

STATE OF ARIZONA BOARD OF BEHAVIORAL HEALTH EXAMINERS 1740 WEST ADAMS STREET, SUITE 3600

PHOENIX, AZ 85007

PHONE: 602.542.1882 FAX: 602.364.0890

Board Website: www.azbbhe.us

Email Address: information@azbbhe.us

KATIE HOBBS Governor TOBI ZAVALA Executive Director

Date

EDUCATIONAL PROGRAM APPROVAL MAINTENANCE REQUEST

Please use this form to report minimal changes that do not fall under A.A.C. R4-6-307(H).

Pursuant to A.A.C. R4-6-307(H), colleges or universities who have previously received Board approval for a curriculum shall notify the Board within 60 days and request approval for changes to the educational program which include:

• Changes to more than 25% of the course competencies;

Authorized Representative Signature

- Changes to more than 25% of course learning objectives;
- The addition of a course in a core content area specified in A.A.C. R4-6-501, 601, or 701; or
- The deletion of a course in a core content area specified in A.A.C. R4-6-501, 601, or 701

Name of Institution:		
Degree title as approved by the Boa	ard:	
Board approval date:		
Briefly describe any program changes the	hat have taken place since the origina	l review and approval:
To ensure the Board has up to date documodified since the Board's approval (if were used to meet the core content areas	applicable). It is only necessary to su	
Contact person:	Email address:	
Mailing address:		
Phone number:	Website:	
As an authorized representative of th under penalty of perjury under the lav form and any accompanying attachme maintaining program approval for an a	ws of the State of Arizona that all in ents is true and correct, and reque	iformation submitted on this