



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
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KATIE HOBBS  
Governor

TOBI ZAVALA  
Executive Director

## CURRICULUM APPROVAL APPLICATION

Effective November 1, 2015, pursuant to A.R.S. § 32-3253(14), the Arizona Board of Behavioral Health Examiners ("Board") may review educational curricula of regionally accredited colleges or universities with programs **not otherwise accredited by an organization or entity recognized by the Board** to determine if the curricula is consistent with the requirements in A.R.S. Title 32, Ch. 33 for licensure. Colleges or universities interested in applying can find additional information in A.A.C. R4-6-307. Programs receiving Board approval will be approved for a period of five years subject to A.A.C. R4-6-307(F).

The application must be signed by an authorized representative of the institution, and include a copy of the school's regional accreditation if it is not already on file with the Board. Please submit a separate application and grid for each degree title.

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

Address: \_\_\_\_\_  
(Street, City, State, Zip)

### Discipline:

- ☐ Counseling  
☐ Marriage and Family Therapy  
☐ Addiction Counseling

### Level of Degree

- ☐ Associates  
☐ Bachelors  
☐ Masters

Degree title as it appears on a transcript: \_\_\_\_\_  
(Complete a separate form for each qualifying degree title)

Program Director or Chair: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Website address: \_\_\_\_\_

Regional Accrediting Organization: \_\_\_\_\_  
(Attach verification of accreditation)

Total number of units in degree: \_\_\_\_\_ semester credit hours ☐ \_\_\_\_\_ quarter credit hours

What format is this program offered?    Online                      In Person                      Both

Are all students who graduate from your program required to meet the requirements outlined in the attached grid?   ☐   YES   ☐   NO

If No, please explain: \_\_\_\_\_

When was the degree title established?

What semester/year did the current curriculum submitted to meet Board requirements begin?  
(documentation may be requested to verify semester/year start date)

**Items to include with this application:**

- ☐ Application fee - \$500 (non-refundable)
- Completed Curriculum Approval Application (this form)
- Completed grid of required coursework
- Published course description and syllabus for each course (Please highlight each subsection of the core area(s); or please identify where on the syllabus each subsection is referenced)
- Published course catalog (if catalog is online, include link)

As an authorized representative of this institution, I, \_\_\_\_\_ declare under penalty of perjury under the laws of the State of Arizona that all information submitted on this form and any accompanying attachments is true and correct.

Upon approval of an educational program, I certify that the college/university will abide by the terms set forth in Board rule A.A.C. R4-6-307.

I agree to submit curriculum changes to the Board within 60 days as prescribed in A.A.C. R4-6-307(H), and understand that the Board will review the changes to ensure the revised curriculum aligns with the Board's requirements for licensure.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date