		
9.	Could you provide emergency consultation coverage when you were not?		
10.	Was 50% or less of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? (If more than 50% of face to face supervision was completed using real-time visual telecommunication or other confidential electronic means, please provide percentage: _____%)		
11.	Was this training experience completed within 36 consecutive months?		
12.	Were you responsible for ensuring that adequate records of client contacts were maintained?		
13.	Were clients informed that you were the source of access to this information in the future?		
14.	Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status?		
15.	Did you take reasonable steps to ensure that clients could meet with you at the clients' request?		
16.	Was this supervisee's performance satisfactory?		
17.	Did you take reasonable steps to ensure that clients were informed of the supervisee's training status and that clients could meet with you at the clients' request?		
18.	Pursuant to A.R.S. §32-2071(G)(7), I have provided the Board a copy of the written training plan developed by the training organization. (If no, please attach an explanation on a separate page)		

19. What was the nature of the supervisee's duties while you were supervisor?

\_\_\_\_\_

\_\_\_\_\_

**SECTION B.**

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

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

Title: \_\_\_\_\_

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

License No. & State: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Arizona Board of Psychologist Examiners Mandatory Confidential Information

<b>Name (Last, First, Middle):</b>			
<b>Other Names Used (such as birth name, if different from above)</b>			
<b>Residential Address* (PO Box Not Acceptable):</b>			
<b>City, State Zip</b>			
<b>Mailing Address, if different from above:</b>			
<b>City, State Zip:</b>			
<b>E-Mail Address:</b>			
<b>Home Phone Number:</b>		<b>Home Fax Number:</b>	

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

<b>Date of Birth**</b>		<b>9-digit SSN***:</b>	
<b>Place of Birth (City, State, Country)</b>			

\* 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  
AND 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 licensing 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) \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF APPLICATION (check one)     INITIAL APPLICATION                       RENEWAL

TYPE OF LICENSE \_\_\_\_\_

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

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

B. If Yes, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

C. If you answered Yes, 1) Attach a legible copy of a document from the attached list.

Name of document \_\_\_\_\_

2) Go to Section IV on Page 2.

D. If you answered No, you must complete Section III and IV (Page 2)

### SECTION III — ALIEN STATUS DECLARATION

**Directions:** 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 the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. 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 and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected 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 (A.R.S. § 1-501)

- 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 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

- \* 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. \*

### 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.