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Arizona Administrative REGISTER

Published by the Department of State ~ Office of the Secretary of State

Volume 31, Issue 39 **~ Administrative Register Contents ~** **September 26, 2025**

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From the Publisher

ABOUT THIS PUBLICATION

The authenticated pdf of the *Administrative Register* (A.A.R.) posted on the Arizona Secretary of State's website is the official published version for rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains notices of rules terminated by the agency and rules that have expired.

ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rulemaking activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA, and other state statutes.

New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE *REGISTER*?

The *Arizona Administrative Code* (A.A.C) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The authenticated pdf of *Code* Chapters posted on the Arizona Secretary of State's website are the official published version of rules in the A.A.C. The *Code* is posted online for free.

LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this Chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking. Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a page.

Arizona Administrative REGISTER

September 26, 2025
Volume 31, Issue 39

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ADMINISTRATIVE REGISTER
This publication is available online for free at www.azsos.gov.

ADMINISTRATIVE CODE
The *Arizona Administrative Code* is available online at www.azsos.gov.

PUBLICATION DEADLINES
Publication dates are published in the back of the *Register.* These dates include file submittal dates with a three-week turnaround from filing to published document.

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The Office of the Secretary of State is an equal opportunity employer.

Participate in the Process

Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register.* Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

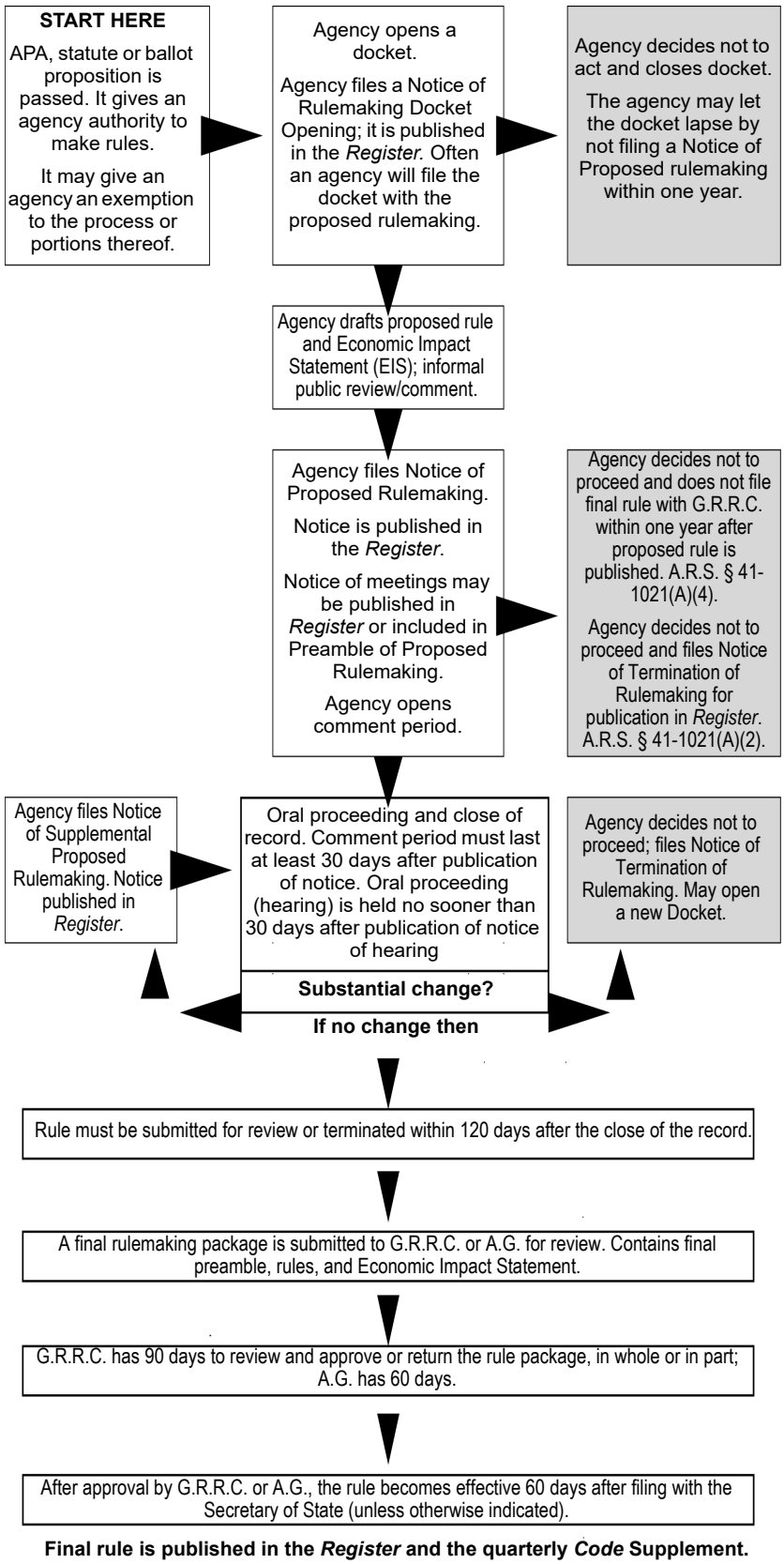
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

Arizona Regular Rulemaking Process



Final rule is published in the *Register* and the quarterly *Code* Supplement.

Definitions

***Arizona Administrative Code* (A.A.C.):** Official rules codified and published by the Secretary of State's Office. Available online at www.azsos.gov.

***Arizona Administrative Register* (A.A.R.):** The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at www.azsos.gov.

Administrative Procedure Act (APA): A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at www.azleg.gov.

Arizona Revised Statutes (A.R.S.): The statutes are made by the Arizona State Legislature during a legislative session. They are complied by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The "§" symbol simply means "section." Available online at www.azleg.gov.

Chapter: A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

Close of Record: The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

Code of Federal Regulations (CFR): The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

Docket: A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

Economic, Small Business, and Consumer Impact Statement (EIS): The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

Governor's Regulatory Review (G.R.R.C.): Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

Incorporated by Reference: An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

Federal Register (FR): The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

Session Laws or "Laws": When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word "Laws" is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation "Ch.", and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at www.azleg.gov.

United States Code (U.S.C.): The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – Administrative Procedure Act

A.R.S. – Arizona Revised Statutes

CFR – *Code of Federal Regulations*

EIS – Economic, Small Business, and Consumer Impact Statement

FR – *Federal Register*

G.R.R.C. – Governor's Regulatory Review Council

U.S.C. – *United States Code*

About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.

NOTICES OF PROPOSED RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Proposed Rulemaking.

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same *Register* issue.

When an agency files a Notice of Proposed Rulemaking under the Administrative Procedure Act (APA), the notice is published in the *Register* within three weeks of filing. See the publication schedule in the back of each issue of the *Register* for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule (A.R.S. §§ 41-1013 and 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

NOTICE OF PROPOSED RULEMAKING

TITLE 6. ECONOMIC SECURITY

CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY DEVELOPMENTAL DISABILITIES

[R25-217]

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:

May 24, 2024

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
Article 14	New Article
R6-6-1401	New Section
R6-6-1402	New Section
R6-6-1403	New Section
R6-6-1404	New Section
R6-6-1405	New Section
R6-6-1406	New Section
R6-6-1407	New Section

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. §§ 36-554 and 41-1954(A)(3)

Implementing statute: A.R.S. § 36-568

4. Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:

Notice of Rulemaking Docket Opening: 31 A.A.R. 3064, September 26, 2025 (*in this issue*); File Number: R25-220

5. The agency's contact person who can answer questions about the rulemaking:

Name: Hiroko Flores
Title: Deputy Rules Administrator
Division: Office of the Director
Address: Department of Economic Security
P.O. Box 6123, Mail Drop 111G
Phoenix, AZ 85005

or

Department of Economic Security
1789 W. Jefferson St., Mail Drop 111G
Phoenix, AZ 85007

Telephone: (480) 487-7694
Fax: (602) 542-6000

Email: rules@azdes.gov
Website: https://des.az.gov/documents-center/des-rules/submit-comments-des-rules

6. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The Governor signed House Bill 2117 into law on May 14, 2019, to create A.R.S. § 36-568 (Group homes; nursing-supported group homes; intermediate care facilities; electronic monitoring; rules; policies, definition), mandating the Department to adopt rules regarding the use of electronic monitoring in group homes and intermediate care facilities. The Department published a Notice of Proposed Rulemaking in the Arizona Administrative Register on April 22, 2022. Subsequently, Senate Bill 1542 passed on May 20, 2022, amending A.R.S. § 36-568. As a result of the amendments to A.R.S. § 36-568 and stakeholder engagement solicited by the Department, this rulemaking is being submitted to promulgate new rules regarding electronic monitoring of group homes and intermediate care facilities to comply with A.R.S. § 36-568.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Not applicable

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The preliminary summary of the economic, small business, and consumer impact:

The economic impact of the rulemaking is expected to be minimal (less than $1,000) for all persons involved in the rulemaking and application processes.

Consumers: The persons directly impacted by this rulemaking are individuals who are applicants to the Division of Developmental Disabilities (Division), Division members, and other responsible persons who voluntarily seek services through the Division. The rulemaking does not impose any obligation on the individual or responsible person to accept or participate in services without informed consent. Additionally, this rulemaking does not obligate responsible persons to install electronic monitoring. Responsible persons who wish to have Electronic Monitoring Devices in a group home, nursing-supported group home, or intermediate care facility may be responsible to pay for installing, overseeing, and monitoring; or contracting for installation, oversight, and monitoring of the electronic monitoring device. The Division is not authorized to conduct rulemaking for the operation of Electronic Devices by those paid for, installed, or contracted by a Responsible Person. Consumers who apply to the Division will benefit from clear and updated information on the standards for electronic monitoring of group homes, nursing-supported group homes, and intermediate care facilities.

Small Businesses: This rulemaking does not obligate small businesses, including Qualified Vendors, to install electronic monitoring in common areas. To the extent that a Qualified Vendor chooses to install and use electronic monitoring devices, the Qualified Vendor will be responsible for paying to install, oversee, and monitor; or contract for installation, oversight, and monitoring of an electronic monitoring device.

The Department and members of the public will benefit from the proposed rulemaking because the standards for optional electronic monitoring of private and state-operated group homes, nursing-supported group homes, and intermediate care facilities will be clear, concise, and understandable.

10. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:

Name: Hiroko Flores
Title: Deputy Rules Administrator
Division: Office of the Director
Address: Department of Economic Security
P.O. Box 6123, Mail Drop 111G
Phoenix, AZ 85005

or

Department of Economic Security
1789 W. Jefferson St., Mail Drop 111G
Phoenix, AZ 85007

Telephone: (480) 487-7694
Fax: (602) 542-6000
Email: rules@azdes.gov
Website: https://des.az.gov/documents-center/des-rules/submit-comments-des-rules

11. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Persons may participate in the oral proceeding via video conference in the RSA conference rooms at any of the following satellite offices:

Date: October 28, 2025

Time: 2:00 p.m. – 3:00 p.m.

Locations: 1990 W. Camelback, 3rd Floor, Phoenix, AZ 85015

20 E. White Mountain Blvd., Suite C-1, Pinetop, AZ 85929

2400 Airway Ave., Kingman, AZ 86409

125 E. Elliot Rd., Chandler, AZ 85225

1701 N. 4th St., Flagstaff, AZ 86004

1800 E. Palo Verde St., Yuma, AZ 85364

1455 S. Alvernon Way, 1st Floor, Tucson, AZ 85711

Persons who want to speak at the oral proceeding may register before October 28, 2025, using the Oral Comment Registration Form. Speakers may also register on the date of the oral proceeding. Speakers will be called in the order in which requests are received.

The Department will accept written comments submitted to the individual named in item 4 until the close of record.

Close of Record: October 28, 2025, 11:59 p.m. MST

12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

Not applicable

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

Not applicable

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

The Health Insurance Portability and Accountability Act, or "HIPAA", and the implementing regulation at 45 CFR 164 are applicable to the subject of this rule. These rules are not more stringent than federal law.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

Not applicable

13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

Not applicable

14. The full text of the rules follows:

TITLE 6. ECONOMIC SECURITY

CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY DEVELOPMENTAL DISABILITIES

ARTICLE 14. ~~EXPIRED~~ ELECTRONIC MONITORING OF GROUP HOMES, NURSING-SUPPORTED GROUP HOMES, AND INTERMEDIATE CARE FACILITIES

Section

R6-6-1401. ~~Expired~~Definitions and Location of Definitions
R6-6-1402. Applicability
R6-6-1403. Permissibility
R6-6-1404. Notification and Consent of Electronic Monitoring
R6-6-1405. Disclosure and Confidentiality
R6-6-1406. Maintenance of Records
R6-6-1407. Monitoring and Training

ARTICLE 14. ~~EXPIRED~~ ELECTRONIC MONITORING OF GROUP HOMES, NURSING-SUPPORTED GROUP HOMES, AND INTERMEDIATE CARE FACILITIES

R6-6-1401. ~~Expired~~Definitions and Location of Definitions

A. Location of definitions. Definitions applicable to this Article are found in the following:

Definition	Section or Citation
"Business Day"	R6-6-1401(B)
"Common Area"	R6-6-1401(B)
"Department"	A.R.S. § 36-551
"Division"	A.R.S. § 36-551
"Electronic Monitoring Device"	A.R.S. § 36-568
"Electronic Monitoring Record"	R6-6-1401(B)
"Group Home"	A.R.S. § 36-551
"Health Insurance Portability and Accountability Act Privacy Rule" or "HIPAA Privacy Rule"	45 CFR 164
"Health Insurance Portability and Accountability Act Security Rule" or "HIPAA Security Rule"	45 CFR 164
"Intermediate Care Facility"	R6-6-1401(B)
"Member"	R6-6-1401(B)
"Nursing-supported Group Home"	A.R.S. § 36-401
"Operator"	R6-6-1401(B)
"Resident"	R6-6-1401(B)
"Responsible Person"	A.R.S. § 36-551
"Service Provider"	A.R.S. § 36-551

B. The following definitions apply to this Article:

1. "Business Day" means Monday through Friday, excluding holidays listed in A.R.S. § 1-301.
2. "Common Area" means a room, including a hallway, in a Group Home, Nursing-supported Group Home, or Intermediate Care Facility, that is designed for use by multiple individuals, including Residents. Bedrooms, toileting areas, and bathing areas are excluded from this definition, regardless of the number of individuals for which the area is designed.
3. "Electronic Monitoring Record" means the data created by an Electronic Monitoring Device.
4. "Intermediate Care Facility" means the same as "Intermediate Care Facility for Persons with Intellectual Disabilities," as defined in A.R.S. § 36-551.
5. "Member" means the same as "client," as defined in A.R.S. § 36-551.
6. "Operator" means a Service Provider who administers a Group Home, Nursing-supported Group Home, or Intermediate Care Facility.
7. "Resident" means a Member who resides in a Group Home, Nursing-supported Group Home, or Intermediate Care Facility.

R6-6-1402. Applicability

This Article applies to all Operators of Group Homes, Nursing-supported Group Homes, or Intermediate Care Facilities. Unless expressly stated, this Article does not apply to an Electronic Monitoring Device installed by a Responsible Person as described under A.R.S. § 36-568(B).

R6-6-1403. Permissibility

A. Prior to an Operator installing an Electronic Monitoring Device in a Group Home, Nursing-supported Group Home, or Intermediate Care Facility, the Operator shall obtain written consent from each Resident's Responsible Person. The Operator shall not install an Electronic Monitoring Device if any Resident's Responsible Person objects to the installation.

1. An Operator that installs an Electronic Monitoring Device shall provide for the oversight and monitoring of that device as required under this Article.
2. An Operator shall discontinue use of an already installed Electronic Monitoring Device if a Resident's Responsible Person objects to the use of the Electronic Monitoring Device.

B. An Operator shall only install, oversee, and monitor an Electronic Monitoring Device in a Common Area of a Group Home, Nursing-supported Group Home, or Intermediate Care Facility.

C. An Operator shall require in each agreement with any third party engaged to install, oversee, and monitor an Electronic Monitoring Device that the third party complies with the requirements of A.R.S. § 36-568 and this Article.

D. When a Resident's Responsible Person requests that an Electronic Monitoring Device be installed in the facility in which a Resident resides, the Operator shall provide a written response to the Resident's Responsible Person within 20 Business Days of receipt of the request as to whether the Operator agrees to install, oversee, and monitor the Electronic Monitoring Device.

1. If the Operator does not agree to install, oversee, and monitor an Electronic Monitoring Device, the Operator shall provide a written response to each Resident's Responsible Person that includes the reason for denial and shall inform each Resident's Responsible Person that an Electronic Monitoring Device may be installed, overseen, and monitored as described under A.R.S. § 36-568(B) at a Residents' Responsible Person's own expense as described in subsection (F).
2. If the Operator agrees to install, oversee, and monitor an Electronic Monitoring Device, the Operator shall provide a written response to the Resident's Responsible Person that includes a time frame for the installation, oversight, and monitoring of the Electronic Monitoring Device and the extent of the installation, oversight, and monitoring including the location of all Electronic Monitoring Devices to be installed, overseen, and monitored.

E. The Operator may, with the consent of each Resident's Responsible Person, engage in cost-sharing with each Resident's Responsible Person for installation, oversight, and monitoring of an Electronic Monitoring Device if the Electronic Monitoring Device is being installed, overseen, and monitored at the request of each Resident's Responsible Person.

F. If each Resident's Responsible Person in the Group Home, Nursing-supported Group Home, or Intermediate Care Facility agrees to install, oversee, and monitor an Electronic Monitoring Device as described under A.R.S. § 36-568(B) at their own expense because an Operator will not install, oversee, and monitor an Electronic Monitoring Device, each Residents' Responsible Persons shall:
1. Pay to install, oversee, and monitor an Electronic Monitoring Device; or
2. Contract with a third-party vendor to install, oversee, and monitor an Electronic Monitoring Device at each Responsible Person's expense.

G. An Operator shall not prevent a Resident's Responsible Person from paying to install, oversee, and monitor; or contracting with a third-party vendor to install, oversee, and monitor an Electronic Monitoring Device.

H. An Electronic Monitoring Device installed, overseen, and monitored by a Resident's Responsible Person under subsection (F) shall:
1. Be subject only to subsection (H).
2. Not be accessed by the Operator or the Division without permission from each Resident's Responsible Person.
3. Be deactivated and removed if any Resident's Responsible Person does not consent to continued use of an Electronic Monitoring Device at any time.

R6-6-1404. Notification and Consent of Electronic Monitoring

A. An Electronic Monitoring Device shall be clearly visible and identifiable as an Electronic Monitoring Device.

B. An Operator who installs, oversees, and monitors an Electronic Monitoring Device shall post a sign at the main entrance of a Group Home, Nursing-supported Group Home, or Intermediate Care Facility that shall:
1. Reference A.R.S. § 36-568 and this Article as written or as amended;
2. Clearly state that an Electronic Monitoring Device is in use on the premises of the Group Home, Nursing-supported Group Home, or Intermediate Care Facility;
3. Be displayed in an unobscured manner; and
4. Be printed with a size and font that is easily readable from a reasonable distance.

C. An Operator who installs, oversees, and monitors an Electronic Monitoring Device shall seek each Resident's Responsible Person's consent prior to doing so. An Operator shall:
1. Provide a notice to each Resident, Resident's Responsible Person, and Operator's personnel in writing that the Group Home, Nursing-supported Group Home, or Intermediate Care Facility intends to install, oversee, and monitor an Electronic Monitoring Device in Common Areas. The notice shall:
   a. Identify the location of the Electronic Monitoring Device; and
   b. Specify the confidentiality and privacy requirements regarding the Electronic Monitoring Device and any associated Electronic Monitoring Records, including 45 CFR 164, A.R.S. § 36-568.01, and exceptions to the confidentiality requirements as described under A.R.S. § 36-568(D)(1) and R6-6-1405.
2. Request that each Resident's Responsible Person provide consent to the installation, oversight, and monitoring of the Electronic Monitoring Device by signing the notice.
   a. If a Responsible Person consents to the Operator's installation, oversight, and monitoring of an Electronic Monitoring Device in a Common Area of a Group Home, Nursing-supported Group Home, or Intermediate Care Facility, the Responsible Person shall sign the notification and return the signed notification to the Operator.
   b. If a Responsible Person does not consent to the Operator's installation, oversight, and monitoring of an Electronic Monitoring Device in a Common Area of a Group Home, Nursing-supported Group Home, or Intermediate Care Facility and declines or fails to sign the notice from the Operator, the Operator shall:
      i. Not install, oversee, and monitor an Electronic Monitoring Device in the Group Home, Nursing-supported Group Home, or Intermediate Care Facility; or
      ii. Uninstall and discontinue oversight and monitoring of an Electronic Monitoring Device in the Group Home, Nursing-supported Group Home, or Intermediate Care Facility if an Electronic Monitoring Device is already in use.
   c. A Member's refusal to consent to a new Electronic Monitoring Device or if a Member revokes consent for an existing Electronic Monitoring Device shall not be grounds for an Operator to request release from authorization for that Member, as described under Article 21.
3. The Operator shall maintain a copy of the signed notice from the Resident's Responsible Person regarding the installation, oversight, and monitoring of an Electronic Monitoring Device as required under A.R.S. § 36-568(B) and provide a copy of the signed notice to each Resident's Responsible Person upon the Operator's receipt of Resident's Responsible Person's signed notice.

D. When an Operator decides to discontinue using an Electronic Monitoring Device that was installed, overseen, and monitored by the Operator, the Operator shall notify each Resident, Resident's Responsible Person, and Operator's personnel in writing in advance of the planned discontinuation and request that each Resident's Responsible Person sign the notice and return the notice to the Operator.
1. The written notice to each Resident's Responsible Person and Operator's personnel shall:
   a. Identify the location of each Electronic Monitoring Device that will be discontinued;

b. Provide the date the Operator plans to discontinue use of an Electronic Monitoring Device; and
c. Include information that all Responsible Persons of Residents in the Group Home, Nursing-supported Group Home, or Intermediate Care Facility may agree to install an Electronic Monitoring Device as described in A.R.S. § 36-568(B) if the Responsible Persons pay for, install, or contract for the installation of an Electronic Monitoring Device.

2. The Operator shall maintain a copy of the signed notice from each Resident's Responsible Person regarding the Operator's decision to discontinue the use of an Electronic Monitoring Device installed, overseen, and monitored by the Operator and provide a copy of the signed notice to each Resident's Responsible Person upon the Operator's receipt of Resident's Responsible Person's signed notice.
3. The Operator's written notice to each Resident, Resident's Responsible Person, and Operator's personnel regarding the decision to discontinue the use of an Electronic Monitoring Device that was installed, overseen, or monitored by the Operator is not a method for the Resident's Responsible Person to approve or disapprove discontinuing the use of Electronic Monitoring Devices in the Group Home, Nursing-supported Group Home, or Intermediate Care Facility.
4. Refusal or failure by any Resident's Responsible Person to sign the notice regarding the Operator's decision to discontinue use of an Electronic Monitoring Device that was installed, overseen, or monitored by the Operator does not preclude the Operator from discontinuing use of the Electronic Monitoring Device.
5. On the date identified in the notice regarding the Operator's decision to discontinue the use of an Electronic Monitoring Device that was installed, overseen, and monitored by the Operator, the Operator shall:
   a. Remove signage;
   b. Disable the Electronic Monitoring Device and:
      i. Remove the Electronic Monitoring Device; or
      ii. Ensure that any person is able to easily see that the Electronic Monitoring Device has been disabled; and
   c. Maintain all existing Electronic Monitoring recordings described under R6-6-1406.
6. A Resident's Responsible Person who does not agree with the Operator's discontinuation of using an Electronic Monitoring Device installed, overseen, and monitored by an Operator may seek to engage all Responsible Persons of Residents in the Group Home, Nursing-supported Group Home, or Intermediate Care Facility to install, oversee, and monitor an Electronic Monitoring Device at their expense as described in R6-4-1403(F).

R6-6-1405. Disclosure and Confidentiality

A. An Operator who installs, oversees, and monitors an Electronic Monitoring Device shall:
1. Comply with the HIPAA Privacy Rule, HIPAA Security Rule, A.R.S. § 36-568.01, and other applicable federal and state laws addressing confidentiality;
2. Allow access to an Electronic Monitoring Record only as permitted by the HIPAA Privacy Rule, HIPAA Security Rule, A.R.S. § 36-568.01, and other applicable federal and state laws addressing confidentiality; and
3. Specify in policy how an Electronic Monitoring Record, regardless of format, is secured to protect the confidentiality of each Resident, including:
   a. Identifying the Operator's personnel who have access to the Electronic Monitoring Record allowed under the HIPAA Privacy Rule, HIPAA Security Rule, and other state and federal laws addressing confidentiality;
   b. Listing the circumstances under which the Operator's personnel are permitted access to the Electronic Monitoring Record;
   c. Addressing how the Operator will handle disclosures and privacy breaches;
   d. Describing how a Resident may access an Electronic Monitoring Record; and
   e. Any other information required by the HIPAA Privacy Rule, HIPAA Security Rule, or other applicable federal or state law.

B. Release of an Electronic Monitoring Record
1. Upon request, an Operator shall release an Electronic Monitoring Record to the Division unless the Electronic Monitoring Record contains evidence of a suspected criminal offense or is otherwise prohibited by law.
2. Upon request, an Operator shall release an Electronic Monitoring Record of a Resident to the Resident's Responsible Person unless the Electronic Monitoring Record contains evidence of a suspected criminal offense or is otherwise prohibited by law.
3. If an Electronic Monitoring Record does not contain evidence of a suspected criminal offense and is otherwise not prohibited by law, the Operator shall release the Electronic Monitoring Record to the Division or Responsible Person prior to or on the date stated in the request.
4. If an Electronic Monitoring Record contains images of more than one Resident, the Operator shall not release the Electronic Monitoring Record to the Resident's Responsible Person unless:
   a. The images of the non-requesting Resident are de-identified; or
   b. The Operator receives a signed, informed consent for the release of the Electronic Monitoring Record from all other Residents' Responsible Persons who appear in the Electronic Monitoring Record.

R6-6-1406. Maintenance of Records

A. An Operator shall retain an Electronic Monitoring Record in compliance with HIPAA Privacy Rule, A.R.S. § 36-568.01, and other applicable federal and state laws.

B. An Operator who uses an Electronic Monitoring Device subject to this Article shall retain, store, and ensure any Electronic Monitoring Record generated by an Electronic Monitoring Device, regardless of format, is accessible for a minimum of 30 calendar days.

C. An Operator shall retain an Electronic Monitoring Record subject to this Article longer than 30 calendar days if:
1. The Operator is required to do so by a contractual obligation;
2. The Operator's policy specifies that the Operator shall maintain the records beyond 30 calendar days;
3. The Operator reasonably anticipates that litigation may be pursued for which an Electronic Monitoring Record may be relevant;
4. When an Electronic Monitoring Record is subject to a litigation hold;
5. A court order or other legal process requires the retention of all or some of the Electronic Monitoring Records for a longer period of time; or

6. Another applicable law or regulation that supersedes this Article requires a longer period of maintaining an Electronic Monitoring Record.

D. Prior to the disposal of an Electronic Monitoring Record, an Operator shall determine if the Electronic Monitoring Record will be or has been used for Member diagnosis or treatment. If an Electronic Monitoring Record is identified to be used for Member diagnosis or treatment, the Electronic Monitoring Record shall be treated as a medical record and shall be maintained in compliance with the HIPAA Privacy Rule, HIPAA Security Rule, A.R.S. § 36-568.0, and any other applicable federal and state laws.

R6-6-1407. Monitoring, Training, and Policy

A. An Operator who installs, oversees, and monitors or engages with a third-party vendor to install, oversee, and monitor an Electronic Monitoring Device in a Group Home, Nursing-supported Group Home, or Intermediate Care Facility shall:
1. Monitor each Electronic Monitoring Device at least quarterly to ensure the Electronic Monitoring Device is:
   a. Functioning properly;
   b. Secure from access by unauthorized persons; and
   c. Used in compliance with this Article.
2. Ensure that the Operator's personnel adhere to this Article and applicable policies and promptly address non-compliance.
3. Maintain a log of all monitoring of Electronic Monitoring Devices, including:
   a. The date of the monitoring;
   b. The name of the individual who performed the monitoring;
   c. Each deficiency identified with the Electronic Monitoring Device during the monitoring; and
   d. The method and date by which a deficiency identified during the monitoring was remedied and by whom the deficiency was remedied.
4. Respond immediately upon identifying any risk or breach involving an Electronic Monitoring Device or Electronic Monitoring Record.
5. Maintain a log of each identified risk or breach, which shall include:
   a. The date of the identified risk or breach;
   b. The name of the individual who identified the risk or breach;
   c. Each risk or breach identified with the Electronic Monitoring Device or Electronic Monitoring Record;
   d. Whether notice of the breach was provided to affected individuals; and
   e. The method and date by which the risk or breach identified was remedied and by whom the risk or breach was remedied.
6. Report any data breach in compliance with the HIPAA Privacy Rule, HIPAA Security Rule, A.R.S. § 36-568.01, and other applicable federal and state laws addressing confidentiality.

B. The Operator shall develop and provide training to all Operator's personnel who have access to the Electronic Monitoring Records described in R6-6-1406(B) prior to the Operator's personnel being provided access to the Electronic Monitoring Records. Training shall include:
1. The requirements of this Article related to disclosure of Electronic Monitoring Records;
2. The requirements of the HIPAA Privacy Rule, HIPAA Security Rule, A.R.S. § 36-568.01, and all other applicable federal and state confidentiality and privacy laws related to the Electronic Monitoring Records;
3. The maintenance and operation of the Electronic Monitoring Device and any associated storage devices;
4. The methods used to secure the Electronic Monitoring Records;
5. A list of all individuals the Operator may allow to access the Electronic Monitoring Records;
6. The reporting method required in the event of any breach in the security of the Electronic Monitoring Records or misuse of the Electronic Monitoring Device; and
7. All policies related to the installation, oversight, and monitoring of an Electronic Monitoring Device.

C. The Operator shall provide the training described in subsection (B) to all Operator's personnel who have access to Electronic Monitoring Records created by the Electronic Monitoring Devices on an annual basis.

D. The Operator shall require all of the Operator's personnel who receive the training described in subsection (B) to sign an acknowledgment of completion of the training, which shall be maintained in the official training file for each Operator's personnel who received the training.

E. The Operator shall develop and implement policies for the Operator's personnel who have access to an Electronic Monitoring Record that:
1. Include the topics of disclosure, confidentiality, maintenance, monitoring, and training provisions of this Article;
2. Identify training the Operator shall provide to ensure that the Operator's personnel use Electronic Monitoring Devices as required under this Article and other applicable federal and state laws;
3. Explain how the maintenance and disclosure of Electronic Monitoring Records shall comply with this Article; and
4. Detail how the Operator or the Operator's designee shall monitor each Electronic Monitoring Device at least quarterly.

F. The Operator shall make all policies, training records, training acknowledgments, evaluations, and monitoring logs available to the Division in compliance with the Operator's contracts and regular Division monitoring schedules.

G. The Division shall ensure that an Operator who uses an Electronic Monitoring Device complies with all requirements of this Article during all routine monitoring inspections.

NOTICES OF FINAL RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Final Rulemaking. Final rules have been through the regular rulemaking process as defined in the Administrative Procedures Act. These rules were either approved by the Governor's Regulatory Review Council or the Attorney General's Office. Certificates of Approval are on file with the Office.

The final published notice includes a preamble and text of the rules as filed by the agency.

Economic Impact Statements are not published but are filed by the agency with their final notice.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the final rules should be addressed to the agency that promulgated them. Refer to item #5 to contact the person charged with the rulemaking.

The codified version of these rules will be published in the *Arizona Administrative Code*.

NOTICE OF FINAL RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 6. BOARD OF BEHAVIORAL HEALTH EXAMINERS

[R25-218]

PREAMBLE

1. Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039(B) by the governor on:

July 16, 2025

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
R4-6-101	Amend
R4-6-210	Amend
R4-6-211	Amend
R4-6-212	Amend
R4-6-214	Amend
R4-6-216	Amend
R4-6-217	New Section
R4-6-301	Amend
Table 1	Amend
R4-6-304	Amend
R4-6-305	Amend
R4-6-306	Amend
R4-6-307	Amend
R4-6-403	Amend
R4-6-404	Amend
R4-6-501	Amend
R4-6-503	Amend
R4-6-504	Amend
R4-6-601	Amend
R4-6-603	Amend
R4-6-604	Amend
Article 7	Amend
R4-6-701	Amend
R4-6-702	Amend
R4-6-703	Amend
R4-6-704	Amend
R4-6-705	Amend
R4-6-706	Amend
R4-6-801	Amend
R4-6-802	Amend
R4-6-1101	Amend
R4-6-1102	Amend

R4-6-1105	Amend
R4-6-1106	Amend

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. § 32-3253(A)(1)

Implementing statute: A.R.S. §§ 32-3275, 32-3279, 32-3251, 32-3291, 32-3292, 32-3293, 32-3301, 32-3303, 32-3311, 32-3313, 32-3321, and 36-3606

4. The effective date of the rule:

November 2, 2025

a. If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):

Not applicable

b. If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-1032(B):

Not applicable

5. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the final rule:

Notice of Rulemaking Docket Opening: 30 A.A.R. 2238; Issue Date: July 5, 2024; Issue Number: 27; File Number: R24-122

Notice of Proposed Rulemaking: 31 A.A.R. 829; Issue Date: March 21, 2025; Issue Number: 12; File Number: R25-28

6. The agency's contact person who can answer questions about the rulemaking:

Name:	Tobi Zavala
Title:	Executive Director
Address:	1740 W. Adams St., Suite 3600 Phoenix, AZ 85007
Telephone:	(602) 542-1617
Fax:	(602) 364-0890
Email:	tobi.zavala@azbbhe.us
Website:	www.azbbhe.us

7. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The Board is amending rules to address issues identified in a 5YRR approved by the Council on March 4, 2025, and to make the rules consistent with statutory changes.

Under Laws 2021, Chapter 320, the legislature amended A.R.S. § 32-3251 to provided that direct client contact includes providing therapeutic or clinical care by telehealth. The legislation also added A.R.S. § 36-3606 regarding registration of out-of-state providers of telehealth services.

Under Laws 2021, Chapter 62, the legislature amended A.R.S. §§ 32-3293 (social work), 32-3301 (counseling), 32-3311 (marriage and family therapy), and 32-3321 (addiction counseling) to remove the requirement that an applicant provide evidence of indirect client hours obtained during training. The applicant must provide evidence of direct client hours and clinical supervision.

Under Laws 2024, Chapter 77, the legislature enacted A.R.S. § 32-3306, which establishes a compact to facilitate interstate practice of licensed professional counselors.

Under Laws 2024, Chapter 169, the legislature changed the term "substance abuse counseling" to "addiction counseling" and expanded the scope to include compulsive dependence on a behavior and activities known as process addictions.

Under Laws 2024, Chapter 37, the legislature amended A.R.S. § 32-2372 to require the Board to waive a renewal fee for an associate level license if the licensee has an application for independent licensure pending when a renewal application is submitted.

Under Laws 2024, Chapter 227, the legislature added Article 5.1 to A.R.S. Title 32, Chapter 33. The new article establishes a compact to facilitate the interstate practice of and regulate social workers.

Under Laws 2025, Chapter 118, the legislature amended A.R.S. § 32-3271 to provide an additional 90-day exception to licensure for certain individuals who have applied for an associate level license.

The Board is also updating Article 6 to align with the requirements of the Commission on Accreditation for Marriage and Family Therapy Education, removing provisions regarding a supervised private practice from R4-6-211 and moving them to a new

Section, R4-6-217, and amending R4-6-306 regarding an application for a temporary license.

8. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Not applicable

9. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

10. A summary of the economic, small business, and consumer impact:

The Board believes the rulemaking has minimal economic impact because it makes no substantive changes other than those required to be consistent with statute. The amendment to R4-6-306 clarifies when a temporary license expires.

11. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

Due to a clerical error, the Notice of Proposed Rulemaking was published without numbers in R4-6-215(A)(12) and (A)(13). The numbers were fees for an application for a privilege to practice as a licensed professional counselor and for a multi-state license as a social worker. Because of this error, R4-6-215 has been removed from the Notice of Final Rulemaking. The clerical error was corrected in a Notice of Supplemental Proposed Rulemaking filed with the Office of the Secretary of State on May 9, 2025 (See 31 A.A.R. 1688, May 30, 2025).

Other changes made in response to public comment include:

R4-6-101: Added a definition of "crisis response" and deleted the definition of "legal name."

R4-6-206: To remove an unnecessary burden, this Section was removed from the rulemaking because the amendments were not relevant after the definition of "legal name" was deleted; references to "legal name" were removed from additional Sections.

R4-6-211(B)(6): This subsection was added to be consistent with the statutory change made at Laws 2025, Chapter 118.

R4-6-214(B): This subsection was amended to provide flexibility regarding ways in which to obtain training required to be a clinical supervisor.

R4-6-214(D): This subsection was added to clarify requirements beginning January 1, 2027.

R4-6-214(D): This subsection was relabeled as subsection (E) and the expiration date was deleted.

R4-6-214(F): This subsection was added to clarify that a clinical supervisor must remain qualified.

R4-6-304(A)(11) and (B)(5): These subsections were added to be consistent with statute, which requires applicants to pass a licensing examination (See A.R.S. § 32-3253(A)(2)).

R4-6-306(A)(2)(b)(i) through (iii): These subsections were deleted because they were unnecessarily prescriptive.

R4-6-403(A)(3), R4-6-503(A)(3), and R4-6-603(A)(1)((c): These subsections were added to be consistent with a decision made in May 2020 and enforced since that time by the Board and three of the academic review committees to provide increased flexibility regarding requirements by accepting supervised work experience involving crisis response towards the hours required for licensure.

R4-6-501(C): The word "eight" was changed to "nine" to correct a clerical error.

R4-6-604(B)(3)(a): The word "counselor" was added to correct a clerical error.

R4-6-802(C)(1)(c): To ease the burden of compliance, a delayed start date was added.

R4-6-1101(3) and (4): Much of the previously amended language was removed so the current language remains.

R4-6-1102(1): To clarify when a treatment plan must be prepared, the phrase "completion of" was added.

12. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

An oral proceeding occurred on May 6, 2025. Thirty-three individuals attended online and 11 attended in person. Eight individuals submitted written comments. Following discussion of the proposed rules, the Board made the changes listed in item 11. The Board's analysis and response to the written comments follow:

COMMENT	ANALYSIS	RESPONSE
R4-6-211 and R4-6-212: Align the requirements for regular supervision with the requirements for clinical supervision of a supervised private practice. (Sandra Lehmann, MC, LPC, NCC)	This would greatly increase the hours of clinical supervision for those working in an entity. The Board believes it is unnecessary to impose this burden and the associated increase in time and cost to become independently licensed.	No change
R4-6-212(E)(1): Why limit the hours of clinical supervision that may be provided by telephone to only 15? (Adriane Miles)	The clinical supervision requirements, including the provision limiting telephone supervision, went into effect in 2021. The purpose of the current rulemaking is to provide notice of changes that will go into effect on January 1, 2027. The Board believes the number of hours of clinical supervision by telephone is generous and consistent with providing quality clinical supervision.	No change
R4-6-214. Expand training requirements for clinical supervisors. The requirement of 12 hours of training plus a 9 hour CE course may not provide the necessary depth to prepare supervisors. (Sandra Lehmann, MC, LPC, NCC)	As with all requirements established by the Board, the training requirement for clinical supervisors is a minimum standard. An individual who wishes to provide clinical supervision is free to obtain additional training if the individual believes that will enable the individual to be a more effective supervisor.	No change
R4-6-217(B)(3): What is the Board trying to accomplish by requiring a licensee in private practice to complete three hours of training in business operations? (Craig Mahaffy, AzCA)) I appreciate the changes to the supervised private practice requirements. As a clinician in private practice, it would have been so helpful to have training on how to run a business as a therapist. (Melanie Scott, LMFT)	The Board has noticed that complaints against licensees in private practice frequently relate to business operations and compliance with all statutory requirements rather than provision of behavioral health care. The Board is protecting licensees by requiring this training.	No change The Board appreciates Ms. Scott's input.
R4-6-217. Allowing associate-level providers to open a supervised private practice has had unintended consequences. Many of these providers charge higher rates because they can't accept insurance and the shift toward supervised private practice makes it challenging for agencies to hire associate-level providers. (Sandra Lehmann, MC, LPC, NCC)	It is the Board's responsibility to establish minimum standards consist with protecting public health and safety. The Board believes allowing associate-level providers to open a supervised private practice is consistent with this responsibility.	No change
R4-6-802(C)(1): This CE requirement should be three hours in each of the subjects listed. (Craig Mahaffy,AzCA)	That is what the word "and" means but the question suggests not everyone understands this. Clarifying language was added.	The phrase "each of the following" was added to the subsection.
R4-6-1101(A)(2)(j): What is meant by "professional nature of the therapeutic relationship?" (Craig Mahaffy,AzCA)	The Board receives complaints that indicate a client may not understand the boundaries of a therapeutic relationship. The Board determined the therapist needs to ensure the client understands the therapist is not a friend, lover, business partner, lender, or any relationship other than a professional therapist. This is to protect both the therapist and client.	No change
R4-6-1102: The consent to a treatment plan in a telehealth situation could be provided verbally as informed consent may be provided verbally in a telehealth situation. (Kevin Benbow, MA LPC)	R4-6-101(B) provides that when a signature is required, the signature may be provided electronically. The Board believes this will facilitate obtaining a signature in a telehealth situation. The Board believes requiring a signature on a treatment plan is an important safe guard.	No change
R4-6-1102(1): Adjust the requirement for completing the treatment plan to be by the fifth session. (Claire Pachuilo, LMFT) Provide additional time for completion of the treatment plan. (Craig Mahaffy, AzCA)	The Board agrees with this suggestion and made the change indicated in item 11.	The phrase "completion of" was added to the rule text.
Laws 2024, Chapter 227, establishing the interstate compact for social work: This is extremely problematic and harmful to the profession of social work. This will favor big companies and harm social workers doing telehealth. (Jennifer McHorse)	It is the legislature that decided Arizona should participate in the social work interstate compact (See A.R.S. § 32-3295). The Board's role simply is to implement the compact.	No change
Does the interstate compact include Licensed Marriage and Family Therapists? (Joy Giorgio)	No	No change

The Board determined none of the changes made was substantial under the standards at A.R.S. § 41-1025(B). The changes simply make the rules consistent with statute and agency practice, reduce or eliminate regulatory burdens, increase flexibility in meeting requirements, clarify existing requirements, and correct clerical errors.

13. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

Not applicable

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The Board does not issue general permits. Rather, the Board issues individual licenses as required by the Board's statutes to each person that is qualified by statute (See A.R.S. §§ 32-3275, 32-3291, 32-3292, 32-3293, 32-3301, 32-3303, 32-3311, 32-3313, and 32-3321) and rule.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

None of the rules is more stringent than federal law. No federal law is directly applicable to the subject of any of the rules in this rulemaking.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

Not applicable

14. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

Not applicable

15. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the *Register* as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable

16. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 6. BOARD OF BEHAVIORAL HEALTH EXAMINERS

ARTICLE 1. DEFINITIONS

Section
R4-6-101. Definitions

ARTICLE 2. GENERAL PROVISIONS

Section
R4-6-210. Practice Limitations
R4-6-211. ~~Direct Supervision:~~ Supervised Work Experience~~: General~~
R4-6-212. Clinical Supervision Requirements
R4-6-214. Clinical Supervisor Educational Requirements
R4-6-216. Foreign Equivalency Determination
R4-6-217. Supervised Private Practice as Defined at R4-6-101

ARTICLE 3. LICENSURE

Section
R4-6-301. Application for a License by Examination
Table 1. Time Frames (in Days)
R4-6-304. Application for a License by Endorsement; Application for a License by Universal Recognition; Application for a Privilege to Practice
R4-6-305. Inactive Status
R4-6-306. Application for a Temporary License
R4-6-307. Approval of an Educational Program

ARTICLE 4. SOCIAL WORK

Section
R4-6-403. Supervised Work Experience for Clinical Social Worker Licensure
R4-6-404. Clinical Supervision for Clinical Social Worker Licensure

ARTICLE 5. COUNSELING

Section
R4-6-501. Curriculum
R4-6-503. Supervised Work Experience for Professional Counselor Licensure
R4-6-504. Clinical Supervision for Professional Counselor Licensure

ARTICLE 6. MARRIAGE AND FAMILY THERAPY

Section
R4-6-601. Curriculum
R4-6-603. Supervised Work Experience for Marriage and Family Therapy Licensure
R4-6-604. Clinical Supervision for Marriage and Family Therapy Licensure

ARTICLE 7. ~~SUBSTANCE ABUSE~~ ADDICTION COUNSELING

Section
R4-6-701. Licensed ~~Substance Abuse~~ Addiction Technician Curriculum
R4-6-702. Licensed Associate ~~Substance Abuse~~ Addiction Counselor Curriculum
R4-6-703. Licensed Independent ~~Substance Abuse~~ Addiction Counselor Curriculum
R4-6-704. Examination
R4-6-705. Supervised Work Experience for ~~Substance Abuse~~ Addiction Counselor Licensure
R4-6-706. Clinical Supervision for ~~Substance Abuse~~ Addiction Counselor Licensure

ARTICLE 8. LICENSE RENEWAL AND CONTINUING EDUCATION

Section
R4-6-801. Renewal of Licensure
R4-6-802. Continuing Education

ARTICLE 11. DOCUMENTATION AND STANDARDS OF PRACTICE

Section
R4-6-1101. Consent for Treatment
R4-6-1102. Treatment Plan
R4-6-1105. ~~Confidentiality~~ Release of Confidential Information
R4-6-1106. ~~Telepractice~~ Telehealth

ARTICLE 1. DEFINITIONS

R4-6-101. Definitions

A. The definitions at A.R.S. §§ 32-3251, 32-3295, and 32-3306 apply to this Chapter. Additionally, the following definitions apply to this Chapter, unless otherwise specified:

1. "Applicant" means:
   a. An individual requesting a license by examination, endorsement, or universal recognition, a temporary license, privilege to practice, or multistate license ~~a license by endorsement~~ by submitting a completed application packet to the Board; ~~or~~
   b. A regionally accredited college or university seeking Board approval of an educational program under R4-6-307; or
   c. A clinical supervisor training provider seeking Board approval of a clinical supervisor training under R4-6-802(F).
2. "Application packet" means the ~~required~~ documents, forms, fees, and additional information required by the Board of an applicant.
3. "ARC" means an academic review committee established by the Board under A.R.S. § 32-3261(A).
4. "Assessment" means the collection and analysis of information to determine an individual's behavioral health treatment needs.
5. "ASWB" means the Association of Social Work Boards.
6. "Artificial intelligence" means computer systems or a set of algorithms able to perform tasks that normally require human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages.

~~6.~~7. "Behavioral health entity" means any organization, agency, business, or professional practice, including a for-profit private practice, which provides assessment, diagnosis, and treatment to individuals, groups, or families for behavioral health related issues.

~~7.~~8. "Behavioral health service" means the assessment, diagnosis, or treatment of an individual's behavioral health issue.

~~8.~~9. "CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

~~9.~~10. "Client record" means collected documentation of the behavioral health services provided to and information gathered regarding a client.

~~10.~~11. "Clinical social work" means social work involving clinical assessment, diagnosis, and treatment of individuals, couples, families, and groups.

~~11.~~12. "Clinical supervision" means direction or oversight provided either face to face or by ~~videoconference~~ virtual video or teleconference or telephone by an individual qualified to evaluate, guide, and direct all behavioral health services provided and clinical documentation produced by a licensee who is acquiring work experience hours through direct client care, to assist the licensee to develop and improve the necessary knowledge, skills, techniques, and abilities to allow the licensee to engage in the practice of behavioral health ethically, safely, and competently.

~~12.~~13. "Clinical supervisor" means ~~an~~ a qualified individual who provides clinical supervision.

~~13.~~14. "COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

~~14.~~15. "Clock hour" means 60 minutes of instruction, not including breaks or meals.

~~15.~~16. "Contemporaneous" means documentation is made within 10 business days after service is provided or interaction occurs.

~~16.~~17. "Continuing education" means training that provides an understanding of current developments, skills, procedures, or treatments related to the practice of behavioral health, as determined by the Board.

~~17.~~18. "Co-occurring disorder" means a combination of substance use disorder or addiction and a mental or personality disorder.

~~18.~~19. "CORE" means the Council on Rehabilitation Education.

~~19.~~20. "Counseling related coursework" means education that prepares an individual to provide behavioral health services, as determined by the ARC.

21. "Crisis response" means a short-term, focused approach to providing mental health support that aims to triage and stabilize individuals or groups during a crisis and help the individuals or groups regulate emotions, regain a sense of control, and identify supports, resources, and functions.

~~20.~~22. "CSWE" means Council on Social Work Education.

~~21.~~23. "Date of service" means the postmark date applied by the U.S. Postal Service to materials addressed to an applicant or licensee at the address the applicant or licensee last placed on file in writing with the Board.

~~22.~~24. "Day" means calendar day.

~~23.~~25. *"Direct client contact" means the performance of therapeutic or clinical functions related to the applicant's professional practice level of psychotherapy that includes diagnosis, assessment and treatment and that may include psychoeducation for mental, emotional and behavioral disorders based primarily on verbal or nonverbal communications and intervention with, and in the presence of, one or more clients, including through the use of telehealth pursuant to title 36, chapter 36, article 1.* A.R.S. § 32-3251.

~~24.~~26. "Direct supervision" means responsibility and oversight for all services provided by a supervisee as prescribed in R4-6-211.

~~25.~~27. "Disciplinary action" means any action taken by the Board against a licensee, based on a finding that the licensee engaged in unprofessional conduct, including refusing to renew a license ~~and~~ or suspending or revoking a license.

~~26.~~28. "Documentation" means written or electronic ~~supportive~~ evidence.

~~27.~~29. "Educational program" means a degree program in counseling, marriage and family therapy, social work, or substance use or addiction counseling that is:

a. Offered by a regionally accredited college or university, and
b. Not accredited by an organization or entity recognized by the Board.

~~28.~~30. "Electronic signature" means an electronic sound, symbol, or process that is attached to or logically associated with a record and that is executed or adopted by an individual with the intent to sign the record.

~~29.~~31. "Family member" means a parent, sibling, half-sibling, child, cousin, aunt, uncle, niece, nephew, grandparent, grandchild, and present and former spouse, in-law, stepchild, stepparent, foster parent, or significant other.

~~30.~~32. "Gross negligence" means careless or reckless disregard of established standards of practice or repeated failure to exercise the care that a reasonable practitioner would exercise within the scope of professional practice.

33. "Group supervision" means a clinical supervisor provides clinical supervision to two to six supervisees simultaneously.

~~31.~~34. "Inactive status" means the Board has granted a licensee the right to suspend behavioral health practice temporarily by postponing license renewal for a maximum of 48 months.

~~32.~~35. "Independent practice" means engaging in the practice of marriage and family therapy, professional counseling, social work, or ~~substance abuse~~ addiction counseling without direct supervision.

~~33. *"Indirect client service" means training for, and the performance of, functions of an applicant's professional practice level in preparation for or on behalf of a client for whom direct client contact functions are also performed, including case consultation and receipt of clinical supervision. Indirect client service does not include the provision of psychoeducation.* A.R.S. § 32-3251.~~

~~34.~~36. "Individual clinical supervision" means clinical supervision provided by a clinical supervisor to one supervisee.

~~35.~~37. "Informed consent for treatment" means a ~~written~~ document authorizing treatment of a client that~~:~~

~~a. Contains~~ meets the requirements of R4-6-1101~~.~~.

~~b. Is dated and signed by the client or the client's legal representative, and~~

~~c. Beginning on July 1, 2006, is dated and signed by an authorized representative of the behavioral health entity.~~

~~36.~~38. "Legal representative" means an individual authorized by law to act on a client's behalf.

~~37.~~39. "License" means written authorization issued by the Board that allows an individual to engage in the practice of behavioral health in Arizona.

~~38.~~40. "License period" means the two years between the dates on which the Board issues a license and the license expires.

~~39.~~41. "NASAC" means the National Addiction Studies Accreditation Commission.

42. *"Practice of addiction counseling:*

a. Means the professional application of general counseling theories, principles, and techniques as specifically adapted, based on research and clinical experience, to the specialized needs and characteristics of person who are experiencing an addiction that is a persistent, compulsive dependence on a behavior or substance, including mood-altering behaviors or activities known as process addictions, and related problems and to the families of those persons.

b. Includes the following:

i. *Assessment, appraisal, and diagnosis.*

ii. *The use of psychotherapy for the purpose of evaluation, diagnosis, and treatment of individuals, couples, families, and groups.* A.R.S. § 32-3251

~~40.~~43. *"Practice of behavioral health" means the practice of marriage and family therapy, practice of professional counseling, practice of social work and ~~substance abuse~~ practice of addiction counseling pursuant to this Chapter.* A.R.S. § 32-3251.

~~41.~~44 *"Practice of marriage and family therapy" means the professional application of family systems theories, principles and techniques to treat interpersonal relationship issues and nervous, mental and emotional disorders that are cognitive, affective or behavioral. The practice of marriage and family therapy includes:*

a. Assessment, appraisal and diagnosis.

b. The use of psychotherapy for the purpose of evaluation, diagnosis and treatment of individuals, couples, families and groups. A.R.S. § 32-3251.

~~42.~~45. *"Practice of professional counseling" means the professional application of mental health, psychological and human development theories, principles and techniques to:*

a. Facilitate human development and adjustment throughout the human life span.
b. Assess and facilitate career development.
c. Treat interpersonal relationship issues and nervous, mental and emotional disorders that are cognitive, affective or behavioral.
d. Manage symptoms of mental illness.
e. Assess, appraise, evaluate, diagnose and treat individuals, couples, families and groups through the use of psychotherapy. A.R.S. § 32-3251.

~~43.~~46. *"Practice of social work" means the professional application of social work theories, principles, methods and techniques to:*

a. Treat mental, behavioral and emotional disorders.
b. Assist individuals, families, groups and communities to enhance or restore the ability to function physically, socially, emotionally, mentally and economically.
c. Assess, appraise, diagnose, evaluate and treat individuals, couples, families and groups through the use of psychotherapy. A.R.S. § 32-3251.

~~44. *"Practice of substance abuse counseling" means the professional application of general counseling theories, principles and techniques as specifically adapted, based on research and clinical experience, to the specialized needs and characteristics of persons who are experiencing substance abuse, chemical dependency and related problems and to the families of those persons. The practice of substance abuse counseling includes the following as they relate to substance abuse and chemical dependency issues:*~~

~~*a. Assessment, appraisal, and diagnosis.*~~
~~*b. The use of psychotherapy for the purpose of evaluation, diagnosis and treatment of individuals, couples, families and groups.* A.R.S. § 32-3251.~~

~~45.~~47. "Progress note" means contemporaneous documentation of a behavioral health service provided to an individual that is dated and signed or electronically acknowledged by the licensee.

~~46.~~48. *"Psychoeducation" means the education of a client as part of a treatment process that provides the client with information regarding mental health, emotional disorders or behavioral health."* A.R.S. § 32-3251.

~~47.~~49. "Quorum" means a majority of the members of the Board or an ARC. Vacant positions do not reduce the quorum requirement.

~~48.~~50. "Regionally accredited college or university" means the institution has been approved by an entity recognized by the Council for Higher Education Accreditation as a regional accrediting organization.

~~49.~~51. "Significant other" means an individual whose participation a client considers to be essential to the effective provision of behavioral health services to the client.

52. "Supervised private practice" means a master's level licensee who:
    a. Owns a behavioral health entity approved by the Board;
    b. Provides behavioral health services under direct and clinical supervision; and
    c. Is responsible for the behavioral health services provided by the supervised master's level licensee.

~~50.~~53. "Supervised work experience" means practicing clinical social work, marriage and family therapy, professional counseling, or ~~substance abuse~~ addiction counseling for remuneration or on a voluntary basis under direct supervision and while receiving clinical supervision as prescribed in R4-6-212 and Articles 4 through 7.

~~51. *"Telepractice" means providing behavioral health services through interactive audio, video or electronic communication that occurs between a behavioral health professional and the client, including any electronic communication for evaluation, diagnosis and treatment, including distance counseling, in a secure platform, and that meets the requirements of telemedicine pursuant to A.R.S. § 36-3602.* A.R.S. § 32-3251.~~

~~52.~~54. "Treatment" means the application by a licensee of one or more therapeutic practice methods to improve, eliminate, or manage a client's behavioral health ~~issue~~ symptoms or disorders.

~~53.~~55. "Treatment goal" means the desired result or outcome of treatment.

~~54.~~56. "Treatment method" means the specific approach a licensee ~~used~~ uses to achieve a treatment goal.

~~55.~~57. "Treatment plan" means a description of the specific behavioral health services that a licensee will provide to a client that is documented in the client record, and meets the requirements found in R4-6-1102.

B. For the purposes of this Chapter, notifications or communications required to be "written" or "in writing" may be transmitted or received by mail, electronic transmission, facsimile transmission, or hand delivery and may not be transmitted or received orally. Documents requiring a signature may include a written signature or electronic signature ~~as defined in subsection (A)(28)~~.

ARTICLE 2. GENERAL PROVISIONS

R4-6-210. Practice Limitations

The following licensees shall not engage in the independent practice of behavioral health but rather, shall practice behavioral health only ~~under direct supervision~~ as prescribed in R4-6-211:

1. Licensed baccalaureate social worker,
2. Licensed master social worker,
3. Licensed associate counselor,
4. Licensed associate marriage and family therapist,
5. Licensed ~~substance abuse~~ addiction technician,
6. Licensed associate ~~substance abuse~~ addiction counselor, or

7. Temporary licensee.

R4-6-211. ~~Direct Supervision:~~ Supervised Work Experience~~: General~~

A. A ~~license~~ licensee listed in R4-6-210 is subject to practice limitations ~~pursuant to R4-6-210~~ and shall practice in ~~an~~ a behavioral health entity ~~with responsibility and~~ that is responsible for and provides clinical oversight of the behavioral health services provided by the licensee.

~~**B.** A masters level licensee working under direct supervision who operates or manages their own entity with immediate responsibility for the behavioral health services provided by the licensee shall provide the following to the board for approval prior to providing behavioral health services:~~

~~1. The name of their clinical supervisor who meets the following:~~

~~a. Is independently licensed by the board in the same discipline as the supervisee, and who has practiced as an independently licensed behavioral health professional for a minimum of two years beyond the supervisor's licensure date;~~

~~b. Is in compliance with the clinical supervisor educational requirements specified in R4-6-214;~~

~~c. Is not prohibited from providing clinical supervision by a board consent agreement; and~~

~~2. A copy of the agreement between the clinical supervisor and supervisee demonstrating:~~

~~a. The supervisee and supervisor will meet individually for one hour for every 20 hours of direct client contact provided, to include an onsite meeting every 60 days;~~

~~b. Supervisee's clients will be notified of clinical supervisor's involvement in their treatment and the means to contact the supervisor;~~

~~c. Supervision reports will be submitted to the board every six months;~~

~~d. A 30 day notice is required prior to either party terminating the agreement;~~

~~e. The supervisor and supervisee will notify the board within 10 days of the agreement termination date; and~~

~~f. The supervisee will cease practicing within 60 days of the agreement termination date until such time as a subsequent agreement is provided to the board and approved.~~

~~**C.** A licensee complying with subsection (B) shall not provide clinical oversight and responsibility for the behavioral health services of another licensee subject to the practice limitations pursuant to R4-6-210.~~

~~**D.**~~**B.** To meet the supervised work experience requirements for licensure, ~~direct supervision shall~~ an applicant shall ensure the applicant's work experience:

1. ~~Meet~~ Meets the specific supervised work experience requirements contained in Articles 4, 5, 6, ~~and~~ or 7, as applicable;
2. ~~Be~~ Was acquired after completing the degree required for licensure and receiving certification or licensure from a state regulatory entity;
3. ~~Be~~ Was acquired before January 1, 2006, if acquired as an unlicensed professional practicing under an exemption provided in A.R.S. § 32-3271;
4. ~~Involve~~ Involves the practice of behavioral health under supervision by someone employed by the same entity; and
5. ~~Be for a term of~~ Occurs in no fewer than 24 months; or
6. Was acquired under the exemption provided at A.R.S. § 32-3271(A)(13).

C. To meet the supervised work experience requirements for independent licensure, an applicant shall ensure that while working under direct or clinical supervision, the applicant:

1. Does not have an ownership interest in, operate, or manage the entity with immediate responsibility for the behavioral health services provided by the applicant unless the Board has approved the applicant for supervised private practice under R4-6-217;
2. Does not receive direct or clinical supervision from:
   a. A family member,
   b. An individual whose objective assessment may be limited by a relationship with the applicant; or
   c. An individual not employed or contracted by the same behavioral health entity as the applicant unless an exemption is granted for clinical supervision under R4-6-212.01;
3. Does not engage in the independent practice of behavioral health; and
4. Is not directly compensated by behavioral health clients unless supervised work experience is completed in a supervised private practice as authorized in R4-6-217.

~~**E.**~~**D.** An applicant who acquired supervised work experience outside of Arizona may submit that experience for approval as it relates to the qualifications of the supervisor and the behavioral health entity in which the supervision was acquired. The ~~board~~ Board may accept the supervised work experience as it relates to the supervisor and the behavioral health entity if ~~it~~ the supervised work experience met the requirements of the state in which the supervised work experience occurred. ~~Nothing in this provision shall~~ This subsection does not apply to the supervision requirements ~~set forth~~ in R4-6-403, R4-6-503, R4-6-603 and R4-6-705.

~~**F.**~~**E.** If the Board determines ~~that~~ an applicant engaged in unprofessional conduct related to services ~~rendered~~ provided while acquiring hours ~~under~~ of supervised work experience, including clinical supervision, the Board shall not accept the hours to satisfy the requirements of R4-6-403, R4-6-503, R4-6-603, or R4-6-706. Hours accrued before and after the time during which the conduct that was the subject of the finding of unprofessional conduct occurred, as determined by the Board, may be used to satisfy the requirements of R4-6-403, R4-6-503, R4-6-603, or R4-6-706 ~~so long as the hours are not the subject of an additional finding of unprofessional conduct~~.

R4-6-212. Clinical Supervision Requirements

A. The Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervision meets the requirements specified in R4-6-404, R4-6-504, R4-6-604, or R4-6-706, as applicable to the license for which application is made, and was provided by one of the following:

1. A clinical social worker, professional counselor, independent marriage and family therapist, or independent ~~substance abuse~~ addiction counselor who:
   a. Holds an active and unrestricted license issued by the Board, and
   b. Has complied with the educational requirements specified in R4-6-214;

2. A mental health professional who holds an active and unrestricted license issued under A.R.S. Title 32, Chapter 19.1 as a psychologist and has complied with the educational requirements specified in R4-6-214; or
3. An individual who:
   a. Holds an active and unrestricted license to practice behavioral health,
   b. Is providing behavioral health services in Arizona:
      i. Under a contract or grant with the federal government under the authority of 25 U.S.C. § 5301 or § 1601-1683, or
      ii. By appointment under 38 U.S.C. § 7402 (8-11), and
   c. Has complied with the educational requirements specified in R4-6-214.

B. Unless an exemption ~~was~~ is obtained under R4-6-212.01, the Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervision was provided by an individual who:
1. Was qualified under subsection (A), and
2. Was employed by the behavioral health entity at which the applicant obtained hours of clinical supervision.

C. ~~The~~ Through December 31, 2026, the Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervisor verifies the evidence of clinical supervision ~~includes~~ accurately reflects the clinical supervisor performed all of the following:
1. ~~Reviewing~~ Reviewed ethical and legal requirements applicable to the supervisee's practice, including unprofessional conduct as defined in A.R.S. § 32-3251;
2. ~~Monitoring~~ Monitored the supervisee's activities to verify the supervisee is providing services safely and competently;
3. ~~Verifying~~ Verified in writing that the supervisee provides clients with appropriate written notice of clinical supervision, including the means to obtain the name and telephone number of the supervisee's clinical supervisor;
4. ~~Contemporaneously written documentation by the clinical supervisor of at least~~ Documented contemporaneously and in writing the following for each clinical supervision session at each entity:
   a. Date and duration of the clinical supervision session;
   b. A detailed description of topics discussed to include themes and demonstrated skills;
   c. Beginning on July 1, 2006, name and signature of the individual receiving clinical supervision;
   d. Name and signature of the clinical supervisor and the date signed; and
   e. Whether the clinical supervision occurred on a group or individual basis;
5. ~~Maintaining the~~ Retained documentation of the clinical supervision required under subsection (C)(4) for at least seven years;
6. ~~Verifying~~ Verified that clinical supervision was not acquired from a family member, as prescribed in R4-6-101~~(A)(29)~~.
7. ~~Conducting~~ Conducted on-going compliance review of the supervisee's clinical documentation to ensure the supervisee maintains adequate written documentation;
8. ~~Providing~~ Provided instruction regarding:
   a. Assessment,
   b. Diagnosis,
   c. Treatment plan development, and
   d. Treatment;
9. ~~Rating~~ Rated the supervisee's overall performance as at least satisfactory~~, using a form approved by the Board~~; and
10. ~~Complying~~ Complied with the discipline-specific requirements in Articles 4 through 7 regarding clinical supervision.

D. Beginning January 1, 2027, the Board shall accept hours of clinical supervision submitted by an applicant if the clinical supervisor verifies the evidence of clinical supervision accurately reflects the clinical supervisor performed all of the following:
1. Reviewed ethical and legal requirements applicable to the supervisee's practice, including unprofessional conduct as defined at A.R.S. § 32-3251;
2. Monitored the supervisee's activities to verify the supervisee provides services ethically, safely, and competently;
3. Verified in writing that the supervisee provides clients with appropriate written notice of clinical supervision, including the means to obtain the name and telephone number of the supervisee's clinical supervisor;
4. Documented contemporaneously and in writing the following for each clinical supervision session at which work experience was acquired:
   a. Date and duration of the clinical supervision session;
   b. Detailed description of topics discussed including ethics, documentation, clinical themes, and demonstrated skills;
   c. Name and dated signature of the individual receiving clinical supervision;
   d. Name and dated signature of the clinical supervisor; and
   e. Whether the clinical supervision occurred on a group or individual basis;
5. Retained documentation of the clinical supervision required under subsection (D)(4) for six years or until the supervisee is independently licensed if sooner than six years;
6. Documented on-going compliance review of the supervisee's clinical documentation to ensure the supervisee maintains adequate written documentation;
7. Provided instruction regarding:
   a. Assessment,
   b. Diagnosis,
   c. Treatment plan development, and
   d. Treatment;
8. Rated the supervisee's overall performance as at least satisfactory; and
9. Complied with the discipline-specific requirements in Articles 4 through 7 regarding clinical supervision.

~~D.~~E. The Board shall accept hours of clinical supervision submitted by an applicant for licensure if:
1. ~~At least two hours of the clinical supervision were provided in a face-to-face setting during each six-month period;~~
2. ~~No more than 90 hours of the clinical supervision were provided by videoconference and telephone;~~
3. ~~3.~~1. No more than 15 ~~of the 90~~ hours of clinical supervision ~~provided by videoconference and telephone~~ were provided by telephone;

2. The hours of clinical supervision occurred during a month or months in which the applicant provided direct client contact; ~~and~~
~~4.~~3. Each clinical supervision session was at least 30 minutes long; and
4. At least 10 of the clinical supervision hours involve the clinical supervisor observing the supervisee providing treatment and evaluation services to a client. The clinical supervisor may conduct the observation:
   a. In a face-to-face setting,
   b. In a virtual videoconference setting,
   c. By teleconference, or
   d. By review of audio or video recordings.

~~**E.** Effective July 1, 2006, the Board shall accept hours of clinical supervision submitted by an applicant if at least 10 of the hours involve the clinical supervisor observing the supervisee providing treatment and evaluation services to a client. The clinical supervisor may conduct the observation:~~
~~1. In a face-to-face setting,~~
~~2. By videoconference,~~
~~3. By teleconference, or~~
~~4. By review of audio or video recordings.~~

F. The Board shall accept hours of clinical supervision submitted by an applicant from a maximum of six clinical supervisors.

G. The Board shall accept hours of clinical supervision obtained by an applicant in both individual and group sessions, subject to the following restrictions:
1. At least 25 of the clinical supervision hours involve individual supervision, and
2. Of the minimum 100 hours of clinical supervision required for licensure, the Board may accept:
   a. Up to 75 of the clinical supervision hours involving a group of two supervisees, and
   b. Up to 50 of the clinical supervision hours involving a group of three to six supervisees.

H. If an applicant provides evidence that a catastrophic event prohibits the applicant from obtaining documentation of clinical supervision that meets the standard specified in subsection (C), the Board may consider alternate documentation.

R4-6-214. Clinical Supervisor Educational Requirements

A. ~~The~~ Through December 31, 2026, the Board shall consider hours of clinical supervision submitted by an applicant only if the individual who provides the clinical supervision is qualified under R4-6-212(A) and complies with the following:
1. Completes one of the following:
   a. At least 12 hours of training, approved by the Board and completed within the last three years, ~~that~~ which meets the standard specified in R4-6-802(D), addresses clinical supervision, and includes the following:
      i. Role and responsibilities of a clinical supervisor;
      ii. Skills in providing effective oversight of and guidance to supervisees who diagnose, create treatment plans, and treat clients;
      iii. Supervisory methods and techniques; ~~and~~
      iv. Fair and accurate evaluation of a supervisee's ability to plan and implement clinical assessment and treatment;
      v. Knowledge of the provision of supervised private practice as described in R4-6-217; and
      vi. Knowledge of statutes and rules of the Arizona Department of Health Services relating to exemptions to licensure.
   b. An approved clinical supervisor certification from the National Board for Certified Counselors/Center for Credentialing and Education;
   c. A clinical supervisor certification from the International Certification and Reciprocity Consortium; or
   d. A clinical member with an approved supervisor designation from the American Association of Marriage and Family Therapy; and
2. Completes the three clock hour Clinical Supervision Tutorial on Arizona Statutes/Regulations.

B. Beginning January 1, 2027, the Board shall consider hours of clinical supervision submitted by an applicant if the individual who provides the clinical supervision:
1. Is qualified under R4-6-212(A); and
2. Completes one of the following:
   a. At least 12 hours of training, approved by the Board or sponsored by one of the four state behavioral health associations, and delivered live in-person or by live webinar within the last three years that meets the standard specified in R4-6-802(E) and addresses the following:
      i. Role and responsibilities of a clinical supervisor including Arizona eligibility requirements for providing clinical supervision;
      ii. Skills necessary to provide effective oversight of and guidance to a supervisee who diagnoses, creates treatment plans, and treats clients within the supervisee's scope of competence;
      iii. Supervisory methods and techniques;
      iv. Approaches to providing evaluation of a supervisee's ability to practice ethically and competently;
      v. Arizona work experience and clinical supervision requirements for independent licensure;
      vi. Arizona requirements for clinical supervision documentation;
      vii. Arizona requirements and process for completing work experience verification and clinical supervision verification forms;
      viii. Arizona requirements of supervised private practice as described in R4-6-217; and
      ix. Arizona exemptions to licensure as related to Arizona Department of Health Services;
   b. A clinical supervisor certification from the National Board for Certified Counselors/Center for Credentialing and Education;
   c. A clinical supervisor certification from the International Certification and Reciprocity Consortium; or

d. Designation as an approved clinical-member supervisor from the American Association of Marriage and Family Therapy; and

3. Completes the Board's three-hour Clinical Supervision Tutorial regarding Arizona Statutes and Regulations.

~~B.~~**C.** To continue providing clinical supervision through December 31, 2026, an individual qualified under subsection (A)(1)(a) shall, at least every three years, complete a minimum of nine hours of continuing training that:

1. Meets the standard specified in R4-6-802(D);
2. Concerns clinical supervision;
3. Addresses the topics listed in subsection (A)(1)(a); and
4. Includes the three clock hour Clinical Supervision Tutorial on Arizona Statutes/Regulations.

D. Beginning January 1, 2027, to continue providing clinical supervision, an individual qualified under subsection (A)(1)(a) shall, at least every three years, complete a minimum of nine hours of continuing training that:

1. Meets the standard specified in R4-6-802(E);
2. Concerns clinical supervision;
3. Addresses the topics listed in subsection (B)(1); and
4. Includes the three clock hour Clinical Supervision Tutorial on Arizona Statutes/Regulations.

~~C.~~**E.** To continue providing clinical supervision, an individual qualified under subsections (A)(1)(b) through (d) shall:

1. Provide documentation that the national certification or designation was renewed before it expired, and
2. Complete the Clinical Supervision Tutorial on Arizona Statutes/Regulations.

F. The Board shall not accept hours of clinical supervision provided by an individual who fails to remain qualified by complying with subsections (C) through (E), as applicable, until the individual becomes qualified again by complying with subsection (A).

~~D.~~**G.** An applicant submitting hours of clinical supervision by an individual qualified by meeting the clinical supervision education requirements in effect before the effective date of this Section shall provide documentation that the clinical supervisor was compliant with the education requirements during the period of supervision.

R4-6-216. Foreign Equivalency Determination

The Board shall accept as qualification for licensure a degree from an institution of higher education in a foreign country if the degree is substantially equivalent to the educational standards required in this Chapter for professional counseling, marriage and family therapy, and ~~substance abuse~~ addiction counseling licensure. To enable the Board to determine whether a foreign degree is substantially equivalent to the educational standards required in this Chapter, the applicant shall, at the applicant's expense, have ~~the~~ a course-by-course evaluation of the foreign degree ~~evaluated~~ performed by an evaluation service that is a member of the National Association of Credential Evaluation Services, Inc.

1. Any document that is in a language other than English shall be accompanied by a translation with notarized verification of the translation's accuracy and completeness;
2. The translation shall be completed by an individual, other than the applicant, and demonstrates no conflict of interest; and
3. The individual providing the translation may be college or university language faculty, a translation service, or an American consul.

R4-6-217. Supervised Private Practice as Defined at R4-6-101

A. General provisions regarding supervised private practice:

1. A supervised private practice, the supervised licensee, and the supervised-private-practice supervisor shall be physically located in Arizona;
2. A supervised licensee shall have only one supervised-private-practice supervisor at any given time;
3. A supervised-private-practice supervisor shall not supervise more than five supervised private practices at any given time; and
4. Failure to comply fully with this Section may result in disciplinary action against both the supervised licensee and the supervised-private-practice supervisor.

B. Before providing behavioral health services in a supervised private practice, as defined at R4-6-101, the supervised licensee shall provide the following to the Board for review and receive the Board's approval:

1. The name of the supervised licensee's supervised-private-practice supervisor who meets the following:
   a. Is independently licensed by the Board in the same discipline as the supervised licensee and has practiced as an independently licensed behavioral health professional for at least two years after initial licensure in Arizona or another jurisdiction;
   b. Is in compliance with the supervised-private-practice supervisor educational requirements specified in R4-6-214; and
   c. Is not prohibited from providing clinical supervision by a Board consent agreement;
2. A copy of the agreement between the supervised-private-practice supervisor and supervised licensee demonstrating:
   a. The supervised licensee and supervised-private-practice supervisor will meet individually:
      i. For one hour for every 20 hours of direct client contact provided or at least one hour each month if fewer than 20 hours of direct client contact are provided in that month, and
      ii. At the location of the supervised private practice at least once every 60 calendar days;
   b. The supervised licensee will notify clients of the supervised-private-practice supervisor's involvement in the client's treatment and the means to contact the supervised-private-practice supervisor;
   c. The supervised-private-practice supervisor will submit supervision reports to the Board every six months;
   d. The supervised licensee and supervised-private-practice supervisor will provide 30-days' notice to the other before terminating the agreement;
   e. The supervised licensee and supervised-private-practice supervisor will notify the Board within 10 days after providing the termination notice required under subsection (B)(2)(d); and
   f. The supervised licensee will cease providing behavioral health services within 30 days after termination of the agreement unless another agreement is provided to and approved by the Board; and

3. Beginning January 1, 2026, evidence the supervised licensee completed three clock hours of training in business operations specific to behavioral health care including how to ensure the supervised private practice complies with all provisions of A.R.S. Title 32, Chapter 33.

C. Supervised licensee responsibilities. A supervised licensee providing behavioral health services in a supervised private practice, as defined at R4-6-101, shall:

1. Before providing any behavioral health services in the supervised private practice, submit evidence to the Board that the supervised licensee completed three clock hours of training in business operations specific to behavioral health care including how to ensure the supervised private practice complies with all provisions of A.R.S. Title 32, Chapter 33 and this Chapter;
2. Not employ, contract with, provide clinical oversight of, or have any responsibility for the behavioral health services of another licensee;
3. Before Board approval of the supervised private practice, include notice in all advertising, marketing, and practice materials that clients are not being accepted; and
4. After Board approval of the supervised private practice, include notice in all advertising, marketing, and practice materials of the supervised-private-practice supervisor's involvement in the supervised private practice and the means to contact the supervised-private-practice supervisor.

D. Supervised-private-practice supervisor responsibilities. A supervised-private-practice supervisor of a supervised private practice shall:

1. Before providing any supervision, submit evidence to the Board that the supervised-private-practice supervisor completed three clock hours of training regarding how to supervise a supervised private practice;
2. Supervise all clinical and non-clinical aspects of the supervised private practice;
3. Regularly review the clinical and non-clinical documentation maintained by the licensed supervisee and attest to the Board that the review was thorough and the documentation complete; and
4. Submit all required reports to the Board within two weeks after the reports are due.

ARTICLE 3. LICENSURE

R4-6-301. Application for a License by Examination

An applicant for a license by examination shall meet the requirements specified in A.R.S. § 32-3275 and submit a completed application packet that contains the following:

1. A statement by the applicant certifying that all information submitted in support of the application is true and correct;
2. ~~Identification of the license for which application is made;~~
3.2. The license application fee required under R4-6-215. In accordance with A.R.S. § 32-3272, the Board shall waive the application fee for an independent level license if the applicant paid the fee for an initial or renewal associate level license in this state and applies for the independent level license within 90 days after paying for the initial or renewal associate level license;
4.3. The applicant's name, date of birth, social security number, and contact information;
5.4. Each name or alias previously or currently used by the applicant;
6.5. The name of each college or university the applicant attended and an official transcript for all education used to meet requirements;
7.6. Verification of current or previous licensure or certification ~~from the licensing or certifying entity as follows:~~
   a. ~~Any license or certification~~ ever held in the practice of behavioral health~~; and~~
   b. ~~Any professional license or certification not identified in subsection (7)(a) held in the last 10 years~~;
8. ~~Background information to enable the Board to determine whether, as required under A.R.S. § 32-3275(A)(3), the applicant is of good moral character;~~
9.7. A list of every entity for which the applicant has worked during the last ~~7~~ seven years;
10.8. If the relevant licensing examination was previously taken, an official copy of the score the applicant obtained on the examination;
11.9. A report of the results of a ~~self-query~~ query of the National Practitioner Data Bank;
12.10. Documentation required under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law;
13.11. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety; and
14.12. Other documents or information requested by the Board to determine the applicant's eligibility.

Table 1. Time Frames (in Days)

Type of License	Statutory Authority	Overall Time Frame	Administrative Completeness Time Frame	Substantive Review Time Frame
License by Examination	A.R.S. § 32-3253 A.R.S. § 32-3275	270	90	180
Temporary License	A.R.S. § 32-3253 A.R.S. § 32-3279	90	30	60
License by Endorsement; License by Universal Recognition; Privilege to Practice; Multistate License	A.R.S. § 32-3253 A.R.S. § 32-3274 A.R.S. § 32-4302 A.R.S. § 32-3306 A.R.S. § 32-3295	270	90	180

License Renewal	A.R.S. § 32-3253 A.R.S. § 32-3273	270	90	180
Application for registration as an out-of-state health care provider of telehealth services	A.R.S. § 32-3253 A.R.S. § 36-3606	270	90	180

R4-6-304. Application for a License by Endorsement; Application for a License by Universal Recognition; Application for a Privilege to Practice; Application for Multistate License

A. License by endorsement. An applicant who meets the requirements specified under A.R.S. § 32-3274 for a license by endorsement shall submit a completed application packet~~, as prescribed in R4-6-301,~~ and the following:

1. ~~The name of one or more other jurisdictions where the applicant is certified or licensed as a behavioral health professional by a state or federal regulatory entity, and has been for at least three years~~ A statement by the applicant certifying all information submitted in support of the application is true and correct;
2. ~~A verification of each certificate or license identified in subsection (1) by the state regulatory entity issuing the certificate or license that includes the following:~~ The license application fee required under R4-6-215;
   a. ~~The certificate or license number issued to the applicant by the state regulatory entity;~~
   b. ~~The issue and expiration date of the certificate or license;~~
   c. ~~Whether the applicant has been the subject of disciplinary proceedings by a state regulatory entity; and~~
   d. ~~Whether the certificate or license is active and in good standing;~~
3. ~~If applying at a practice level listed in A.R.S. § 32-3274(B), include:~~ The applicant's name, date of birth, social security number, and contact information;
   a. ~~An official transcript as prescribed in R4-6-301(6); and~~
   b. ~~If applicable, a foreign degree evaluation prescribed in R4-6-216 or R4-6-401; and~~
4. Each name or alias previously or currently used by the applicant;
5. Verification of any current or previous licensure or certification ever held in the practice of behavioral health;
6. A list of every entity for which the applicant has worked during the last seven years;
7. A report of the results of a query of the National Practitioner Data Bank;
8. Documentation required under A.R.S. § 41-1080(A) showing the applicant's presence in the U.S. is authorized under federal law;
9. A complete and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
10. The name of all jurisdictions where the applicant is certified or licensed in the practice of behavior health by a state or federal regulatory entity and has been for at least one year;
11. Verification the applicant has passed a nationally recognized licensing examination for the behavioral health discipline in which the applicant seeks licensure;
12. A verification of each certificate or license identified in subsection (A)(10) by the state or federal regulatory entity issuing the certificate or license that includes the following:
    a. The certificate or license number issued to the applicant by the state or federal regulatory entity;
    b. The issue and expiration date of the certificate or license;
    c. Whether the applicant has been the subject of disciplinary proceedings by a state or federal regulatory entity;
    d. Whether the certificate or license was ever surrendered to avoid discipline; and
    e. Whether the certificate or license is active and in good standing;
13. If applying at a practice level listed in A.R.S. § 32-3274(B), include:
    a. An official transcript as prescribed in R4-6-301(6); and
    b. If applicable, a foreign degree evaluation prescribed in R4-6-216 or R4-6-401; and

~~4.~~14. Documentation of completion of the Arizona Statutes/Regulations Tutorial.

B. License by universal recognition. An applicant who meets the requirements specified under A.R.S. § 32-4302 for a license by universal recognition shall submit:

1. An application provided by the Board;
2. A list of all states in which the applicant is currently and has been licensed for at least one year and certification from the licensing states that the applicant's license is in good standing;
3. Proof of Arizona residency;
4. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
5. Verification the applicant has passed a nationally recognized licensing examination for the behavioral health discipline in which the applicant seeks licensure;
6. The license application fee required under R4-6-215; and
7. Documentation of completion of the Arizona Statutes/Regulations Tutorial.

C. Privilege to practice. An applicant who meets the requirements specified under A.R.S. § 32-3306, Section 4, for a privilege to practice professional counseling shall submit:

1. An application provided by the Board;

2. Documentation confirming the applicant notified the Commission the applicant is seeking the privilege to practice in a remote state or states;
3. A list of all states in which the applicant is currently or has been licensed or granted a privilege to practice and certification from the licensing states that the applicant's license is:
   a. An independent level license to practice counseling,
   b. Valid,
   c. Unencumbered, and
   d. Has not been restricted or encumbered within the previous two years;
4. Identification of the applicant's home state;
5. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
6. Documentation of completion of the Arizona Statutes/Regulations Tutorial; and
7. The application fee required under R4-6-215.

D. Multi-state license. An applicant who meets the requirements specified under A.R.S. § 32-3295, Section 4, for a multistate license in social work shall submit:
1. An application provided by the Board;
2. Identification of the applicant's home state;
3. A completed and legible fingerprint card for a state and federal criminal history background check and payment as prescribed under R4-6-215 if the applicant has not previously submitted a full set of fingerprints to the Board, or verification that the applicant holds a current fingerprint card issued by the Arizona Department of Public Safety;
4. Documentation of completion of the Arizona Statutes/Regulations Tutorial; and
5. The application fee required under R4-6-215.

R4-6-305. Inactive Status

A. A licensee seeking inactive status shall submit:
1. A written request to the Board before expiration of the current license, and
2. The fee specified in R4-6-215 for inactive status request.

B. To be placed on inactive status after license expiration, a licensee shall, within ~~three months~~ 90 days after the date of license expiration, comply with subsection (A) and submit the fee specified in R4-6-215 for late request for inactive status.

C. The Board shall grant a request for inactive status to a licensee upon receiving a written request for inactive status. The Board shall grant inactive status for a maximum of 24 months.

D. The Board shall not grant a request for inactive status that is received more than ~~three months~~ 90 days after license expiration.

E. Inactive status does not change:
1. The date on which the license of the inactive licensee expires, and
2. The Board's ability to start or continue an investigation against the inactive licensee.

F. To return to active status, a licensee on inactive status shall:
1. Comply with all renewal requirements prescribed under R4-6-801; and
2. Establish to the Board's satisfaction that the licensee is competent to practice safely and competently. To assist with determining the licensee's competence, the Board may order a mental or physical evaluation of the licensee at the licensee's expense.

G. Upon a showing of good cause, the Board shall grant a written request for modification or reduction of the continuing education requirement received from a licensee on inactive status. The Board shall consider the following to show good cause:
1. Illness or disability,
2. Active military service, or
3. Any other circumstance beyond the control of the licensee.

H. The Board may, upon a written request filed before the expiration of the original 24 months of inactive status and for good cause, as described in subsection (G), permit an inactive licensee to remain on inactive status for one additional period not to exceed 24 months. To return to active status after being placed on a 24-month extension of inactive status, a licensee shall, comply with the requirements in subsection (F) and complete an additional 30 hours of continuing education during the 24-month extension.

I. A licensee on inactive status shall not engage in the practice of behavioral health.

R4-6-306. Application for a Temporary License

A. To be eligible for a temporary license, an applicant shall:
~~1. Have applied under R4-6-301 for a license by examination or R4-6-304 for a license by endorsement,~~
~~2.~~1. Have submitted an application for a temporary license using a form approved by the Board and paid the fee required under R4-6-215, and
~~3.~~2. Be one of the following:
   a. Applying for a license by endorsement or universal recognition;
   b. Applying for a license by examination, not currently licensed, registered, or certified by a state behavioral health regulatory entity, ~~and:~~
      ~~i. Within 12 months after obtaining a degree from the education program on which the applicant is relying to meet licensing requirements,~~
      ~~ii. Has completed all licensure requirements except passing the required examination, and~~
      ~~iii. Has not previously taken the required examination;~~ or
   c. Applying for a license by examination and currently licensed, registered, or certified by another state behavioral health regulatory entity.

B. An individual is not eligible for a temporary license if the individual:

1. Is the subject of a complaint pending before any state behavioral health regulatory entity,
2. Has had a license or certificate to practice a health care profession suspended or revoked by any state regulatory entity,
3. Has a criminal history or history of disciplinary action by a state behavioral health regulatory entity unless the Board determines the history is not of sufficient seriousness to merit disciplinary action, or
4. Has been previously denied a license by the Board.

C. The Board shall not issue a temporary license to an applicant until the Board completes a background investigation and resolves any issue identified to the Board's satisfaction.

~~**C.**~~**D.** A temporary license issued to an applicant expires one year after issuance by the Board.

~~**D.**~~**E.** A temporary license issued to an applicant who has not previously passed the required examination for licensure expires immediately if the temporary licensee:

1. Fails to take the required examination by the expiration date of the temporary license; or
2. ~~Takes but fails~~ Fails to pass the required examination by the expiration date of the authorization to test.

~~**E.**~~**F.** A temporary licensee shall provide written notice and return the temporary license to the Board if the temporary licensee fails the required examination.

~~**F.**~~**G.** An applicant who is issued a temporary license shall practice as a behavioral health professional only under direct supervision. The temporary license may contain restrictions ~~as to time, place, and supervision that~~ the Board deems appropriate.

~~**G.**~~**H.** The Board shall issue a temporary license only in the same discipline for which application is made under subsection (A).

~~**H.**~~**I.** The Board shall not extend the time of a temporary license or grant an additional temporary license based on the application submitted under subsection (A).

~~**I.**~~**J.** A temporary licensee is subject to disciplinary action by the Board under A.R.S. § 32-3281. A temporary license may be summarily revoked without a hearing under A.R.S. § 32-3279(C)(4).

~~**J.** If the Board denies a license by examination or endorsement to a temporary licensee, the temporary licensee shall return the temporary license to the Board within five days of receiving the Board's notice of the denial.~~

K. If a temporary licensee withdraws the license application submitted under R4-6-301 for a license by examination or R4-6-304 for a license by endorsement or universal recognition, the temporary license expires.

L. Work experience hours, clinical supervision hours, and continuing education hours may be accumulated while the temporary license is active.

R4-6-307. Approval of an Educational Program

A. Under A.R.S. 32-3253(A)(14), a regionally accredited college or university with an educational program not otherwise accredited by an organization or entity recognized by the Board shall obtain the Board's approval of the educational program. To obtain the Board's approval of ~~an~~ the educational program, an authorized representative of the regionally accredited college or university shall submit:

1. An application, using a form approved by the Board;
2. The fee prescribed under R4-6-215; and
3. Documentary evidence that the educational program is consistent with the curriculum standards specified in A.R.S. Title 32, Chapter 33, and this Chapter.

B. The Board shall review the application materials for administrative completeness and determine whether additional information is necessary.

1. If the application packet is incomplete, the Board shall send a written deficiency notice to the applicant specifying the missing or incomplete information. The applicant shall provide the additional information within 60 days after the deficiency notice is served.
2. The applicant may obtain a 60-day extension of time to provide the deficient information by submitting a written request to the Board before expiration of the time specified in subsection (B)(1).
3. If an applicant fails to provide the deficient information within the time specified in the written notice or as extended under subsection (B)(2), the Board shall administratively close the applicant's file with no recourse to appeal. To receive further consideration for approval of an educational program, an applicant whose file is administratively closed shall comply with subsection (A).

C. When an application for approval of an educational program is administratively complete, the ARC shall substantively review the application packet.

1. If the ARC finds that additional information is needed, the ARC shall provide a written comprehensive request for additional information to the applicant.
2. The applicant shall provide the additional information within 60 days after the comprehensive request of additional information is served.
3. If an applicant fails to provide the additional information within the time specified under subsection (C)(2), the Board shall administratively close the applicant's file with no recourse to appeal. To receive further consideration for approval of an educational program, an applicant whose file is administratively closed shall comply with subsection (A).

D. After the ARC determines the substantive review is complete:

1. If the ARC finds the applicant's educational program is eligible for approval, the ARC shall recommend to the Board that the educational program be approved.
2. If the ARC finds the applicant's educational program is ineligible for approval, the ARC shall send written notice to the applicant of the finding of ineligibility with an explanation of the basis for the finding. An applicant may appeal a finding of ineligibility for educational program approval using the following procedure:
   a. Submit to the ARC a written request for an informal review meeting within 30 days after the notice of ineligibility is served. If the applicant does not request an informal review meeting within the time provided, the ARC shall recommend to the Board that the educational program be denied approval and the applicant's file be closed with no recourse to appeal.
   b. If the ARC receives a written request for an informal review meeting within the 30 days provided, the ARC shall schedule the informal review meeting and provide at least 30 days' notice of the informal review meeting to the applicant.

c. At the informal review meeting, the ARC shall provide the applicant an opportunity to present additional information regarding the curriculum of the educational program.
d. When the informal review is complete, the ARC shall make a second finding whether the educational program is eligible for approval and send written notice of the second finding to the applicant.
e. An applicant that receives a second notice of ineligibility under subsection (D)(2)(d), may appeal the finding by submitting to the Board, within 30 days after the second notice is served, a written request for a formal administrative hearing under A.R.S. Title 41, Chapter 6, Article 10.
f. The Board shall either refer a request for a formal administrative hearing to the Office of Administrative Hearings or schedule the hearing before the Board. If no request for a formal administrative hearing is made under subsection (D)(2)(e), the ARC shall recommend to the Board that the educational program be denied approval and the applicant's file be closed with no recourse to appeal.
g. If a formal administrative hearing is held before the Office of Administrative Hearings, the Board shall review the findings of fact, conclusions of law, and recommendation of the Administrative Law Judge and issue an order either granting or denying approval of the educational program.
h. If a formal administrative hearing is held before the Board, the Board shall issue findings of fact and conclusions of law and issue an order either granting or denying approval of the educational program.
i. The Board shall send the applicant a copy of the findings of fact, conclusions of law, and order.

E. The Board shall add an approved educational program to the list of approved educational programs ~~that~~ the Board maintains.

F. The Board's approval of an educational program is valid for five years unless the accredited college or university makes a change to the educational program that is inconsistent with the curriculum standards specified in A.R.S. Title 32, Chapter 33, and this Chapter.

G. An authorized representative of a regionally accredited college or university with a Board-approved educational program shall certify annually, using a form available from the Board, that there have been no changes to the approved educational program.

H. If a regionally accredited college or university makes one of the following changes to an approved educational program, the regionally accredited college or university shall notify the Board within 60 days after making the change and request approval of the educational program change under subsection (I):
1. Change to more than 25 percent of course competencies;
2. Change to more than 25 percent of course learning objectives;
3. Addition of a course in one of the core content areas specified in R4-6-501, R4-6-601, or R4-6-701; or
4. Deletion of a course in one of the core content areas specified in R4-6-501, R4-6-601, or R4-6-701.

I. To apply for approval of an educational program change, an authorized representative of the regionally accredited college or university shall submit:
1. An approved educational program change form available from the Board;
2. The fee prescribed under R4-6-215; and
3. Documentary evidence that the change to the approved educational program is consistent with the curriculum standards specified in A.R.S. Title 32, Chapter 33, and this Chapter.

J. To maintain approved status of an educational program after five years, an authorized representative of the regionally accredited college or university shall make application under subsection (A).

K. The Board shall process the materials submitted under subsections (I) and (J) using the procedure specified in subsections (B) through (D).

L. Unless an educational program is currently approved by the Board under this Section, the regionally accredited college or university shall not represent that the educational program is Board approved in any program or marketing materials.

ARTICLE 4. SOCIAL WORK

R4-6-403. Supervised Work Experience for Clinical Social Worker Licensure

A. An applicant for licensure as a clinical social worker ~~licensure~~ shall demonstrate completion of at least ~~3200 hours of supervised work experience in the practice of clinical social work in no less than~~ 24 months~~. Supervised work experience in the practice of clinical social work shall include~~ of supervised work experience in the practice of clinical social work that includes:
1. At least 1600 hours of direct client contact involving the use of psychotherapy;
2. No more than 400 of the 1600 hours of direct client contact are ~~in~~ provided by psychoeducation;
3. No more than 400 of the 1600 hours of direct client contact are in crisis response; and
~~3.~~4. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-404~~; and~~
~~4. For the purpose of licensure, no more than 1600 hours of indirect client contact related to psychotherapy services~~.

B. For any month in which an applicant provides direct client contact, the applicant shall obtain at least one hour of clinical supervision.

C. An applicant may submit more than the required ~~3200~~ 1600 hours of direct client contact and 100 hours of ~~supervised work experience~~ clinical supervision for consideration by the Board.

D. During the period of required supervised work experience specified in subsection (A), an applicant for clinical social worker licensure shall practice behavioral health under the limitations specified in R4-6-210.

~~**E.** There is no supervised work experience requirement for licensure as a baccalaureate or master social worker.~~

R4-6-404. Clinical Supervision for Clinical Social Worker Licensure

A. An applicant for clinical social worker licensure shall demonstrate that the applicant received at least 100 hours of clinical supervision that meet the requirements specified in subsection (B) and R4-6-212 during the supervised work experience required under R4-6-403.

B. The Board shall accept hours of clinical supervision for clinical social worker licensure if the hours required under subsection (A) meet the following:
1. At least 50 hours are supervised by a clinical social worker licensed by the Board who meets the supervisor education requirements under R4-6-214, and

2. The remaining hours are ~~supervised by an individual qualified under R4-6-212(A), or~~ from the following behavioral health professionals who meet the educational requirements under R4-6-214:
   a. A licensed professional counselor;
   b. A licensed clinical social worker;
   c. A licensed marriage and family therapist;
   d. A licensed psychologist; or
   e. An individual for whom an exemption was obtained under R4-6-212.01.
3. ~~The hours are supervised by an individual for whom an exemption was obtained under R4-6-212.01.~~

C. The Board shall not accept hours of clinical supervision for clinical social worker licensure provided by ~~a substance abuse~~ an addiction counselor.

ARTICLE 5. COUNSELING

R4-6-501. Curriculum

A. An applicant for licensure as an associate or professional counselor shall have a master's or higher degree with a major emphasis in counseling from:
1. A program accredited by CACREP or CORE that consists of at least 60 semester or 90 quarter credit hours, including a supervised counseling practicum as prescribed under subsection (E);
2. An educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) that consists of at least 60 semester or 90 quarter credit hours, including a supervised counseling practicum as prescribed under subsection (E); or
3. A program from a regionally accredited college or university that consists of at least 60 semester or 90 quarter credit hours, meets the requirements specified in subsections (C) and (D), and includes a supervised counseling practicum as prescribed under subsection (E).

B. To assist the Board to evaluate a program under subsection (A)(3), an applicant who obtained a degree from a program under subsection (A)(3) shall attach the following to the application required under R4-6-301:
1. Published college or university course descriptions for the year and semester enrolled for each course submitted to meet curriculum requirements,
2. Verification, using a form approved by the Board, of completing the supervised counseling practicum required under subsection (E); and
3. Other documentation requested by the Board.

C. The Board shall accept for licensure the curriculum from a program not accredited by CACREP or CORE if the curriculum includes at least 60 semester or 90 quarter credit hours in counseling-related coursework, of which at least three semester or 4 quarter credit hours are in each of the following ~~eight~~ nine core content areas:
1. Professional orientation and ethical practice: Studies that provide a broad understanding of professional counseling ethics and legal standards, including but not limited to:
   a. Professional roles, functions, and relationships;
   b. Professional credentialing;
   c. Ethical standards of professional organizations; and
   d. Application of ethical and legal considerations in counseling;
2. Social and cultural diversity: Studies that provide a broad understanding of the cultural context of relationships, issues, and trends in a multicultural society, including but not limited to:
   a. Theories of multicultural counseling, and
   b. Multicultural competencies and strategies;
3. Human growth and development: Studies that provide a broad understanding of the nature and needs of individuals at all developmental stages, including ~~but not limited to:~~
   ~~a.~~ ~~Theories~~ theories of individual and family development across the life-span, ~~and~~
   ~~b. Theories of personality development;~~
4. Career development: Studies that provide a broad understanding of career development and related life factors, including but not limited to:
   a. Career development theories, and
   b. Career decision processes;
5. ~~Helping~~ Counseling and helping relationship: Studies that provide a broad understanding of counseling processes, including but not limited to:
   a. Counseling theories and models,
   b. Essential interviewing and counseling skills, and
   c. Therapeutic processes;
6. Group counseling and group work: Studies that provide a broad understanding of group development, dynamics, counseling theories, counseling methods and skills, and other group work approaches, including but not limited to:
   a. Principles of group dynamics,
   b. Group leadership styles and approaches, and
   c. Theories and methods of group counseling;
7. Diagnosis and treatment: Studies that provide a broad understand of diagnostic process including but not limited to:
   a. Differential diagnosis, and
   b. The use of diagnostic classification systems such as the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases;
~~7.~~8. Assessment and testing: Studies that provide a broad understanding of individual and group approaches to assessment and evaluation, including but not limited to:

~~a. Diagnostic process including differential diagnosis and use of diagnostic classification systems such as the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases,~~
~~b.~~a. Use of assessment for diagnostic and intervention planning purposes, and
~~c.~~b. Basic concepts of standardized and non-standardized testing; and

~~8.~~9. Research ~~and program evaluation~~: Studies that provide a broad understanding of recognized research methods and design and basic statistical analysis, including but not limited to:
a. Qualitative and quantitative research methods, and
b. Statistical methods used in conducting research ~~and program evaluation~~.

D. In evaluating the curriculum required under subsection (C), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.

E. The Board shall accept a supervised counseling practicum and internship that is part of a master's or higher degree program if the supervised counseling practicum and internship meets the following standards:
1. Consists of at least 700 clock hours in a professional counseling setting,
2. Includes at least 240 hours of direct client contact,
3. Provides an opportunity for the supervisee to perform all activities associated with employment as a professional counselor,
4. Oversight of the counseling practicum is provided by a faculty member, and
5. Onsite supervision is provided by an individual approved by the college or university.

F. The Board shall require that an applicant for professional counselor licensure who received a master's or higher degree before July 1, 1989, from a program that did not include a supervised counseling practicum complete three years of post-master's or higher degree work experience in counseling under direct supervision. One year of a doctoral-clinical internship may be substituted for one year of supervised work experience.

G. The Board shall accept for licensure only courses that the applicant completed with a passing grade.

H. The Board shall deem an applicant to meet the curriculum requirements for professional counselor licensure if the applicant:
1. Holds an active and in good standing associate counselor license issued by the Board; and
2. ~~Met the curriculum requirements with~~ Has a master's degree in a behavioral health field from a regionally accredited university ~~when the associate counselor license was issued~~.

R4-6-503. Supervised Work Experience for Professional Counselor Licensure

A. An applicant for licensure as a professional counselor ~~licensure~~ shall demonstrate completion of at least ~~3200 hours of supervised work experience in the practice of professional counseling in no less than~~ 24 months~~. The applicant shall ensure that the~~ of supervised work experience in the practice of professional counseling that includes:
1. At least 1600 hours of direct client contact involving the use of psychotherapy;
2. No more than 400 of the 1600 hours of direct client contact are in psychoeducation;
3. No more than 400 of the 1600 hours of direct client contact are in crisis response; and
~~3.~~4. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-504~~; and~~
~~4. For the purpose of licensure, no more than 1600 hours of indirect client contact related to psychotherapy services~~.

B. For any month in which an applicant provides direct client contact, the applicant shall obtain at least one hour of clinical supervision.

C. An applicant may submit more than the required ~~3200~~ hours of supervised work experience for consideration by the Board.

D. During the period of supervised work experience specified in subsection (A), an applicant for professional counselor licensure shall practice behavioral health under the limitations specified in R4-6-210.

E. There is no supervised work experience requirement for licensure as an associate counselor.

R4-6-504. Clinical Supervision for Professional Counselor Licensure

A. An applicant for professional counselor licensure shall demonstrate that the applicant received at least 100 hours of clinical supervision that meet the requirements specified in subsection (B) and R4-6-212 during the supervised work experience required under R4-6-503.

B. The Board shall accept hours of clinical supervision for professional counselor licensure from the following behavioral health professionals who meet the educational requirements under R4-6-214:
1. A licensed professional counselor;
2. A licensed clinical social worker;
3. A licensed marriage and family therapist;
4. A licensed psychologist; or
5. An individual for whom an exemption was obtained under R4-6-212.01.

C. The Board shall not accept hours of clinical supervision provided by ~~a substance abuse~~ an addiction counselor for professional counselor licensure.

ARTICLE 6. MARRIAGE AND FAMILY THERAPY

R4-6-601. Curriculum

A. An applicant for licensure as an associate marriage and family therapist or a marriage and family therapist shall have a master's or higher degree from a regionally accredited college or university in a behavioral health science program that:
1. Is accredited by COAMFTE;
2. Was previously approved by the Board under A.R.S. § 32-3253(A)(14); or
3. Includes at least three semester or four quarter credit hours in each of the number of courses specified in the ~~six~~ core content areas listed in subsection (B).

B. ~~A~~ Through December 31, 2029, a program under subsection (A)(3) shall include:

1. Marriage and family studies: Three courses from a family systems theory orientation that collectively contain at minimum the following elements:
   a. Introductory family systems theory;
   b. Family development;
   c. Family systems, including marital, sibling, and individual subsystems; and
   d. Gender and cultural issues;
2. Marriage and family therapy: Three courses that collectively contain at a minimum the following elements:
   a. Advanced family systems theory and interventions;
   b. Major systemic marriage and family therapy treatment approaches;
   c. Communications; and
   d. Sex therapy;
3. Human development: Three courses that may integrate family systems theory that collectively contain at minimum the following elements:
   a. Normal and abnormal human development;
   b. Human sexuality; and
   c. Psychopathology and abnormal behavior;
4. Professional studies: One course including at minimum:
   a. Professional ethics as a therapist, including legal and ethical responsibilities and liabilities; and
   b. Family law;
5. Research: One course in research design, methodology, and statistics in behavioral health science; and
6. Supervised practicum: Two courses that supplement the practical experience gained under subsection ~~(D)~~(F).

C. Beginning January 1, 2030, a program under subsection (A)(3) shall include:

1. Foundations of relational/systemic practice, theories, and models: Two courses that collectively contain at a minimum the following elements:
   a. Historical development of the MFT relational/systemic philosophy;
   b. Contemporary conceptual foundations of MFT; and
   c. Evidence-based practice and the biopsychosocial framework;
2. Clinical treatment with individuals, couples, and families: Two courses that collectively contain at a minimum the following elements:
   a. Developing competencies in treatment approaches designed for use with a wide range of diverse individuals, couples, and families (i.e. same-sex couples and interfaith couples, and young children, adolescents, and the elderly);
   b. Crisis and trauma intervention;
   c. Sex therapy; and
   d. Evidenced-based practice;
3. Biopsychosocial health and development across the life span: One course including at a minimum individual and family development, human sexuality, and biopsychosocial health across the life span;
4. Professional identity, law, ethics, and social responsibility: One course including at a minimum:
   a. Development of a MFT identity and socialization;
   b. Ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics; and
   c. Understanding legal responsibilities;
5. Research and evaluation: One course in research and evaluation methods and evidence based practice;
6. Systemic or relational assessment and mental health diagnosis and treatment: One course including at a minimum:
   a. Understanding the traditional psycho-diagnostic categories;
   b. Understanding psychopathology;
   c. Assessing, diagnosing, and treating major mental health issues;
   d. Using a MFT relational or systemic philosophy to address common presenting problems including addiction, suicide, trauma, abuse, and intro-familial violence; and
   e. Providing therapy for individuals, couples, and families managing acute chronic medical conditions; and
7. Supervised practicum: Two courses that supplement the practical experience gained under subsection (F).

D. Beginning January 1, 2030, in addition to the core content areas specified in subsection (C), a MFT curriculum shall include the following. There is no minimum course requirement for these areas:

1. Contemporary issues in MFT: Developing awareness of emerging or evolving challenges, problems, or recent developments at the interface of MFT knowledge and practice and the broader local, regional, and global context;
2. Community intersections and collaboration: Practicing within defined contexts such as healthcare settings, schools, military settings, and private practice or nontraditional MFT practice using therapeutic competencies;
3. Telehealth practice: Developing competencies required to comply with R4-6-1106; and
4. Diverse, multicultural, and underserved communities:
   a. Understanding and applying knowledge of diversity, power, privilege, and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religion, spiritual beliefs, nation of origin, or other relevant social identities;
   b. Practicing with diverse, international, multicultural, marginalized, or underserved communities;
   c. Developing competencies in working with sexual and gender minorities and their families; and
   d. Developing and implementing anti-racist practices.

~~C.~~E. In evaluating the curriculum required under ~~subsection~~ subsections (B) and (C), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a

core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.

~~D.~~F. A program's supervised practicum shall meet the following standards:

1. Provides an opportunity for the enrolled student to provide marriage and family therapy services to individuals, couples, ~~and~~ families, or other systems ~~in an educational or professional setting~~ under the direction of a faculty member or supervisor designated by the college or university;
2. Occurs over a minimum of two semesters of clinical practice;
~~2.~~3. Includes at least 300 client-contact hours, 100 of which are relational hours, provided under direct supervision; and
~~3.~~4. ~~Has supervision provided by a designated licensed marriage and family therapist~~ Includes clinical supervision provided by an AAMFT-approved supervisor or an LMFT licensed by the Board.

~~E.~~G. An applicant may submit a written request to the ARC for an exemption from the requirement specified in subsection ~~(D)(3)~~ (F)(4). The request shall include the name of the behavioral health professional proposed by the applicant to act as supervisor of the practicum, a copy of the proposed supervisor's transcript and curriculum vitae, and any additional documentation requested by the ARC. The ARC shall grant the exemption if the ARC determines the proposed supervisor is qualified by education, experience, and training to provide supervision.

~~F.~~H. The Board shall deem an applicant to meet the curriculum requirements for marriage and family therapist licensure if the applicant:

1. Holds an active and in good standing associate marriage and family therapist license issued by the Board; and
2. Met the curriculum requirements with a master's degree in a behavioral health field from a regionally accredited university when the associate marriage and family therapist license was issued.

R4-6-603. Supervised Work Experience for Marriage and Family Therapy Licensure

A. An applicant for licensure as a marriage and family therapist shall demonstrate completion of at least ~~3200 hours of supervised work experience in the practice of marriage and family therapy in no less than~~ 24 months~~. The applicant shall ensure that the~~ of supervised work experience in the practice of marriage and family therapy that includes:

1. At least 1600 hours of direct client contact involving the use of psychotherapy:
   a. At least 1000 of the 1600 hours of direct client contact are with couples or families; and
   b. No more than 400 of the 1600 hours of direct client contact are ~~in~~ provided by psychoeducation and at least 60 percent of psychoeducation hours are with couples or families;
   c. No more than 400 of the 1600 hours of direct client contact are in crisis response and at least 60 percent of the crisis response hours are with couples and families; and
2. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-604~~; and~~
~~3. For the purpose of licensure, no more than 1600 hours of indirect client contact related to psychotherapy services~~.

B. For any month in which an applicant provides direct client contact, the applicant shall obtain at least one hour of clinical supervision.

C. An applicant may submit more than the required ~~3200~~ hours of supervised work experience for consideration by the Board.

D. During the period of supervised work experience specified in subsection (A), an applicant for marriage and family therapist licensure shall practice behavioral health under the limitations specified in R4-6-210.

~~E.~~ ~~There is no supervised work experience requirement for licensure as an associate marriage and family therapist.~~

R4-6-604. Clinical Supervision for Marriage and Family Therapy Licensure

A. An applicant for marriage and family therapy licensure shall demonstrate that the applicant received at least 100 hours of clinical supervision that meets the requirements specified in subsection (B) and R4-6-212 during the supervised work experience required under R4-6-603.

B. The Board shall accept hours of clinical supervision for marriage and family therapist licensure if:

1. The hours are supervised by an individual who meets the educational requirements under R4-6-214;
2. At least 50 of the hours are supervised by:
   a. A marriage and family therapist licensed by the Board, or
   b. An independently licensed behavioral health professional who holds an Approved Supervisor designation from the American Association for Marriage and Family Therapy; and
3. The remaining hours are ~~supervised by one or more of~~ from the following behavioral health professionals:
   a. A licensed professional counselor ~~licensed by the Board;~~
   b. A licensed clinical social worker ~~licensed by the Board~~;
   c. A licensed marriage and family therapist ~~licensed by the Board~~; or
   d. A licensed psychologist ~~licensed under A.R.S. Title 32, Chapter 19.1~~; or
   ~~4.~~e. ~~The hours are supervised by an~~ An individual for whom an exemption ~~is~~ was obtained under R4-6-212.01.

C. The Board shall not accept hours of clinical supervision provided by ~~a substance abuse~~ an addiction counselor for marriage and family therapy licensure.

ARTICLE 7. ~~SUBSTANCE ABUSE~~ ADDICTION COUNSELING

R4-6-701. Licensed ~~Substance Abuse~~ Addiction Technician Curriculum

A. An applicant for licensure as ~~a substance abuse~~ an addiction technician shall have:

1. An associate's or bachelor's degree from a regionally accredited college or university in a program accredited by NASAC;
2. An associate's or bachelor's degree from a regionally accredited college or university in an educational program previously approved by the Board under A.R.S. § 32-3253(A)(14); or
3. An associate's or bachelor's degree from a regionally accredited college or university in a behavioral health science program that includes coursework from the seven core content areas listed in subsection (B).

B. An associate's or bachelor's degree under subsection (A)(3), shall include at least three semester or four quarter credit hours in each of the following core content areas:

1. Psychopharmacology, including but not limited to effects on mood, behavior, cognition and physiology;
2. Models of treatment and relapse prevention and/or recovery management, including but not limited to philosophies and practices of generally accepted and evidence-supported models;
3. Group work: Group dynamics and processes as they relate to addictions ~~and substance use disorders~~;
4. ~~Working with diverse populations: Issues and trends in a multicultural and diverse society as they relate to substance use disorder and addiction~~ Social and cultural diversity focused on understanding cultural belief systems, cultural identity development, and counseling strategies;
5. Co-occurring disorders, including but not limited to philosophies and practices of generally accepted and evidence-supported models;
6. Ethics, including but not limited to:
   a. Legal and ethical responsibilities and liabilities;
   b. Standards of professional behavior and scope of practice;
   ~~c. Client rights, responsibilities, and informed consent;~~ and
   ~~d.~~c. Confidentiality and ~~other legal considerations in the practice of behavioral health~~ informed consent; and
7. Assessment, diagnosis, and treatment. Use of assessment and diagnosis to develop appropriate treatment interventions for ~~substance use disorders or~~ addictions.

C. The Board shall waive the education requirement in subsection (A) for an applicant requesting licensure as ~~a substance abuse~~ an addiction technician if the applicant demonstrates all of the following:
1. The applicant provides services under a contract or grant with the federal government under the authority of 25 U.S.C. § 5301 or § 1601 – 1683;
2. The applicant has obtained at least the equivalent of a high school diploma;
3. Because of cultural considerations, obtaining the degree required under subsection (A) would be an extreme hardship for the applicant; and
4. The applicant has completed at least 6400 hours of supervised work experience in ~~substance abuse~~ addiction counseling, as prescribed in R4-6-705(C), in no less than 48 months within the seven years immediately preceding the date of application.

D. In evaluating the curriculum required under subsection (B), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.

E. An applicant for licensure as ~~a substance abuse~~ an addiction technician who completed the applicant's ~~educational training before the effective date of this Section or~~ coursework no later than October 31, 2017, may request that the Board evaluate the applicant's ~~educational training~~ coursework using the standards in effect before the effective date of this Section.

R4-6-702. Licensed Associate ~~Substance Abuse~~ Addiction Counselor Curriculum

A. An applicant for licensure as an associate ~~substance abuse~~ addiction counselor shall have one of the following:
1. A bachelor's degree from a regionally accredited college or university in a program accredited by NASAC and supervised work experience that meets the standards specified in R4-6-705(A);
2. A master's or higher degree from a regionally accredited college or university in a program accredited by NASAC;
3. A bachelor's degree from a regionally accredited college or university in a behavioral health science program that meets the core content standards specified in R4-6-701(B) and supervised work experience that meets the standards specified in R4-6-705(A);
4. A master's or higher degree from a regionally accredited college or university in a behavioral health science program that meets the core content standards specified in R4-6-701(B) and includes at least 300 hours of supervised practicum as prescribed under subsection (C); or
5. A bachelor's degree from a regionally accredited college or university in an educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) and supervised work experience that meets the standards specified in R4-6-705(A); or
6. A master's or higher degree from a regionally accredited college or university in an educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) and includes at least 300 hours of supervised practicum as prescribed under subsection (C).

B. In evaluating the curriculum required under subsection (A)(3) or (4), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.

C. Supervised practicum. A supervised practicum shall integrate didactic learning related to ~~substance use disorders~~ addiction with face-to-face, direct counseling experience. The counseling experience shall include intake and assessment, treatment planning, discharge planning, documentation, and case management activities.

D. The Board shall deem an applicant to meet the curriculum requirements for associate ~~substance abuse~~ addiction counselor licensure if the applicant:
1. Holds an active and in good standing ~~substance abuse~~ addiction technician license issued by the Board; and
2. Met the curriculum requirements with a bachelor's degree when the ~~substance abuse~~ addiction technician license was issued.

E. An applicant for licensure as an associate ~~substance abuse~~ addiction counselor who completed the applicant's ~~educational training before the effective date of this Section or~~ coursework no later than October 31, 2017, may request that the Board evaluate the applicant's ~~educational training~~ coursework using the standards in effect before the effective date of this Section.

R4-6-703. Licensed Independent ~~Substance Abuse~~ Addiction Counselor Curriculum

A. An applicant for licensure as an independent ~~substance abuse~~ addiction counselor shall have a master's or higher degree from a regionally accredited college or university in one of the following:
1. A program accredited by NASAC;

2. A behavioral health science program that meets the core content standards specified in R4-6-701(B) and includes at least 300 hours of supervised practicum as prescribed under subsection (D); or
3. An educational program previously approved by the Board under A.R.S. § 32-3253(A)(14) that includes at least 300 hours of supervised practicum as prescribed under subsection (D).

B. In addition to the degree requirement under subsection (A), an applicant for licensure as an independent ~~substance abuse~~ addiction counselor shall complete the supervised work experience requirements prescribed under R4-6-705(B).

C. In evaluating the curriculum required under subsection (A)(2), the Board shall assess whether a core content area is embedded or contained in more than one course. The applicant shall provide information the Board requires to determine whether a core content area is embedded in multiple courses. The Board shall not accept a core content area embedded in more than two courses unless the courses are succession courses. The Board shall allow subject matter in a course to qualify in only one core content area.

D. Supervised practicum. A supervised practicum shall integrate didactic learning related to ~~substance use disorders~~ addiction with face-to-face, direct counseling experience. The counseling experience shall include intake and assessment, treatment planning, discharge planning, documentation, and case management activities.

E. The Board shall deem an applicant to meet the curriculum requirements for independent ~~substance abuse~~ addiction counselor licensure if the applicant:
1. Holds an active and in good standing associate ~~substance abuse~~ addiction counselor license issued by the Board; and
2. Met the curriculum requirements with a master's degree when the associate ~~substance abuse~~ addiction counselor license was issued.

F. An applicant for licensure as an independent ~~substance abuse~~ addiction counselor who completed the applicant's ~~educational training before the effective date of this Section or~~ coursework no later than October 31, 2017, may request that the Board evaluate the applicant's ~~educational training~~ coursework using the standards in effect before the effective date of this Section.

R4-6-704. Examination

A. The Board approves the following licensure examinations for an applicant for ~~substance abuse~~ addiction technician licensure:
1. Alcohol and Drug Counselor and Advanced Alcohol and Drug Counselor Examinations offered by the International Certification and Reciprocity Consortium, ~~and~~
2. Level I or higher examinations offered by the NAADAC, the Association of Addiction Professionals; and
3. Other examinations approved by the Board.

B. The Board approves the following licensure examinations for an applicant for associate or independent ~~substance abuse~~ addiction counselor licensure:
1. Advanced Alcohol and Drug Counselor Examination offered by the International Certification and Reciprocity Consortium~~.~~;
2. Level II or higher examinations offered by the NAADAC, the Association of Addiction Professionals~~, and~~;
3. Examination for Master Addictions Counselors offered by the National Board for Certified Counselors; and
4. Other examinations approved by the Board.

C. The Board shall deem an applicant for independent ~~substance abuse~~ addiction counselor licensure as meeting the examination requirements if all of the following apply:
1. The applicant has an active associate ~~substance abuse~~ addiction counselor license;
2. The applicant passed a written examination listed in subsection (A) before November 1, 2015; and
3. The applicant submitted an application to the Board on or after November 1, 2015.

D. An applicant shall pass an approved examination within 12 months after receiving written examination authorization from the Board. An applicant shall not take an approved examination more than three times during the 12-month testing period.

E. If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (D), the Board shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant whose file is closed shall submit a new application and fee.

F. The Board may grant a one-time 90-day examination extension request to an applicant who demonstrates good cause as specified under R4-6-305(G).

R4-6-705. Supervised Work Experience for ~~Substance Abuse~~ Addiction Counselor Licensure

A. An applicant for associate ~~substance abuse~~ addiction counselor licensure who has a bachelor's degree and is required under R4-6-702(A) to participate in a supervised work experience shall complete at least ~~3200 hours of supervised work experience in substance abuse counseling in no less than~~ 24 months~~. The applicant shall ensure that the~~ of supervised work experience that relates to substance use disorder and addiction and meets the following standards:
1. At least 1600 hours of direct client contact involving the use of psychotherapy related to ~~substance use disorder and~~ addiction issues,
2. No more than 400 of the 1600 hours of direct client contact are ~~in~~ provided by psychoeducation,
3. ~~For the purpose of licensure, no more than 1600 hours of indirect client contact related to psychotherapy services,~~
~~4.~~3. At least 100 hours of clinical supervision as prescribed under R4-6-212 and R4-6-706, and
~~5.~~4. At least one hour of clinical supervision in any month in which the applicant provides direct client contact.

B. An applicant for independent ~~substance abuse~~ addiction counselor licensure shall demonstrate completion of at least ~~3200 hours of supervised work experience in substance abuse counseling in no less than~~ 24 months of supervised work experience in addiction counseling. The applicant shall ensure that the supervised work experience meets the standards specified in subsection (A).

C. An applicant for ~~substance abuse~~ addiction technician qualifying under R4-6-701(C) shall complete at least ~~6400~~ 3400 hours of supervised work experience in no less than 48 months. The applicant shall ensure that the supervised work experience includes:
1. At least 3200 hours of direct client contact;
2. Using psychotherapy to assess, diagnose, and treat individuals, couples, families, and groups for issues relating to ~~substance use disorder and~~ addiction; and
3. At least 200 hours of clinical supervision as prescribed under R4-6-212 and R4-6-706.

D. An applicant may submit more than the required number of hours of supervised work experience for consideration by the Board.
E. During the period of required supervised work experience, an applicant for ~~substance abuse~~ addiction licensure shall practice behavioral health under the limitations specified in R4-6-210.
F. There is no supervised work experience requirement for an applicant for licensure as:
1. ~~A substance abuse~~ An addiction technician qualifying under R4-6-701(A), or
2. An associate ~~substance abuse~~ addiction counselor qualifying under R4-6-702(A) with a master's or higher degree.

R4-6-706. Clinical Supervision for ~~Substance Abuse~~ Addiction Counselor Licensure
A. During the supervised work experience required under R4-6-705, an applicant for ~~substance abuse~~ addiction counselor licensure shall demonstrate that the applicant received, for the level of licensure sought, at least the number of hours of clinical supervision specified in R4-6-705 that meets the requirements in subsection (B) and R4-6-212.
B. The Board shall accept hours of clinical supervision for ~~substance abuse~~ addiction licensure if the focus of the supervised hours relates to ~~substance use disorder and~~ addiction and:
1. The supervision is provided by someone who meets the educational requirements under R4-6-214.
~~1.~~2. At least 50 hours are supervised by:
   a. An independent ~~substance abuse~~ addiction counselor licensed by the Board; or
   b. An independently licensed behavioral health professional who:
      i. Provides evidence of knowledge and experience in ~~substance use disorder~~ addiction treatment; and
      ii. Is approved by the ARC or designee, and
~~2. The remaining hours are supervised by an individual qualified under R4-6-212(A), or~~
3. The remaining hours are ~~supervised by an individual for whom an exemption was obtained under R4-6-212.01~~ from the following behavioral health professionals who meet the educational requirements under R4-6-214:
   a. A licensed professional counselor,
   b. A licensed clinical social worker,
   c. A licensed marriage and family therapist,
   d. A licensed psychologist, or
   e. An individual for whom an exemption was obtained under R4-6-212.01.

ARTICLE 8. LICENSE RENEWAL AND CONTINUING EDUCATION

R4-6-801. Renewal of Licensure
A. Under A.R.S. § 32-3273, a license issued by the Board under A.R.S. Title 32, Chapter 33 and this Chapter is renewable every two years. A licensee who has more than one license may request in writing that the Board synchronize the expiration dates of the licenses. The licensee shall pay any prorated fees required to accomplish the synchronization.
B. A licensee holding an active license to practice behavioral health in this state shall complete 30 clock hours of continuing education as prescribed under R4-6-802 between the date the Board received the licensee's last renewal application and the next license expiration date. A licensee may not carry excess continuing education hours from one license period to the next.
C. To renew licensure, a licensee shall submit the following to the Board on or before the date of license expiration or as specified in A.R.S. § 32-4301:
1. A renewal application form, approved by the Board. The licensee shall ensure that the renewal form:
   a. Includes a list of 30 clock hours of continuing education that the licensee completed during the license period;
   b. If the documentation previously submitted under R4-6-301~~(12)~~ (11) was a limited form of work authorization issued by the federal government, includes evidence that the work authorization has not expired; and
   c. Is signed by the licensee attesting that all information submitted is true and correct;
2. Payment of the renewal fee as prescribed in R4-6-215. In accordance with A.R.S. § 32-3272, the Board shall waive the renewal fee for an associate level license if the licensee has submitted the renewal application and the licensee's application for independent licensure is pending; and
3. Other documents requested by the Board to determine that the licensee continues to meet the requirements under A.R.S. Title 32, Chapter 33 and this Chapter.
D. The Board may audit a licensee to verify compliance with the continuing education requirements under subsection (B). A licensee shall maintain documentation verifying compliance with the continuing education requirements as prescribed under R4-6-803.
E. A licensee whose license expires shall immediately stop the practice of behavioral health in settings that require a license and stop representation as a licensee. A ~~may have the~~ license may be reinstated within 90 days of expiration by complying with subsection (C) and paying ~~a late renewal penalty within 90 days of the license expiration date~~ the reinstatement fee. ~~A license reinstated under this subsection is effective with no lapse in licensure.~~ A licensee who engages in the practice of behavioral health between the dates of license expiration and license reinstatement may be subject to disciplinary action for practicing unlicensed.

R4-6-802. Continuing Education
A. A licensee who maintains more than one license may apply the same continuing education hours for renewal of each license if the content of the continuing education relates to the scope of practice of each license. A licensee who obtained continuing education hours while practicing under a temporary license may apply the continuing education hours for license renewal.
B. For each license period, a licensee may report a maximum of:
1. Ten clock hours of continuing education for first-time presentations by the licensee that deal with current developments, skills, procedures, or treatments related to the practice of behavioral health. The licensee may claim one clock hour for each hour spent preparing, writing, and presenting information;
2. Six clock hours of continuing education for attendance at a Board meeting where the licensee is not:
   a. A member of the Board,
   b. The subject of any matter on the agenda, or

c. The complainant in any matter that is on the agenda; and
3. Ten clock hours of continuing education for service as a Board or ARC member.

C. For each license period, a licensee shall report:
1. A minimum of three clock hours of continuing education sponsored, approved, or offered by an entity listed in subsection (D) in each of the following:
   a. Behavioral health ethics or mental health law~~, and~~;
   b. Cultural ~~competency and diversity~~ considerations in psychotherapy; and
   c. Beginning January 1, 2027, technology related to behavioral health such as telehealth, electronic communication, and use of artificial intelligence; and
2. Completion of the three clock hour Arizona Statutes/Regulations Tutorial.

D. A licensee shall participate in continuing education that relates to the scope of practice of the license held and ~~to maintaining or improving~~ will maintain, improve, and build on the skill and competency of the licensee. The Board has determined that in addition to the continuing education listed in subsections (B) and (C), the following continuing education meets this standard:
1. Activities sponsored or approved by national, regional, or state professional associations or organizations in the specialties of marriage and family therapy, professional counseling, social work, ~~substance abuse~~ addiction counseling, or in the allied professions of psychiatry, psychiatric nursing, psychology, or pastoral counseling;
2. Programs in behavioral health sponsored or approved by a regionally accredited college or university;
3. In-service training, courses, or workshops in behavioral health sponsored by federal, state, or local social service agencies, public school systems, or licensed health facilities or hospitals;
4. Graduate or undergraduate courses in behavioral health offered by a regionally accredited college or university. One semester-credit hour or the hour equivalent of one semester hour equals 15 clock hours of continuing education;
5. Publishing a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the practice of behavioral health. For the license period in which publication occurs, the licensee may claim one clock hour for each hour spent preparing and writing materials; and
6. Programs in behavioral health sponsored by a state superior court, adult probation department, or juvenile probation department.

~~**E.** The Board has determined that a substance abuse technician, associate substance abuse counselor, or an independent substance abuse counselor shall ensure that at least 20 of the 30 clock hours of continuing education required under R4-6-801(B) are in the following categories:~~
~~1. Pharmacology and psychopharmacology,~~
~~2. Addiction processes,~~
~~3. Models of substance use disorder and addiction treatment,~~
~~4. Relapse prevention,~~
~~5. Interdisciplinary approaches and teams in substance use disorder and addiction treatment,~~
~~6. Substance use disorder and addiction assessment and diagnostic criteria,~~
~~7. Appropriate use of substance use disorder and addiction treatment modalities,~~
~~8. Substance use disorder and addiction as it related to diverse populations,~~
~~9. Substance use disorder and addiction treatment and prevention,~~
~~10. Clinical application of current substance use disorder and addiction research, or~~
~~11. Co-occurring disorders.~~

E. Beginning January 1, 2027, individuals qualified to provide clinical supervision for licensure shall have complied with the requirements prescribed in R4-6-212 and R4-6-214, including completion of clinical supervisor training approved by the Board or sponsored by one of the four state behavioral health associations.

F. Board approval of clinical supervision training.
1. To obtain Board approval of a clinical supervision training, the training provider shall submit to the Board:
   a. An application, using a form approved by the Board,
   b. The fee prescribed under R4-6-215, and
   c. Documentary evidence the training program is consistent with the standards and topics specified in R4-6-214(B).
2. The Board shall review the materials submitted under subsection (F)(1) and notify the training provider whether the clinical supervision training is approved or denied for deficiencies. If the training is denied for deficiencies, the Board shall allow the training provider 90 days in which to resubmit the materials required under subsection (F)(1) for further review. If the Board denies approval of the clinical supervision training a second time, the training provider may seek approval only by complying again with subsection (F)(1).
3. When the Board approves a clinical supervision training, the Board shall add the training to the list of approved clinical supervision trainings maintained by the Board.
4. Board approval of a clinical supervision training is valid for three years unless the training provider makes changes to the training that are inconsistent with the specifications in R4-6-214(B).
5. To maintain approval of a clinical supervision training after three years, the training provider shall comply with subsection (F)(1).

ARTICLE 11. DOCUMENTATION AND STANDARDS OF PRACTICE

R4-6-1101. Consent for Treatment

A licensee shall:
1. Provide treatment to a client only in the context of a professional relationship based on informed consent for treatment;
2. Document in writing, including by electronic means, for each client the following elements of informed consent for treatment:
   a. Purpose of treatment;
   b. General procedures to be used in treatment, including benefits, limitations, and potential risks;

c. The client's right to have the client's records and all information regarding the client kept confidential and an explanation of the limitations on confidentiality;
d. Notification of the licensee's supervision or involvement with a treatment team of professionals;
e. Methods for the client to obtain ~~information about~~ the client's records or information about the client's records;
f. The client's right to participate in treatment decisions and in the development and periodic review and revision of the client's treatment plan;
g. The client's right to refuse any recommended treatment or to withdraw consent to treatment and to be advised of the consequences and risks of refusal or withdrawal; ~~and~~
h. The client's right to be informed of all fees that the client is required to pay and the licensee's refund and collection policies and procedures; ~~and~~
i. Beginning January 1, 2027, notification of the extent, if any, to which clinical services are provided through, recorded or documented with, or involve the use of artificial intelligence, machine learning, deep learning, or any other human simulation modality; and
j. Beginning January 1, 2027, a description of the professional nature of the therapeutic relationship.

3. Obtain a dated and signed written informed consent for treatment from a client or the client's legal representative before providing treatment to the client and when a change occurs in an element listed in subsection (2) that might affect the client's consent for treatment;
4. Obtain a dated and signed written informed consent for treatment from a client or the client's legal representative before audio or video taping the client or permitting a third party to observe treatment provided to the client; ~~and~~
5. ~~Include a dated signature from an authorized representative of the behavioral health entity~~ If treatment of a client is by telehealth, the informed consent for treatment required under subsections (3) and (4) may be:
   a. Obtained verbally, and
   b. Contemporaneously documented in the client's record.

R4-6-1102. Treatment Plan

A licensee shall:

1. ~~Work~~ By completion of the fourth session, work jointly with each client or the client's legal representative to prepare an integrated, individualized, written treatment plan, based on the licensee's provisional or principal diagnosis and assessment of behavior and the treatment needs, abilities, resources, and circumstances of the client, that includes:
   a. One or more treatment goals;
   b. One or more treatment methods;
   c. The date, within a maximum of 12 months, when the client's treatment plan will be reviewed and reassessed;
   d. If a discharge date has been determined, the aftercare needed, if applicable;
   e. The dated signature of the client or the client's legal representative; and
   f. The dated signature of the licensee;
2. Review and ~~reassess~~ reassessment of the treatment plan:
   a. According to the review date specified in the treatment plan as required under subsection (1)(c); and
   b. At least annually the licensee shall document a review of the treatment plan with the client or the client's legal representative to ensure the continued viability and effectiveness of the treatment plan and, ~~where appropriate, add a description of the services the client may need after terminating treatment with the licensee~~ update the treatment plan as applicable; and
3. Ensure ~~that~~ all treatment plan revisions include the dated signature of the client or the client's legal representative and the licensee~~;~~
4. ~~Upon written request, provide a client or the client's legal representative an explanation of all aspects of the client's condition and treatment; and~~
5. ~~Ensure that a client's treatment is in accordance with the client's treatment plan~~.

R4-6-1105. ~~Confidentiality~~ Release of Confidential Information

A. A licensee shall release or disclose client records or any information regarding a client only:
1. In accordance with applicable federal or state law that authorizes release or disclosure; or
2. With written authorization from the client or the client's legal representative.

~~B.~~ ~~A licensee shall ensure that written authorization for release of client records or any information regarding a client is obtained before a client record or any information regarding a client is released or disclosed unless otherwise allowed by state or federal law.~~

~~C.~~B. Written authorization includes:
1. The name of the person disclosing the client record or information;
2. The purpose of the disclosure;
3. The individual, agency, or entity requesting or receiving the record or information;
4. A description of the client record or information to be released or disclosed;
5. A statement indicating authorization and understanding that authorization may be revoked at any time;
6. The date or circumstance when the authorization expires, not to exceed 12 months;
7. The date the authorization was signed; and
8. The dated signature of the client or the client's legal representative.

~~D.~~C. A licensee shall ensure that any written authorization to release a client record or any information regarding a client is maintained in the client record.

~~E.~~D. If a licensee provides behavioral health services to multiple members of a family, each legally competent, participating family member shall independently provide written authorization to release client records regarding the family member. Without authorization

from a family member, the licensee shall not disclose the family member's client record or any information obtained from the family member unless otherwise allowed by state or federal law.

R4-6-1106. ~~Telepractice~~ Telehealth

A. Except as ~~otherwise~~ provided ~~by statute~~ under A.R.S. § 32-3271(A)(2), an individual who provides counseling, social work, marriage and family therapy, or ~~substance abuse~~ addiction counseling ~~via telepractice~~ by telehealth to a client located in Arizona shall: ~~be~~

1. Be licensed by the Board,
2. Be competent in providing behavioral health services by telehealth, and
3. Ensure that providing behavioral health services by telehealth is appropriate for the client's needs.

B. Under A.R.S. § 32-3271(A)(2), an individual who is licensed in good standing in another state but who is not licensed by the Board shall not provide counseling, social work, marriage and family therapy, or addiction counseling by telehealth to a client located in Arizona for more than ninety days. The individual providing behavioral health services under A.R.S. § 32-3271(A)(2) by telehealth to a client in Arizona shall ensure the 90 days are consecutive and occur in one calendar year.

~~B.~~C. Except as otherwise provided by statute, ~~a licensee~~ an individual who provides counseling, social work, marriage and family therapy, or ~~substance abuse~~ addiction counseling ~~via telepractice~~ by telehealth only to a client located outside Arizona shall comply with ~~not only A.R.S. Title 32, Chapter 33, and this Chapter but also~~ the laws and rules of the jurisdiction in which the client is located.

~~C.~~D. An individual who provides counseling, social work, marriage and family therapy, or ~~substance abuse~~ addiction counseling ~~via telepractice~~ by telehealth shall:

1. In addition to complying with the requirements in R4-6-1101, document the limitations and risks associated with ~~telepractice~~ telehealth, including but not limited to the following;
   a. Inherent confidentiality risks of electronic communication,
   b. Potential for technology failure,
   c. Emergency procedures when the licensee is unavailable, ~~and~~
   d. Manner of identifying the client when using electronic communication that does not involve video; and
   e. Local emergency contacts or services; and
2. In addition to complying with the requirements in R4-6-1103, include the following in the progress note required under R4-6-1103(H):
   a. Mode of session, whether interactive audio, video, or electronic communication; and
   b. Verification of the client's~~:~~
      i. Physical location during the session; and
      ii. Local emergency contacts if different from those provided under subsection (D)(1).

NOTICE OF FINAL RULEMAKING

TITLE 13. PUBLIC SAFETY

CHAPTER 14. CONSTABLE ETHICS, STANDARDS AND TRAINING BOARD

[R25-219]

PREAMBLE

1. Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039(B) by the governor on:

July 16, 2025

2. Article, Part, or Section Affected (as applicable)	**Rulemaking Action**
R13-14-101	Amend
R13-14-103	Amend
R13-14-201	Amend
R13-14-202	Amend
R13-14-203	Amend

3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. § 22-137(A)(2)

Implementing statute: A.R.S. § 22-137(A)(3) through (A)(6)

4. The effective date of the rule:

November 2, 2025

a. If the agency selected a date earlier than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):

Not applicable

b. If the agency selected a date later than the 60-day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason the agency selected the later effective date as provided in A.R.S. § 41-

1032(B):

Not applicable

5. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the current record of the final rule:

Notice of Rulemaking Docket Opening: 31 A.A.R. 1014; Issue Date: March 28, 2025; Issue Number: 13; File Number: R25-45
Notice of Proposed Rulemaking: 31 A.A.R. 891; Issue Date: March 28, 2025; Issue Number: 13; File Number: R25-44

6. The agency's contact person who can answer questions about the rulemaking:

Name:	Mahogany Kennedy
Title:	Constable, Board Member
Address:	1415 N. 7th Ave. Phoenix, AZ 85007
Telephone:	(602) 525-3319
Email:	mahogany.kennedy@maricopa.gov
Website:	cestb.az.gov

7. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:

The Board is addressing issues identified in a 5YRR approved by the Council on April 2, 2024. The Board is providing additional detail about the manner in which it investigates complaints, conducts hearings, and imposes discipline. The Board is concerned about protecting the privacy of persons that make complaints against a constable and protecting constables from repetitive complaints.

8. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

Not applicable

9. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

10. A summary of the economic, small business, and consumer impact:

The Board determined the amended rules have minimal economic impact. The due process procedures outlined in the amended rules are not new. Rather, the Board determined that putting the procedures into rule made the procedures more readily available to those needing them.

11. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

A clerical error was corrected in R13-4-201(C)(3);

Labels for R13-4-201(D) and (E) were corrected; and

To be consistent with the Arizona Public Records Law, R13-4-201(D) was amended to cross reference determinations made under subsection (C).

12. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:

Not applicable

13. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

Not applicable

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The Board does not issue licenses or permits

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

No federal law is applicable to the subject matter of the amended rules.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the

competitiveness of business in this state to the impact on business in other states:

Not applicable

14. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

Not applicable

15. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the *Register* as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:

Not applicable

16. The full text of the rules follows:

TITLE 13. PUBLIC SAFETY

CHAPTER 14. CONSTABLE ETHICS, STANDARDS AND TRAINING BOARD

ARTICLE 1. GENERAL PROVISIONS

Section
R13-14-101. Definitions
R13-14-103. Constable Code of Conduct

ARTICLE 2. COMPLAINTS; HEARINGS; DISCIPLINARY ACTION

Section
R13-14-201. Filing a Complaint; Jurisdiction
R13-14-202. Complaint Processing
R13-14-203. Hearing Procedures

ARTICLE 1. GENERAL PROVISIONS

R13-14-101. Definitions

In this Chapter, unless the context requires otherwise:

"Board" means the Constable Ethics, Standards, and Training Board established under A.R.S. § 22-136(A).
"Business day" means the hours between 8:00 a.m. and 5:00 p.m. Monday through Friday, except for state holidays.
"Case" means administrative action initiated by a written complaint.
"Complainant" means a person, other than the Board, that files a complaint regarding a constable.
"Constable" means an individual elected under A.R.S. § 22-102 and any deputy constable appointed, employed, or authorized by the county board of supervisors.
"Final administrative decision" has the meaning specified at A.R.S. § 41-1092.
"For cause" means a reason for disciplinary action under A.R.S. Title 22, Chapter 1, Article 3, or this Chapter.
"Just cause" means the standard the Board will meet before taking disciplinary action against a constable. Just cause involves all of the following:
- The constable had notice of the required conduct,
- The required conduct is reasonable,
- The constable was provided due process,
- There was a preponderance of evidence establishing the conduct leading to disciplinary action occurred,
- The Board took similar disciplinary action against others with similar conduct,
- The disciplinary action is not excessive, and
- The disciplinary action is reasonable related to the seriousness of the conduct.

"Party" has the meaning specified at A.R.S. § 41-1001.
"Person" has the meaning specified at A.R.S. § 1-215.
"Respondent" means a constable against whom a complaint is filed.

R13-14-103. Constable Code of Conduct

A. A constable shall:
1. Comply with all federal, state, and local law;
2. Act in a manner that promotes public confidence in the constable's office;
3. Be honest and conscientious in all professional and personal interactions;
4. Avoid a conflict of interest, including the appearance of a conflict of interest, in the performance of constable duties;
5. Perform constable duties without:
   a. Bias or prejudice; and
   b. Regard for kinship, social or economic status, political interests, public opinion, or fear of criticism or reprisal;
6. Maintain accurate public information regarding the performance of the constable's duties including the daily activity log required under A.R.S. § 11-445. If a deputy constable is not required to maintain a daily activity log, the elected constable with whom the deputy constable works shall maintain the log of the deputy constable's daily activity;

7. Provide complete and accurate answers to questions regarding court and other procedures available to an individual who comes in contact with the constable's office;
8. Act at all times in a manner appropriate for an elected public official;
9. Be courteous, patient, and respectful toward all individuals who come in contact with the constable's office;
10. Inform an individual who asks for legal advice that as a matter of law, a constable is not allowed to give legal advice while performing the constable's official duties; and
11. Comply with all training requirements relating to being a constable.

B. A constable shall not:
1. Use or attempt to use the constable position to obtain a privilege or exemption for the constable or any other person;
2. Use public funds, property, or other resources for a private or personal purpose;
3. Solicit or accept a gift or favor from any person known to do business with an Arizona justice court;
4. Solicit or accept payment other than mandated compensation for providing assistance that is part of an official duty;
5. Use words or engage in other conduct that a reasonable person would believe reflects bias or prejudice based on race, gender, religion, national origin, disability, age, sexual orientation, or socioeconomic status;
6. Disclose confidential information received in the course of performing an official duty unless disclosure is required by law; ~~or~~
7. Use information received in the course of performing an official duty for personal gain or advantage; or
8. Engage in retaliatory behavior against a person that files a complaint under R13-14-201.

ARTICLE 2. COMPLAINTS; HEARINGS; DISCIPLINARY ACTION

R13-14-201. Filing a Complaint; Jurisdiction

A. A person may submit to the Board a written complaint regarding a constable using the complaint form on the Board's website. A written complaint may be submitted in person at the Board office or by U.S. Postal Service or e-mail. The complainant shall include ~~in the complaint~~ facts that allege the constable failed to comply fully with A.R.S. ~~§ 22-131~~ Title 22, Chapter 1, Article 3, or R13-14-103 within the last four years. The complainant may ~~attach to~~ include with the complaint ~~form~~ any documents or other evidence relevant to the complaint.

B. If the Board finds after a hearing that a complainant is a vexatious litigant, as defined at A.R.S. § 12-3201, the Board may take the same action with regard to the complainant as the Superior Court would be allowed to take under A.R.S. § 12-3201.

~~**B.**~~**C.** Following receipt of a complaint submitted under subsection (A), the Board shall complete an initial investigative review within 10 business days. At the monthly Board meeting following ~~receipt~~ the initial investigative review of ~~a~~ the written complaint ~~under subsection (A)~~, the Board shall: ~~review the complaint to determine whether the complaint is within the Board's jurisdiction.~~
1. ~~The Board shall find a~~ Determine the complaint is within the Board's jurisdiction if the complaint meets the standards in subsection (A). If the Board determines the complaint is within the Board's jurisdiction, the Board shall process the complaint as described in R13-14-202.
2. ~~The Board shall find a~~ Determine the complaint is not within the Board's jurisdiction if the complaint does not meet the standards in subsection (A). ~~Following~~ During the meeting at which the Board determines the complaint is not within the Board's jurisdiction, the Board shall dismiss the complaint and provide notice to the ~~person that submitted the complaint~~ complainant and the ~~constable who was the subject of the complaint~~ respondent.
3. At the request of at least one Board member, determine additional information is needed and instruct Board staff to continue an investigation of the complaint. When the additional information is obtained, the Board shall act under subsection (C)(1) or (C)(2).

D. The Board shall not release a written complaint or investigative report to the public until the Board makes a determination under subsection (C)(1) or (C)(2 or issues a final administrative decision regarding the complaint. Before allowing review of a complaint investigative file, the Board shall redact information as prescribed by law.

~~**C.**~~**E.** If the Board obtains information the Board believes may indicate a constable failed to comply fully with A.R.S. ~~§ 22-131~~ Title 22, Chapter 1, Article 3, or R13-14-103 within the last four years, the Board may initiate a complaint against the constable~~. If the Board initiates a complaint against a constable, the Board shall~~ and process the complaint as described in R13-14-202.

R13-14-202. Complaint Processing

A. Following the meeting at which the Board determines a complaint is within the Board's jurisdiction, as described under R13-14-201, the Board shall send notice to the respondent and:
1. A copy of the complaint received, including any documents or other evidence ~~attached to~~ included with the complaint form; and
2. A request that the respondent submit a written response to the allegations in the complaint within 45 days after the date on the notice.

B. ~~After receiving~~ Following receipt of the written response requested under subsection (A)(2) or 45 days after providing notice under subsection (A), the Board shall complete an investigative review of the ~~respondent's~~ written response within 10 business days. ~~and conduct any investigation the Board determines is necessary~~ At the monthly Board meeting following completion of the investigative review of the written response, the Board may:
1. Determine additional investigation is needed,
2. Dismiss the complaint, or
3. Determine just cause exists for one of the following actions:
   a. Discipline specified under A.R.S. § 22-137(A)(5).
   b. Referral to the presiding judge of the county the respondent is serving, as authorized under A.R.S. § 22-131(A), or
   c. Referral to the county attorney of the county the respondent is serving, as authorized under A.R.S. § 22-137(C).

C. ~~The Board shall schedule the complaint for hearing at the Board's second meeting following the meeting referenced in subsection (A)~~ Notice of action.

1. If the Board determines there is just cause to take action as described under subsection (B)(3), the Board shall notify the respondent of the Board's determination. The Board shall ensure the notice specifies the cause for the action and serve the notice as required by A.R.S. § 41-1092.04.
2. If the Board determines the complaint is without merit and dismisses it under subsection (B)(2), the Board shall notify the respondent the complaint did not indicate the respondent failed to comply fully with A.R.S. Title 22, Chapter 1, Article 3 or R13-14-103, as required under R13-14-201(A), and will not be disclosed by the Board as a complaint against the respondent.

D. ~~Before allowing review of the complaint investigative file, the Board may redact confidential information~~ A respondent may contest the Board's determination of just cause within 30 days after receiving the notice of action provided under subsection (C)(1). To contest the determination of just cause, the respondent shall advise the Board in writing and request a hearing. If the respondent fails to file a written request for hearing within 30 days after receiving the notice of action, the respondent waives the right to a hearing and the Board may consider the case based on available information.

R13-14-203. Hearing Procedures

A. ~~Except as modified by this Chapter, the Board shall conduct a hearing regarding a complaint according to the procedures at A.R.S. Title 41, Chapter 6, Article 10 and the rules of the Office of Administrative Hearings at 2 A.A.C. 19~~ If a respondent requests a hearing in the time and manner specified under R13-14-202(D), the Board may elect to:
1. Have the hearing conducted by the Office of Administrative Hearings, as described under A.R.S. § 41-1092.01(J); or
2. Conduct the hearing according to A.R.S. §§ 22-137(B)(5) and 41-1092.01(F).

B. If the ~~Board finds after a hearing that a complainant is a vexatious litigant, as defined at A.R.S. § 12-3201, the Board may take the same action with regard to the complainant as the Superior Court would be allowed to take under A.R.S. § 12-3201~~ respondent requests a hearing but fails to appear at the scheduled hearing, the Administrative Law Judge or the Board may deem the failure to appear as an admission of the acts and violations alleged in the notice of action and take disciplinary action authorized under R13-14-202(B).

C. General hearing procedures.
1. The Board shall notify all parties of the date, time, and location of the hearing.
2. The Board has the burden of proof at the hearing. The Board shall establish by a preponderance of the evidence that the Board has just cause before the Board disciplines the respondent.
3. The Board shall sit as a whole at a hearing unless a Board member declares a conflict or is unable to attend. Only a Board member who is present during the hearing may participate in making the decision.
4. The Board shall take the actions authorized under A.R.S. § 22-137(B)(5), as applicable, to facilitate the hearing.
5. The party that asks the Board to issue a subpoena shall pay all expenses associated with the subpoena including, except as specified in subsection (C)(6), the witness fee and mileage allowed under A.R.S. § 12-303.
6. A county official or other employee who appears as a hearing witness while on duty is not entitled to the witness fee and mileage allowed under A.R.S. § 12-303.

D. Discovery.
1. The Board shall provide the respondent with a complete copy of the investigative file within three business days after the respondent requests a hearing under R13-14-202(D). The Board shall include the names and mailing addresses of all persons interviewed during the investigation. The Board is not required to provide a copy of hand-written notes if the content of the hand-written notes is incorporated into the investigative file.
2. The respondent shall provide the Board with a copy of all material relating to the respondent's defense within 10 days after the respondent receives the copy of the investigative file.
3. After the initial exchange of discovery required under subsections (D)(1) and (2), each party shall provide the other party with a copy of all new material relating to the case within 10 days after the new material is received.
4. No later than 15 business days before the scheduled hearing, the parties shall exchange copies of all documents that may be introduced at the hearing and have not been previously disclosed.
5. No later than 10 business days before the scheduled hearing, the parties shall exchange the names of all witnesses who may be called to testify.
6. No later than five business days before the scheduled hearing, each party shall provide to the Board office a copy of all documents that will be used at the hearing and a list of intended witnesses.
7. If a party fails to provide material or identify witnesses as required, the Board may preclude use of the material or witness at the hearing.

E. Witnesses.
1. A witness for one party may be interviewed by the other party only if the witness voluntarily agrees to the interview;
2. A party shall not interfere or attempt to interfere with a witness's decision regarding whether to be interviewed; and
3. A party shall not discipline, retaliate against, or threaten a witness in any way for agreeing or not agreeing to be interviewed or for testifying or providing evidence at a hearing.

F. Motions.
1. A party shall ensure a motion is made in writing, served on the opposing parties, and filed with the Board no later than 20 days before the scheduled hearing.
2. A response to a motion shall be in writing, served on the opposing parties, and filed with the Board within 10 days after service of the motion.
3. Except as provided in subsection (F)(4), the Board chair may designate one or more Board members to hear and rule on each motion.
4. A motion to dispose of the case shall be heard by all Board members who do not have a conflict or are otherwise unable to participate. A majority vote of the Board members hearing the motion to dispose of the case is required for disposal.

G. Depositions.
1. A party may make a motion for the Board to order a witness to provide a deposition.

2. The Board shall order a witness to provide a deposition if:
   a. The witness does not reside in Arizona or is out of state; or
   b. The witness is too ill to attend the scheduled hearing; and
   c. The deposition is relevant to a case before the Board.
3. The party that made the motion under subsection (G)(1) shall pay all expenses associated with the deposition including, unless the witness is a county official or employee, the witness fee and mileage allowed under A.R.S. § 12-303.
4. If a deposed witness is unable to appear at the hearing, the deposition may be used in evidence by a party or the Board.

H. Open hearings.
1. The Board shall ensure all hearings are open to the public.
2. On request of a party, the Board may exclude from the hearing a witness who is not testifying.
3. The Board shall ensure witnesses excluded under subsection (H)(2) are kept separate from and not allowed to communicate with each other until all have been examined.

I. Legal counsel or representative. A party may have legal counsel or other representative appear on the party's behalf at a hearing.
1. Before a hearing begins, a party shall designate the party's legal counsel or representative, if any.
2. The Board shall advise a party without legal counsel that the party may obtain and be represented by counsel at the hearing.
3. A party may request the Board postpone a hearing to enable the party to obtain legal counsel. The Board shall postpone the hearing for a reasonable time.

J. Presentation of evidence.
1. A party may present evidence and witnesses at a hearing.
2. The Board shall exclude evidence it determines is irrelevant.

K. Settlement.
1. The parties may settle a dispute before there is a hearing.
2. If requested by the respondent, the parties may submit the terms of a settlement to the Board for approval. If the Board approves the settlement, the settlement becomes final.
3. The Board shall not allow evidence of settlement discussion or proposed settlement agreement to be admitted against the respondent in a hearing before the Board.

L. Final administrative decision.
1. The Board shall issue a final decision within 20 days after the hearing ends.
2. The Board shall ensure the final decision is written and contains findings of fact and conclusions of law supporting the decision.
3. The Board shall include with the final decision an explanation of the respondent's right to appeal the decision and provide information regarding the appeal process.
4. The Board shall serve the final administrative decision on all parties.

NOTICES OF RULEMAKING DOCKET OPENING

This section of the *Arizona Administrative Register* contains Notices of Rulemaking Docket Opening under A.R.S. § 41-1021.

A docket opening is the first part of the administrative rulemaking process. It is an "announcement" that an agency intends to work on its rules.

When an agency opens a rulemaking docket to consider rulemaking, the Administrative Procedure Act (APA) requires publication of the Notice of Rulemaking Docket Opening in the Register.

Under the APA, effective January 1, 1995, agencies must submit a Notice of Rulemaking Docket Opening before beginning the formal rulemaking process. An agency may file the Notice of Rulemaking Docket Opening along with the Notice of Proposed Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these notices. Questions about the interpretation of this information should be directed to the agency contact person listed in item #4 of this notice.

NOTICE OF RULEMAKING DOCKET OPENING

DEPARTMENT OF ECONOMIC SECURITY
DEVELOPMENTAL DISABILITIES

[R25-220]

1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:

May 24, 2024

2. Title and its heading:

6, Economic Security

Chapter and its heading:

6, Department of Economic Security - Developmental Disabilities

Article and its heading:

14, Electronic Monitoring of Group Homes, Nursing-Supported Group Homes, and Intermediate Care Facilities

Section number:

R6-6-1401 through R6-6-1407

Sections may be added, amended, repealed, or renumbered as necessary.

3. The subject matter of the proposed rule:

The Governor signed H.B. 2117 into law on May 14, 2019, to create A.R.S. § 36-568 which requires the Department to adopt rules for the use of electronic monitoring in group homes, nursing-supported group homes, and intermediate care facilities. A.R.S. § 36-568 was amended in 2020 after the signing of S.B. 1505 and again in 2022 by the signing of S.B. 1542. These new rules, as mandated by A.R.S. § 36-568, will allow, but not obligate, a service provider that operates a group home or an intermediate care facility for persons with a developmental disability to install electronic monitoring devices in common areas of the group home or intermediate care facility.

4. A citation to all published notices relating to the current proceeding:

Notice of Proposed Rulemaking: 31 A.A.R. 3025, September 26, 2025 (*in this issue*); File Number: R25-217

5. The name and address of agency personnel with whom persons may communicate regarding the rule:

Name:	Hiroko Flores
Title:	Deputy Rules Administrator
Address:	Department of Economic Security P.O. Box 6123, Mail Drop 111G Phoenix, AZ 85005 or Department of Economic Security 1789 W. Jefferson St., Mail Drop 111G Phoenix, AZ 85007
Telephone:	(480) 487-7694
Fax:	(602) 542-6000
Email:	rules@azdes.gov
Website:	https://des.az.gov/documents-center/des-rules

6. The time during which the agency will accept written comments and the time and place where oral comments may be made:

Persons may participate in the oral proceeding via video conference in the RSA conference rooms at any of the following satellite offices:

Date: October 28, 2025

Time: 2:00 p.m. – 3:00 p.m.

Locations: 1990 W. Camelback, 3rd Floor, Phoenix, AZ 85015
20 E. White Mountain Blvd., Suite C-1, Pinetop, AZ 85929
2400 Airway Ave., Kingman, AZ 86409
125 E. Elliot Rd., Chandler, AZ 85225
1701 N. 4th St., Flagstaff, AZ 86004
1800 E. Palo Verde St., Yuma, AZ 85364
1455 S. Alvernon Way, 1st Floor, Tucson, AZ 85711

Persons who want to speak at the oral proceeding may register before October 28, 2025, using the Oral Comment Registration Form. Speakers may also register on the date of the oral proceeding. Speakers will be called in the order in which requests are received.

The Department will accept written comments submitted to the individual named in item 4 until the close of record.

Close of Record: October 28, 2025, 11:59 p.m. MST

7. A timetable for agency decisions or other action on the current proceeding, if known:

None

NOTICE OF RULEMAKING DOCKET OPENING

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER POLLUTION CONTROL

[R25-221]

1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:

July 1, 2025

2. Title and its heading:

18, Environmental Quality

Chapter and its heading:

9, Department of Environmental Quality - Water Pollution Control

Article and its heading:

11, Remediation of Nonpoint Source Discharges from Abandoned Mine Lands

Section number:

To be determined

3. The subject matter of the proposed rule:

The Arizona Department of Environmental Quality (ADEQ) proposes to adopt a new article - A.A.C. Title 18, Chapter 9, Article 11 - in order to codify a process for remediating abandoned mine lands that are impacting or threatening streams throughout Arizona. This rulemaking will establish the steps necessary to identify, investigate, and remediate nonpoint source (NPS) discharges from abandoned hardrock mines, where the person is utilizing state funds and/or federal funds administered by ADEQ (e.g., Clean Water Act Section § 319 grant funds).

The proposed rules serve as the first step in bringing ADEQ into compliance with A.R.S. § 49-203(A)(4), which requires ADEQ to establish a state program to control NPS discharges of pollutants into Waters of the United States (WOTUS), and assist in complying with the Auditor General's recommendation to reduce the overall number of impaired surface waters in the State. At both the federal and state levels, NPS pollution remains the leading cause of surface water impairment, with metals (collectively) representing the primary impairment parameter in Arizona.

4. A citation to all published notices relating to the current proceeding:

None

5. The name and address of agency personnel with whom persons may communicate regarding the rule:

Name:	Jonathan Quinsey
Title:	Legal Specialist
Division:	Water Quality
Address:	1110 W. Washington St. Phoenix, AZ 85007
Telephone:	(602) 771-8193
Email:	quinsey.jonathan@azdeq.gov
Website:	https://www.azdeq.gov/awqs-update-active-rulemaking

6. The time during which the agency will accept written comments and the time and place where oral comments may be made:

To be announced in the Notice of Proposed Rulemaking.

7. A timetable for agency decisions or other action on the current proceeding, if known:

To be announced in the Notice of Proposed Rulemaking.

NOTICES OF SUBSTANTIVE POLICY STATEMENT

SUMMARIES AND LOCATION OF STATEMENTS

Substantive policy statements are written expressions that inform the general public of an agency's current approach to rule or regulation practice as defined under A.R.S. § 41-1001(24).

Agencies are required to prepare a Notice of Substantive Policy Statement and publish the titles of its substantive policy statements, a summary of statements, and its website where full statements can be reviewed under A.R.S. § 41-1013(B)(9). These notices are published in this section of the *Register*.

Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect an agency's internal procedures and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the APA.

Any person may petition an agency under A.R.S. § 41-1033(A)(2) to review an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule.

Contact the agency liaison listed under Item #6.

NOTICE OF SUBSTANTIVE POLICY STATEMENT

A.R.S. § 41-1013(B)(9)

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

[M25-77]

1. Statement title and policy number:

Regulatory Bulletin 2025-05 (DIFI): 2025 Arizona Insurance and Financial Institutions Laws

2. Is this a new policy or revision:

This is a new policy.

3. Date issued and effective date (if different from the date issued):

Date issued and effective: September 2, 2025

4. Policy summary:

This annual Substantive Policy Statement summarizes the substantive content of legislation enacted during Arizona's Fifty-seventh Legislature, First Regular Session, affecting the Arizona Department of Insurance and Financial Institutions ("Department"), the industries regulated by the Department and their consumers.

5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):

Notifies and provides summaries of the following:

- Laws 2025, Chapter 5 (S. B. 1102) – pharmacy benefits; prescribing; exemption
  Adds A.R.S. §§ 20-3335 and 20-3336
- Laws 2025, Chapter 25 (H. B. 2173) – mental health inquiry; prohibition
  Adds A.R.S. §§ 32-3223.01 and 32-4821
- Laws 2025, Chapter 28 (H. B. 2345) – loan agreements; escrow
  Adds A.R.S. § 6-834.01
- Laws 2025, Chapter 63 (S. B. 1206) – NOW: banks; special deposits; requirements
  Adds A.R.S. Title 6, Chapter 2, Article 5.1
- Laws 2025, Chapter 73 (S. B. 1551) – workers' compensation; disability; definitions
  Amends A.R.S. § 23-901, 23-908 and 23-1045
- Laws 2025, Chapter 97 (S. B. 1291) – NOW: health insurers; provider credentialing; claims
  Amends A.R.S. §§ 20-3451, 20-3453, 20-3454 and 20-3459; Repeals A.R.S. § 20-3456; Adds A.R.S. § 20-3456
- Laws 2025, Chapter 102 (S. B. 1372) – public records; notification; commercial purpose
  Amends A.R.S. § 39-121.01
- Laws 2025, Chapter 114 (S. B. 1626) – health insurance; surprise billing; disputes
  Amends A.R.S. § 20-3117
- Laws 2025, Chapter 120 (H. B. 2032) – workers' compensation; assigned risk plan
  Amends A.R.S. § 23-1091
- Laws 2025, Chapter 121 (H. B. 2076) – life insurance; illustrations
  Adds A.R.S. Title 20, Chapter 2, Article 5.1; Amends A.R.S. § 20-1241

- Laws 2025, Chapter 127 (H. B. 2451) – administrative hearings; change of judge
  Amends A.R.S. § 41-1092.07
- Laws 2025, Chapter 130 (H. B. 2109) – forced organ harvesting; insurance; prohibition
  Adds A.R.S. §§ 20-826.05, 20-1057.20, 20-1342.08, 20-1404.06 and 36-2907.16
- Laws 2025, Chapter 133 (H. B. 2368) – auditor general; records; financial institutions
  Amends A.R.S.§ 41-1279.04
- Laws 2025, Chapter 142 (S. B. 1590) – mental health; autism; insurance coverage
  Amends A.R.S. §§ 20-826.04, 20-1057.11, 20-1402.03 and 20-1404.03
- Laws 2025, Chapter 145 (H. B. 2193) – captive insurers; certificate of dormancy
  Amends A.R.S. §§ 20-1098, 20-1098.01, 20-1098.03 and 20-1098.04; Adds A.R.S. § 20-1098.24
- Laws 2025, Chapter 165 (H. B. 2175) – NOW: prior authorization; claims
  Adds A.R.S. §§ 20-3103 and 20-3407
- Laws 2025, Chapter 170 (H. B. 2380) – rare disease advisory council
  Adds A.R.S. § 36-142.01
- Laws 2025, Chapter 171 (H. B. 2387) – cryptocurrency kiosk; license; fraud prevention
  Adds A.R.S. § 6-1236
- Laws 2025, Chapter 200 (H. B. 2303) – total loss vehicle; electronic signatures
  Amends A.R.S. §§ 28-370 and 28-2060
- Laws 2025, Chapter 201 (H. B. 2332) – NOW: postpartum health; education; advisory committee
  Adds A.R.S. § 36-503.04
- Laws 2025, Chapter 215 (H. B. 2370) – entrance fee; refunds; time frame
  Amends A.R.S. § 20-1804
- Laws 2025, Chapter 222 (H. B. 2054) – DIFI; financial enterprises; insurance; compact
  Amends A.R.S. §§ 6-604, 6-707, 6-815, 6-1203, 6-1305, 20-108.01, 20-211, 20-235, 20-2414, 20-2510, 20-2904, 20-3251 and 44-282; Adds §§ 20-123, 20-127 and 20-269; Repeals A.R.S. §§ 20-123 and 20-127
- Laws 2025, Chapter 233 (S. B. 1735) – 2025-2026; general appropriations act
- Laws 2025, Chapter 249 (H. B. 2313) – NOW: health boards; state agencies; continuations
  Repeals A.R.S. § 41-3025.02; Adds A.R.S. § 41-3033.01
- Laws 2025, Chapter 253 (S. B. 1082) – NOW: land ownership; designated countries; prohibition
  Adds A.R.S. § 33-443

6. Agency contact information:

Name: Fausto Burruel
Title: Legislative & Tribal Liaison
Division: Public Information Division
Address: 100 N. 15th Ave., Suite 261
Phoenix, AZ 85007
Telephone: (602) 531-3069
Email: fausto.burruel@difi.az.gov
Website: https://difi.az.gov/

7. An electronic copy of the complete policy can be viewed at:

Website: https://difi.az.gov/bulletins

8. A paper copy of the complete policy can be obtained at:

Please contact the person listed in paragraph #6 for instructions on how to download this substantive policy statement for printing from the webpage listed in paragraph #7 at no cost.

REGISTER INDEXES

The *Register* is published by volume in a calendar year (See "General Information" in the front of each issue for more information).

Abbreviations for rulemaking activity in this Index include:

PROPOSED RULEMAKING
PN = Proposed new Section
PM = Proposed amended Section
PR = Proposed repealed Section
P# = Proposed renumbered Section

SUPPLEMENTAL PROPOSED RULEMAKING
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SPM = Supplemental proposed amended Section
SPR = Supplemental proposed repealed Section
SP# = Supplemental proposed renumbered Section

FINAL RULEMAKING
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FER = Final Expedited repealed Section
FE# = Final Expedited renumbered Section

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X# = Exempt renumbered Section
EXEMPT PROPOSED
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T# = Terminated proposed renumbered Section

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R9-6-348. P#-7; PM-7; F#-1317; FM-1317
R9-6-349. P#-7; F#-1317
R9-6-350. P#-7; F#-1317
R9-6-351. P#-7; F#-1317
R9-6-352. P#-7; PM-7; F#-1317; FM-1317
R9-6-353. P#-7; F#-1317
R9-6-354. P#-7; PM-7; F#-1317; FM-1317
R9-6-355. P#-7; F#-1317
R9-6-356. P#-7; PM-7; F#-1317; FM-1317
R9-6-357. P#-7; F#-1317
R9-6-358. P#-7; F#-1317
R9-6-359. P#-7; F#-1317
R9-6-360. P#-7; PM-7; F#-1317; FM-1317
R9-6-361. P#-7; PM-7; F#-1317; FM-1317
R9-6-362. P#-7; PM-7; F#-1317; FM-1317
R9-6-363. P#-7; F#-1317
R9-6-364. P#-7; PN-7
R9-6-365. P#-7; PN-7; F#-1317; FN-1317
R9-6-366. P#-7; PM-7; F#-1317; FM-1317

R9-6-367. P#-7; PN-7; F#-1317; FN-1317
R9-6-368. P#-7; F#-1317
R9-6-369. P#-7; PM-7; F#-1317; FM-1317
R9-6-370. P#-7; PN-7; F#-1317; FN-1317
R9-6-371. P#-7; F#-1317
R9-6-372. P#-7; F#-1317
R9-6-373. P#-7; PM-7; F#-1317; FM-1317
R9-6-374. P#-7; PM-7; F#-1317; FM-1317
R9-6-375. P#-7; F#-1317
R9-6-376. P#-7; F#-1317
R9-6-377. P#-7; PM-7; F#-1317; FM-1317
R9-6-378. P#-7; F#-1317
R9-6-379. P#-7; F#-1317
R9-6-380. P#-7; PM-7; F#-1317; FM-1317
R9-6-381. P#-7; PM-7; F#-1317; FM-1317
R9-6-382. P#-7; PM-7; F#-1317; FM-1317
R9-6-383. P#-7; PN-7; F#-1317; FN-1317
R9-6-384. P#-7; PM-7; F#-1317; FM-1317
R9-6-385. P#-7; PM-7; F#-1317; FM-1317
R9-6-386. P#-7; PM-7; F#-1317; FM-1317
R9-6-387. P#-7; F#-1317
R9-6-388. P#-7; F#-1317
R9-6-389. P#-7; F#-1317
R9-6-390. P#-7; F#-1317
R9-6-391. P#-7; PM-7; F#-1317; FM-1317
R9-6-392. P#-7; F#-1317
R9-6-393. P#-7; F#-1317
R9-6-394. P#-7; F#-1317
R9-6-395. P#-7; F#-1317
R9-6-396. P#-7; PM-7; F#-1317; FM-1317
R9-6-397. P#-7; PM-7; F#-1317; FM-1317
R9-6-398. P#-7; F#-1317
R9-6-399. P#-7; F#-1317
R9-6-403. FEM-661
R9-6-404. FEM-661
R9-6-3100. P#-7; F#-1317
R9-6-3101. P#-7; PM-7; F#-1317; FM-1317
R9-6-3102. P#-7; F#-1317
R9-6-3103. P#-7; PM-7; F#-1317; FM-1317
R9-6-3104. P#-7; PM-7; F#-1317; FM-1317
R9-6-3105. P#-7; F#-1317
R9-6-3106. P#-7; PM-7; F#-1317; FM-1317
R9-6-3107. P#-7; PM-7; F#-1317; FM-1317
R9-6-3108. P#-7; PM-7; F#-1317; FM-1317
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R9-6-1005. PR-7; FR-1317
R9-6-1102. PM-7; FM-1317
R9-6-1103. PM-7; FM-1317

Health Services, Department of - Emergency Medical Services

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R9-25-201. FM-332
R9-25-301. FM-332
R9-25-302. FM-332
R9-25-304. FM-332
R9-25-305. FM-332
R9-25-401. FM-332
R9-25-403. FM-332
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R9-25-407. FM-332
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Health Services, Department of - Food, Recreational, and Institutional Sanitation

R9-8-101. FEM-666
R9-8-101.01. FEN-666; FEM-666
R9-8-102. FEN-666
R9-8-118. FE#-666
R9-8-119. SPM-2444
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R9-8-902. PN-1630; SPN-2444
R9-8-903. PN-1630; SPN-2444
R9-8-904. PN-1630; SPN-2444
R9-8-905. PN-1630; SPN-2444
R9-8-906. PN-1630; SPN-2444
R9-8-907. PN-1630; SPN-2444
R9-8-908. PN-1630; SPN-2444
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R9-8-910. PN-1630; SPN-2444
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Health Services, Department of - Health Care Institutions: Licensing

R9-10-101. PM-152; PM-703; FM-2085; FM-2457
R9-10-102. PM-152; PM-703; FM-2085; FM-2457
R9-10-103. PM-152; FM-2457
R9-10-104. PM-152; FM-2457
R9-10-104.01. PM-152; FM-2457
R9-10-105. PM-152; FM-2457
R9-10-106. PM-703; FM-2085; FM-2457; PM-2705
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R9-10-108. PM-152; FM-2457
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R9-10-110. PM-152; FM-2457
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R9-10-112. PM-152; FM-2457
R9-10-113. PM-152; FM-2457
R9-10-115. PM-246; TM-2775
R9-10-118. PM-152; FM-2457
R9-10-120. PM-152; FM-2457
R9-10-121. PM-152; PM-703; FM-2085; FM-2457
R9-10-122. PN-703; FN-2085
R9-10-123. PN-703; FN-2085
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R9-10-125. PN-703; FN-2085
R9-10-126. PN-703; FN-2085
Table 1.2. PM-703; FN-2085
R9-10-201. PM-152; FM-2457
R9-10-202. PM-152; FM-2457
R9-10-203. PM-152; FM-2457
R9-10-209. PM-152; FM-2457
R9-10-212. PM-152; FM-2457
R9-10-215. PM-152; FM-2457
R9-10-218. PM-152; FM-2457
R9-10-234. PM-152; FM-2457
R9-10-303. PM-152; FM-2457
R9-10-307. PM-152; FM-2457
R9-10-320. PM-152; FM-2457
R9-10-321. PM-152; FM-2457
R9-10-402. PM-152; FM-2457
R9-10-403. PM-152; FM-2457
R9-10-406. PM-152; FM-2457
R9-10-410. PM-152; FM-2457
R9-10-411. PM-152; FM-2457
R9-10-413. PM-152; FM-2457
R9-10-414. PM-152; FM-2457
R9-10-421. PM-152; FM-2457
R9-10-423. PM-152; FM-2457
R9-10-426. PM-152; FM-2457
R9-10-501. PEM-384; FEM-1263
R9-10-503. PEM-384; FEM-1263
R9-10-506. PEM-384; FEM-1263
R9-10-507. PEM-384; FEM-1263
R9-10-508. PEM-384; FEM-1263
R9-10-509. PEM-384; FEM-1263
R9-10-510. PEM-384; FEM-1263
R9-10-511. PEM-384; FEM-1263
R9-10-512. PEM-384; FEM-1263
R9-10-514. PEM-384; FEM-1263
R9-10-515. PEM-384; FEM-1263
R9-10-516. PEM-384; FEM-1263
R9-10-518. PEM-384; FEM-1263
R9-10-520. PEM-384; FEM-1263
R9-10-522. PEM-384; FEM-1263
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R9-10-606. PM-152; FM-2457
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R9-10-713. PM-246; TM-2775
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R9-10-716. PM-246; TM-2775
R9-10-717. PM-246; TM-2775
R9-10-718. PM-246; TM-2775
R9-10-719. PM-246; TM-2775
R9-10-720. PM-246; TM-2775
R9-10-722. PM-246; TM-2775
R9-10-801. PM-703; FM-2085
R9-10-802. PM-246; TM-2775
R9-10-803. PM-246; PM-703; FM-2085; TM-2775
R9-10-806. PM-246; PM-703; FM-2085; TM-2775
R9-10-807. PM-246; TM-2775
R9-10-808. PM-703; FM-2085
R9-10-809. PM-246; TM-2775
R9-10-810. PM-246; TM-2775
R9-10-811. PM-246; PM-703; FM-2085; TM-2775
R9-10-815. PM-703; FM-2085

R9-10-816. PM-246; PR-703; PN-703; FR-2085; FN-2085
R9-10-817. PM-246; PN-703; FN-2085; TM-2775
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R9-10-819. P#-703; PM-703; F#-2085; FM-2085
R9-10-820. PM-246; P#-703; F#-2085
R9-10-821. P#-703; F#-2085; TM-2775
R9-10-901. PM-152; FM-2457
R9-10-902. PM-152; FM-2457
R9-10-905. PM-152; FM-2457
R9-10-911. PM-152; FM-2457
R9-10-914. PM-152; FM-2457
R9-10-918. PM-152; FM-2457
R9-10-1003. PM-152; FM-2457
R9-10-1008. PM-152; FM-2457
R9-10-1010. PM-152; FM-2457
R9-10-1011. PM-152; FM-2457
R9-10-1012. PM-152; FM-2457
R9-10-1017. PM-152; FM-2457
R9-10-1018. PM-152; FM-2457
R9-10-1022. PM-152; FM-2457
R9-10-1027. PM-152; FM-2457
R9-10-1031. PM-152; FM-2457
R9-10-1106. PM-152; FM-2457
R9-10-1107. PM-152; FM-2457
R9-10-1114. PM-152; FM-2457
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R9-10-1314. PM-152; FM-2457
R9-10-1315. PM-152; FM-2457
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R9-10-1405. PM-152; FM-2457
R9-10-1406. PM-152; FM-2457
R9-10-1412. PM-152; FM-2457
R9-10-1413. PM-152; FM-2457
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R9-10-1702. PM-152; FM-2457
R9-10-1704. PM-152; FM-2457
R9-10-1705. PM-152; FM-2457
R9-10-1706. PM-152; FM-2457
R9-10-1709. PM-152; FM-2457
R9-10-1712. PM-152; FM-2457
R9-10-1903. PM-152; FM-2457
R9-10-1909. PM-152; FM-2457
R9-10-2002. PM-2001
R9-10-2003. PM-2001
R9-10-2005. P#-2001; PM-2001
R9-10-2006. P#-2001; PM-2001
R9-10-2007. P#-2001; PM-2001
R9-10-2008. P#-2001
R9-10-2009. PM-2001
R9-10-2203. PM-152; FM-2457
R9-10-2206. PM-152; FM-2457
R9-10-2221. PM-152; FM-2457

Health Services, Department of - Health Programs Services

R9-13-201. PM-44; FM-1355
R9-13-203. PM-44; FM-1355
R9-13-204. PM-44; FM-1355
R9-13-205. PM-44; FM-1355
R9-13-208. PM-44; FM-1355

Health Services, Department of - Noncommunicable Diseases and Infestations

R9-4-202. PM-103
R9-4-302. PM-103
R9-4-403. PM-103
R9-4-404. PM-103
R9-4-405. PM-103
R9-4-602. FEM-632

Health Services, Department of - Occupational Licensing

R9-16-201. PEM-1885
R9-16-202. PEM-1885
R9-16-203. PEM-1885
R9-16-205. PEM-1885
R9-16-207. PEM-1885
R9-16-208. PEM-1885
R9-16-209. PEM-1885
R9-16-211. PEM-1885
R9-16-214. PEM-1885
R9-16-215. PEM-1885
R9-16-301. PM-1875
R9-16-302. PM-1875
R9-16-303. PM-1875
R9-16-304. PM-1875
R9-16-305. PM-1875
R9-16-306. PM-1875
R9-16-307. PR-1875
R9-16-308. PM-1875
R9-16-309. PM-1875
R9-16-310. PM-1875
R9-16-312. PM-1875
R9-16-314. PM-1875
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R9-16-316. PM-1875
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R9-16-502. PEM-1885
R9-16-503. PEM-1885
R9-16-504. PEM-1885
R9-16-505. PEM-1885
R9-16-507. PEM-1885
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R9-16-602. FEM-672
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R9-16-604. FEM-672
R9-16-605. FEM-672
R9-16-606. FEM-672
R9-16-607. FEM-672
R9-16-608. FEM-672
R9-16-609. FEM-672
R9-16-610. FEM-672
R9-16-611. FEM-672
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R9-16-613. FEM-672
R9-16-614. FEM-672
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R9-16-616. FEM-672
R9-16-617. FEM-672
R9-16-618. FEM-672

R9-16-619. FEM-672
R9-16-620. FEM-672
R9-16-621. FEM-672
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R9-16-622. FEM-672
R9-16-623. FEM-672
R9-16-624. FEM-672
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R9-16-902. PM-112; FM-1647
R9-16-903. PM-112; FM-1647
R9-16-904. PM-112; FM-1647
R9-16-906. PM-112; FM-1647
R9-16-907. PM-112; FM-1647
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R9-16-908. PM-112; FM-1647
R9-16-909. PN-112; FN-1647

Health Services, Department of - Noncommunicable Diseases

R9-4-202. FM-1309
R9-4-302. FM-1309
R9-4-403. FM-1309
R9-4-404. FM-1309
R9-4-405. FM-1309

Health Services, Department of - Radiation Control

R9-7-708. PEM-1592

Information Technology, Government

R2-18-301. FEM-2834

Insurance and Financial Institutions, Department of - Financial Institutions

R20-4-101. FM-533
R20-4-102. FM-533
R20-4-103. FR-533
R20-4-104. FM-533
R20-4-105. FM-533
R20-4-106. FM-533
R20-4-107. FM-533
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R20-4-903. FM-2313
R20-4-906. FM-2313
R20-4-907. FM-2313
R20-4-911. FM-2313
R20-4-912. FM-2313
R20-4-915. FM-2313
R20-4-916. FM-2313
R20-4-917. FM-2313
R20-4-919. FM-2313
R20-4-920. FM-2313
R20-4-921. FM-2313
R20-4-922. FM-2313
R20-4-923. FM-2313
R20-4-924. FM-2313
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R20-4-926. FM-2313
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R20-4-1301. FM-2321
R20-4-1302. FM-2321
R20-4-1303. FM-2321
R20-4-1304. FM-2321
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R20-4-1803. FM-2324
R20-4-1804. FM-2324
R20-4-1805. FM-2324
R20-4-1806. FM-2324
R20-4-1807. FM-2324
R20-4-1808. FM-2324
R20-4-1809. FM-2324
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R20-4-1911. FM-2330

Insurance and Financial Institutions, Department of - Financial Institutions Division - Real Estate Appraisal

R4-46-107. PR-2703
R4-46-402. PM-2583
R4-46-403. PM-2583
R4-46-404. PM-2583
R4-46-405. PM-2583

Insurance and Financial Institutions, Department of - Insurance Division

R20-6-101. PM-2301; SPM-2971
R20-6-601. SPM-2971
R20-6-602. PM-2301; SPM-2971
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R20-6-1902. PM-2301; SPM-2971
R20-6-2002. PM-2586
R20-6-2501. PN-2306
R20-6-2502. PN-2306
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R20-6-2505. PN-2306
R20-6-2506. PN-2306
R20-6-2507. PN-2306
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Medical Board, Arizona

R4-16-701. P#-1625; PN-1625
R4-16-702. P#-1625; PM-1625
R4-16-703. P#-1625; PM-1625
R4-16-704. P#-1625; PM-1625
R4-16-705. P#-1625; PM-1625
R4-16-706. P#-1625; PM-1625
R4-16-707. P#-1625; PM-1625
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Peace Officer Standards and Training Board, Arizona

R13-4-101. FM-924
R13-4-103. FM-924
R13-4-104. FM-924
R13-4-105. FM-924
R13-4-106. FM-924
R13-4-107. FM-924
R13-4-108. FM-924
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R13-4-109.01. FM-924
R13-4-110. FM-924
R13-4-111. FM-924
R13-4-114. FM-924
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R13-4-202. FM-924
R13-4-203. FM-924
R13-4-204. FM-924
R13-4-205. FM-924
R13-4-206. FM-924
R13-4-208. FM-924

Personnel Board, State

R2-5.1-101. FEM-1257
R2-5.1-103. FEM-1257
R2-5.1-104. FEM-1257

Pharmacy, Board of

R4-23-110. PM-509; FM-2363
R4-23-205. PM-2619
R4-23-410. PM-2619
R4-23-602. PM-509; FM-2363
R4-23-603. PR-509; FR-2363
R4-23-607. PM-509; FM-2363
R4-23-670. PM-2619
R4-23-693. PM-509; FM-2363
R4-23-802. PM-509; FM-2363

Physical Therapy, Board of

R4-24-101. FM-2377
R4-24-104. FM-2377
R4-24-107. FM-2377
R4-24-201. FM-2377
R4-24-202. FM-2377
R4-24-203. FM-2377
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R4-24-205. FM-2377
R4-24-207. FM-2377
R4-24-208. FM-2377
R4-24-209. FM-2377
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R4-24-211. FM-2377
R4-24-302. FM-2377
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R4-24-304. FM-2377
R4-24-305. FM-2377
R4-24-306. FM-2377
R4-24-308. FM-2377
R4-24-309. FM-2377
R4-24-310. FM-2377
R4-24-311. FM-2377
R4-24-312. FM-2377
R4-24-313. FM-2377
R4-24-401. FM-2377
R4-24-402. FM-2377
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2025 RULES EFFECTIVE DATES CALENDAR

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

January		**February**		**March**		**April**		**May**		**June**	
Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date
1/1	3/2	2/1	4/2	3/1	4/30	4/1	5/31	5/1	6/30	6/1	7/31
1/2	3/3	2/2	4/3	3/2	5/1	4/2	6/1	5/2	7/1	6/2	8/1
1/3	3/4	2/3	4/4	3/3	5/2	4/3	6/2	5/3	7/2	6/3	8/2
1/4	3/5	2/4	4/5	3/4	5/3	4/4	6/3	5/4	7/3	6/4	8/3
1/5	3/6	2/5	4/6	3/5	5/4	4/5	6/4	5/5	7/4	6/5	8/4
1/6	3/7	2/6	4/7	3/6	5/5	4/6	6/5	5/6	7/5	6/6	8/5
1/7	3/8	2/7	4/8	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/9	2/8	4/9	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/10	2/9	4/10	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/11	2/10	4/11	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/12	2/11	4/12	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/13	2/12	4/13	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/14	2/13	4/14	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/15	2/14	4/15	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
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1/16	3/17	2/16	4/17	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/18	2/17	4/18	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/19	2/18	4/19	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/20	2/19	4/20	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/21	2/20	4/21	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/22	2/21	4/22	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/23	2/22	4/23	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/24	2/23	4/24	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/25	2/24	4/25	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/26	2/25	4/26	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/27	2/26	4/27	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/28	2/27	4/28	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/29	2/28	4/29	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/30			3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/31			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	4/1			3/31	5/30			5/31	7/30		

July		August		September		October		November		December	
Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1	12/2	1/31
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2	12/3	2/1
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7/6	9/4	8/6	10/5	9/6	11/5	10/6	12/5	11/6	1/5	12/6	2/4
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7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7	12/8	2/6
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7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10	12/11	2/9
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11	12/12	2/10
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12	12/13	2/11
7/14	9/12	8/14	10/13	9/14	11/13	10/14	12/13	11/14	1/13	12/14	2/12
7/15	9/13	8/15	10/14	9/15	11/14	10/15	12/14	11/15	1/14	12/15	2/13
7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15	12/16	2/14
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16	12/17	2/15
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17	12/18	2/16
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18	12/19	2/17
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19	12/20	2/18
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20	12/21	2/19
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7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22	12/23	2/21
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7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24	12/25	2/23
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25	12/26	2/24
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26	12/27	2/25
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27	12/28	2/26
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28	12/29	2/27
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29	12/30	2/28
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1

REGISTER PUBLISHING DEADLINES

The Secretary of State's Office publishes the *Register* weekly. There is a three-week delay between the deadline date and the *Register* publication date. The weekly deadline dates (*first column*) and issue dates (*second column*) are shown below. Council meetings and *Register* deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements, following publication of the notice in the *Register*.

Deadline Date Friday, 5:00 p.m. *(**early submission date due to holiday)*	***Register* Publication Date**	**Oral Proceeding may be scheduled on or after** *(*later date due to holiday)*
May 16, 2025	June 6, 2025	July 7, 2025
May 23, 2025	June 13, 2025	July 14, 2025
May 30, 2025	June 20, 2025	July 21, 2025
June 6, 2025	June 27, 2025	July 28, 2025
June 13, 2025	July 4, 2025	August 4, 2025
June 20, 2025	July 11, 2025	August 11, 2025
June 27, 2025	July 18, 2025	August 18, 2025
**July 3, 2025	July 25, 2025	August 25, 2025
July 11, 2025	August 1, 2025	*September 2, 2025
July 18, 2025	August 8, 2025	September 8, 2025
July 25, 2025	August 15, 2025	September 15, 2025
August 1, 2025	August 22, 2025	September 22, 2025
August 8, 2025	August 29, 2025	September 29, 2025
August 15, 2025	September 5, 2025	October 6, 2025
August 22, 2025	September 12, 2025	*October 14, 2025
August 29, 2025	September 19, 2025	October 20, 2025
September 5, 2025	September 26, 2025	October 22, 2025
September 12, 2025	October 3, 2025	November 3, 2025
September 19, 2025	October 10, 2025	November 10, 2025
September 26, 2025	October 17, 2025	November 17, 2025
October 3, 2025	October 24, 2025	November 24, 2025
October 10, 2025	October 31, 2025	December 1, 2025
October 17, 2025	November 7, 2025	December 8, 2025
October 24, 2025	November 14, 2025	December 15, 2025
October 31, 2025	November 21, 2025	December 22, 2025
November 7, 2025	November 28, 2025	December 29, 2025
November 14, 2025	December 5, 2025	January 5, 2026
November 21, 2025	December 12, 2025	January 12, 2026
November 28, 2025	December 19, 2025	January 19, 2026

GOVERNOR'S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year Review Reports and any adopted rule submitted to the Governor's Regulatory Review Council. Council meetings and *Register* deadlines do not correlate. We publish these deadlines under A.R.S. § 41-1013(B)(15).

All rules and Five-Year Review Reports are due in the Council office by 5 p.m. of the deadline date. The Council's office is located at 100 N. 15th Ave., Suite 305, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit https://grrc.az.gov.

GOVERNOR'S REGULATORY REVIEW COUNCIL DEADLINES FOR 2024/2025

(MEETING DATES ARE SUBJECT TO CHANGE)

[M24-54]

*Materials must be submitted by **5 P.M.** on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
Tuesday April 22, 2025	*Tuesday* May 20, 2025	***Wednesday*** May 28, 2025	*Tuesday* June 3, 2025
Tuesday May 20, 2025	*Tuesday* June 17, 2025	*Tuesday* June 24, 2025	*Tuesday* July 1, 2025
Tuesday June 17, 2025	*Tuesday* July 22, 2025	*Tuesday* July 29, 2025	*Tuesday* August 5, 2025
Tuesday July 22, 2025	*Tuesday* August 19, 2025	*Tuesday* August 26, 2025	***Wednesday*** September 3, 2025
Tuesday August 19, 2025	*Tuesday* September 23, 2025	*Tuesday* September 30, 2025	*Tuesday* October 7, 2025
Tuesday September 23, 2025	*Tuesday* October 21, 2025	*Tuesday* October 28, 2025	*Tuesday* November 4, 2025
Tuesday October 21, 2025	*Tuesday* November 18, 2025	*Tuesday* November 25, 2025	*Tuesday* December 2, 2025
Tuesday December 23, 2025	***Wednesday*** January 21, 2026	*Tuesday* January 27, 2026	*Tuesday* February 3, 2026

GOVERNOR'S REGULATORY REVIEW COUNCIL

NOTICE OF ACTION TAKEN AT THE SEPTEMBER 3, 2025 MEETING

[M25-78]

A. CONSENT AGENDA ITEMS:

Rulemakings

1. DEPARTMENT OF ECONOMIC SECURITY
Title 6, Chapter 11, Articles 1 and 2

Renumber: R6-11-101, R6-11-102, R6-11-105, R6-11-106, R6-11-107, R6-11-111, R6-11-201, R6-11-202

Amend: R6-11-101, R6-11-102, R6-11-103, R6-11-104, R6-11-105, R6-11-106, R6-11-107, R6-11-111, Article 2, R6-11-202

New Section: R6-11-201

Repeal: R6-11-111, R6-11-202, R6-11-203, R6-11-204, R6-11-205, R6-11-206, R6-11-207, R6-11-208

2. DEPARTMENT OF ECONOMIC SECURITY
Title 6, Chapter 4, Articles 1-4

Renumber: R6-4-101, R6-4-104, R6-4-204, R6-4-401

Amend: R6-4-101, R6-4-104, Article 2, R6-4-202, R6-4-203, R6-4-204, R6-4-205, R6-4-206, R6-4-301, R6-4-302, R6-4-303, R6-4-304, R6-4-305, R6-4-306, R6-4-307, R6-4-308, R6-4-309, R6-4-310, R6-4-311, R6-4-312, R6-4-313, R6-4-314, R6-4-315, R6-4-316, R6-4-317, R6-4-318, R6-4-319, R6-4-320, R6-4-321, R6-4-322, R6-4-323, R6-4-324, R6-4-325, R6-4-401

New Section: R6-4-201, R6-4-207, R6-4-208, R6-4-209, R6-4-210

Repeal: R6-4-201, R6-4-204, Article 4, R6-4-401, R6-4-402, R6-4-403, R6-4-404, R6-4-405

3. CONSTABLE ETHICS, STANDARDS & TRAINING BOARD
Title 13, Chapter 14, Articles 1 and 2

Amend: R13-14-101, R13-14-103, R13-14-201, R13-14-202, R13-14-203

4. BOARD OF BEHAVIORAL HEALTH EXAMINERS
Title 4, Chapter 6, Articles 1-8, and 11

Amend: R4-6-101, R4-6-210, R4-6-211, R4-6-212, R4-6-214, R4-6-216, R4-6-301, Table 1, R4-6-304, R4-6-305, R4-6-306, R4-6-307, R4-6-403, R4-6-404, R4-6-501, R4-6-503, R4-6-504, R4-6-601, R4-6-603, R4-6-604, Article 7, R4-6-701, R4-6-702, R4-6-703, R4-6-704, R4-6-705, R4-6-706, R4-6-801, R4-6-802, R4-6-1101, R4-6-1102, R4-6-1105, R4-6-1106

New Section: R4-6-217

Five-Year Review Report

5. CITIZENS CLEAN ELECTIONS COMMISSION
Title 2, Chapter 20, Articles 1-7

6. DEPARTMENT OF HEALTH SERVICES
Title 9, Chapter 7, Article 9

7. DEPARTMENT OF HEALTH SERVICES
Title 9, Chapter 11, Articles 1-6

8. NATUROPATHIC PHYSICIANS MEDICAL BOARD
Title 4, Chapter 18, Article 6

9. ARIZONA STATE BOARD OF NURSING
Title 4, Chapter 19, Article 2

COUNCIL ACTION: CONSENT AGENDA APPROVED

B. CONSIDERATION, DISCUSSION, AND POSSIBLE ACTION ON FIVE-YEAR REVIEW REPORTS:

1. DEPARTMENT OF ADMINISTRATION
Title 2, Chapter 1, Article 4

COUNCIL ACTION: APPROVED

2. SCHOOL FACILITIES OVERSIGHT BOARD
Title 7, Chapter 6, Articles 1, 2, 3, 5, & 7

COUNCIL ACTION: APPROVED

3. ARIZONA BOARD OF PHARMACY
Title 4, Chapter 23, Articles 7, 9, & 10

COUNCIL ACTION: APPROVED

C. CONSIDERATION, DISCUSSION, AND POSSIBLE ACTION ON A.R.S. §41-1033(G) PETITION RELATED TO THE ARIZONA STATE LAND DEPARTMENT

COUNCIL ACTION: AT LEAST 3 COUNCIL MEMBERS VOTED TO REQUEST OF THE CHAIR THAT THIS MATTER BE HEARD AT A PUBLIC MEETING PURSUANT TO A.R.S. § 41-1033(H)

D. CONSIDERATION, DISCUSSION, AND POSSIBLE ACTION ON FIVE-YEAR REVIEW REPORT RESCHEDULE REQUEST FROM DEPARTMENT OF ENVIRONMENTAL QUALITY FOR TITLE 18, CHAPTER 14

COUNCIL ACTION: COUNCIL VOTED TO APPROVE 3-YEAR RESCHEDULE REQUEST TO SUBMIT DEPARTMENT FIVE-YEAR REVIEW REPORT WITH NEW DUE DATE OF DECEMBER 31, 2028.

E. CONSIDERATION, DISCUSSION, AND POSSIBLE ACTION OF 2026 COUNCIL CALENDAR

COUNCIL ACTION: APPROVED