

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 4. DEPARTMENT OF HEALTH SERVICES NONCOMMUNICABLE DISEASES

[R07-151]

PREAMBLE

1. Sections Affected

R9-4-501
R9-4-502
R9-4-502
R9-4-503
R9-4-504

Rulemaking Action

Amend
Repeal
New Section
New Section
New Section

2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statute: A.R.S. § 36-136(A)(7) and (F)
Implementing statute: A.R.S. § 36-133

3. The effective date of the rule:

June 30, 2007

4. A list of all previous notices appearing in the Register addressing the final rules:

Notice of Rulemaking Docket Opening: 12 A.A.R. 1564, May 12, 2006
Notice of Proposed Rulemaking: 13 A.A.R. 286, February 9, 2007

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

Name: Allison Varga James, Program Manager
Address: Arizona Department of Health Services
Bureau of Public Health Statistics
Arizona Birth Defects Monitoring Program
150 N. 18th Avenue, Suite 550
Phoenix, AZ 85007

Telephone: (602) 542-7335

Fax: (602) 542-7447

E-mail: jamesa@azdhs.gov

or

Name: Kathleen Phillips, Rules Administrator and Administrative Counsel

Address: Arizona Department of Health Services
Office of Administrative Rules and Counsel
1740 W. Adams, Suite 200
Phoenix, AZ 85007

Telephone: (602) 542-1264

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Fax: (602) 364-1150
E-mail: phillik@azdhs.gov

6. An explanation of the rules, including the agency's reasons for initiating the rules:

A.R.S. § 36-133 requires the Arizona Department of Health Services (Department) to develop a birth defects registry for the collection, management, and analysis of information on the incidence of birth defects in Arizona. Arizona Administrative Code Title 9, Chapter 4, Article 5 implements that statute by providing definitions and reporting requirements for hospitals, genetic testing facilities, prenatal diagnostic facilities, and Children's Rehabilitative Services (CRS) to follow when reporting birth defect cases or responding to requests for information from the Department. The rules allow the Department to collect information needed to monitor incidence patterns; identify population subgroups at risk; analyze data relating to the detection, diagnosis, and treatment of persons with birth defects; and identify areas that need intervention or prevention programs. Data collected may also be used to perform studies and to provide epidemiological information to the medical community.

This rulemaking corrects awkward syntax, unclear reporting requirements, ineffective organization, and undefined words and phrases in the current rules. R9-4-501 contains definitions used in Article 5 and is being amended to add definitions, such as "high-risk perinatal practice," "clinic," and "patient," to clarify the meaning of the rules. R9-4-502 specifies what information different reporting sources are required to submit to the Department and the time periods for submission. The revised rules add high-risk perinatal practices to the reporting sources; remove CRS from the reporting sources, but include CRS-contracted facilities as clinics; specify that genetic testing facilities and prenatal diagnostic facilities must submit information to the Department, rather than just allow the Department access to records; and specify what each reporting source needs to report to the Department and the reporting time-frame. R9-4-503 specifies which persons are required to allow the Department access to records, what types of documents the Department may review, and what information the Department may collect. R9-4-504 specifies that the Department, for data quality assurance purposes, may request from a reporting source additional information for an incomplete report or the correction of an incorrect report, and that the reporting source is required to return a revised report to the Department within 15 business days or by a date agreed to by the reporting source and the Department. R9-4-504 also specifies that the Department may discuss information reported to or collected by the Department with others to get additional information.

All changes conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

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

The Department did not review or rely on any study related to this rulemaking package.

8. A showing of good cause why the rules are necessary to promote a statewide interest if the rules 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:

As used in this summary, annual costs/revenues are designated as minimal when less than \$1,000, moderate when between \$1,000 and \$10,000, and substantial when greater than \$10,000. Costs are listed as significant when meaningful or important, but not readily subject to quantification.

Government entities affected by the rulemaking are the Department and CRS. The Department may bear a minimal-to-moderate cost and is expected to benefit to a moderate degree from the rulemaking. Under the current rules, CRS is required to allow the Department access to records. This specific requirement is deleted from the rules, but facilities under contract with the Department to provide CRS-related services will still be required to allow the Department access to records since the definition of clinic is revised to include these facilities. This change is not expected to cause either a benefit or an additional cost to facilities under contract with the Department to provide CRS-related services.

Small businesses affected by the rules changes include genetic testing facilities; prenatal diagnostic facilities; high-risk perinatal practices; the practices of physicians, midwives, registered nurse practitioners, and physician assistants; clinics other than high-risk perinatal practices; clinical laboratories other than genetic testing facilities; and medical examiners. Under the current rules, genetic testing facilities and prenatal diagnostic facilities are required to allow the Department access to records. The new rules also require genetic testing facilities and prenatal diagnostic facilities to submit information to the Department about individuals for whom specific tests were performed. Genetic testing facilities and prenatal diagnostic facilities already send a copy of test results to a patient's physician, and may satisfy the new reporting requirement by sending to the Department a copy of the same report sent to the patient's physician. The Department expects a genetic testing facility or a prenatal diagnostic facility to incur minimal costs associated with this rulemaking.

High-risk perinatal practices are clinics or physicians that routinely provide medical services prenatally to patients or the mothers of patients who have perinatal risk factors, in order to prevent, clinically evaluate, diagnose, or treat the

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patient for a possible birth defect. Since high-risk perinatal practices may diagnose a patient prenatally for a possible birth defect, some high-risk perinatal practices are required under the current rules for prenatal diagnostic facilities to allow the Department access to review records. Under the new rules, high-risk perinatal practices would be required to allow the Department access to records and to submit to the Department, in a format specified by the Department, a monthly report for patients or the mothers of patients whose medical records contain a diagnosis or the corresponding ICD-9-CM diagnosis code that indicates the possibility of a patient having a specific birth defect. The Department will use this information to assist in determining whether the patient has a birth defect and collect information related to the birth defect. The Department expects a high risk perinatal practice to incur minimal costs associated with this rulemaking.

Under the current rules, hospitals are required to allow the Department to review records and record information about patients. Hospitals are also required to prepare a report for the Department, upon request, in whatever format the hospital prefers, for patients with specific ICD-9-CM diagnosis codes. Hospitals currently send the prepared report to the Department each month. The new rules will require hospitals to prepare and submit a monthly report in a format specified by the Department, containing the information specified in the rules, for patients with specific ICD-9-CM diagnosis or procedure codes. The new rules also require hospitals to allow the Department to review records specified in the rules to gather information concerning a patient with a possible birth defect, and clarify the types of records that may be reviewed by the Department. The Department expects a hospital to incur minimal-to-moderate costs associated with this rulemaking. A hospital may also benefit from the rulemaking to a minimal-to-moderate degree since the Department expects record review to be a more efficient and timely process under the new rules.

Under the new rules, physicians, midwives, registered nurse practitioners, physician assistants, clinics other than high-risk perinatal practices, clinical laboratories other than genetic testing facilities, and medical examiners are required to allow the Department to review records specified in the rules to gather information concerning a patient with a possible birth defect. The Department has collected information from geneticists for 20 years and does not anticipate any additional costs to geneticists under the new rules. The Department expects to obtain just a small amount of missing information from physicians other than geneticists, midwives, registered nurse practitioners, physician assistants, clinics other than high-risk perinatal practices, clinical laboratories other than genetic testing facilities, and medical examiners, with the bulk of the information about birth defects being collected from hospitals and other reporting sources, geneticists, and data sources within the Department. Therefore, the Department expects that a physician other than a geneticist, midwife, registered nurse practitioner, physician assistant, clinic other than a high-risk perinatal practice, clinical laboratory other than a genetic testing facility, or medical examiner will incur minimal costs associated with this rulemaking and may even benefit from the more complete reporting from other sources that is anticipated under the new rules.

Parents or guardians of children who have birth defects may benefit significantly from programs developed on the basis of complete and timely reporting of birth defects. The information gathered and compiled by the Department may be used by researchers to perform studies and may be used by other health care professionals to provide intervention programs for individuals with birth defects. The Department expects the public to benefit significantly from a complete population-based birth defects reporting system that may assist in the development of programs and the allocation of resources to provide services for children who have birth defects or their families. Such programs may lead to a reduction in the number of individuals who are born with birth defects and an increase in the number of children who are connected with services that may assist them to lead more productive lives. All of these activities are anticipated to increase the number of children who will grow into tax-paying adults, instead of requiring constant medical attention and supervision at public expense.

The Department has determined that the benefits related to public health outweigh any potential costs associated with this rulemaking.

10. A description of the changes between the proposed rule, including supplemental notices, and final rule:

Minor technical and grammatical changes were made by the Department and at the suggestion of Council staff to improve clarity, conciseness, and understandability.

11. A summary of the comments made regarding the rule and the agency response to them:

There were no oral comments at the Oral Proceeding, and the Department received no written comments.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rule:

None

14. Was this rule previously made as an emergency rule?

No

15. The full text of the rule follows:

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TITLE 9. HEALTH SERVICES

CHAPTER 4. DEPARTMENT OF HEALTH SERVICES
NONCOMMUNICABLE DISEASES

ARTICLE 5. BIRTH DEFECTS MONITORING PROGRAM

Section

R9-4-501. Definitions

R9-4-502. ~~Procedures; Permission to Review Patient Records~~ Reporting Sources; Information Submitted to the Department

R9-4-503. Review of Records; Information Collected

R9-4-504. Data Quality Assurance

ARTICLE 5. BIRTH DEFECTS MONITORING PROGRAM

R9-4-501. Definitions

In this Article, unless otherwise specified:

1. ~~“ABDMP” means the Arizona Birth Defects Monitoring Program within the Department.~~
1. “Admitted” means the same as in A.A.C. R9-10-201.
2. ~~“Birth defect” means an abnormality of structure, function, body chemistry, or gene present at or before birth, which may be diagnosed before or at birth, or later in life.~~
2. “Birth defect” means an abnormality:
 - a. Of body structure, function, or chemistry, or of chromosomal structure or composition;
 - b. That is present at or before birth; and
 - c. That may be diagnosed before or at birth, or later in life.
3. “Business day” means any day of the week other than a Saturday, a Sunday, a legal holiday, or a day on which the Department is authorized or obligated by law or executive order to close.
4. “Calendar day” means any day of the week, including a Saturday or a Sunday.
5. “Clinic” means:
 - a. A person under contract or subcontract with CRS to provide the medical services specified in 9 A.A.C. 7, Article 4;
 - b. An outpatient treatment center, as defined in A.A.C. R9-10-101, or
 - c. An outpatient surgical center, as defined in A.A.C. R9-10-101.
6. “Clinical evaluation” means an examination of the body of an individual and review of the individual’s laboratory test results to determine the presence or absence of a medical condition.
7. “Clinical laboratory” means a facility that:
 - a. Meets the definition in A.R.S. § 36-451;
 - b. Is operated, licensed, or certified by the U.S. government; and
 - c. Is located within Arizona.
8. “Code” means a single number or letter, a set of numbers or letters, or a set of both numbers and letters, that represents specific information.
9. “Conception” means the formation of an entity by the union of a human sperm and ovum, resulting in a pregnancy.
10. “Co-twin” means a sibling of a patient, who was born to the same mother as the patient and as a result of the same pregnancy as the patient.
- 3-11. “CRS” means the Children’s Rehabilitative Services program, established within the Department as specified in A.R.S. Title 36, Chapter 2, Article 3.
12. “Date of first contact” means the day, month, and year a physician, clinic, or other person specified in R9-4-503(A) first began to provide medical services, nursing services, or health-related services to a patient or the patient’s mother.
13. “Date of last contact” means the day, month, and year:
 - a. Of a patient’s death; or
 - b. That a physician, clinic, or other person specified in R9-4-503(A) last clinically evaluated, diagnosed, or provided treatment to a patient or the patient’s mother.
14. “Designee” means an individual assigned by the governing power of a hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility or by another individual acting on behalf of the governing power to gather information for or report to the Department, as specified in R9-4-502, R9-4-503, or R9-4-504.
15. “Discharge” means the same as in A.A.C. R9-10-201.
16. “Discharge date” means the month, day, and year of an individual’s discharge from a hospital.
17. “Electronic” means the same as in A.R.S. § 44-7002.

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18. "Enrolled" means approved to receive services specified in 9 A.A.C. Chapter 7 from CRS.
19. "Estimated date of confinement" means an approximation of the date on which a woman will give birth, based on the clinical evaluation of the woman.
20. "Estimated gestational age" means an approximation of the duration of a pregnancy, based on the date of the last menstrual period of the pregnant woman.
21. "Facility" means a building and associated personnel and equipment that perform or are used in connection with performing a particular service or activity.
22. "Family medical history" means an account of past and present illnesses or diseases experienced by individuals who are biologically related to a patient.
23. "Follow-up services" means activities intended to assist the parent or guardian of a patient who has a birth defect to:
 - a. Learn about the birth defect and, if applicable, how the birth defect may be prevented; or
 - b. Obtain applicable medical services, nursing services, health-related services, or support services.
24. "Genetic condition" means a disease or other abnormal state present at birth or before birth, as a result of an alteration of DNA, that impairs normal physiological functioning of a human body.
4. "Genetic testing facility" means an organization, institution, corporation, partnership, business, or entity that conducts tests to analyze and diagnose a genetic condition in a human being.
25. "Genetic testing facility" means an organization, institution, corporation, partnership, business, or entity that conducts tests to detect, analyze, or diagnose a genetic condition in an individual, including an evaluation to determine the structure of an individual's chromosomes.
26. "Governing power" means the individual, agency, group, or corporation appointed, elected, or otherwise designated, in which the ultimate responsibility and authority for the conduct of a hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility are vested.
27. "Guardian" means an individual appointed as a legal guardian by a court of competent jurisdiction.
28. "Health-related services" means the same as in A.R.S. § 36-401.
29. "High-risk perinatal practice" means a clinic or physician that routinely provides medical services prenatally to a patient or a patient's mother with perinatal risk factors to prevent, clinically evaluate, diagnose, or treat the patient for a possible birth defect.
30. "Log" means a chronological list of individuals for or on whom medical services, nursing services, or health-related services were provided by a designated unit of a hospital or by another person specified in R9-4-503(A).
31. "Medical condition" means a disease, injury, other abnormal physiological state, or pregnancy.
32. "Medical records" means the same as in A.R.S. § 12-2291.
33. "Medical record number" means a unique number assigned by a hospital, clinic, physician, or registered nurse practitioner to an individual for identification purposes.
34. "Medical services" means the same as in A.R.S. § 36-401.
35. "Midwife" means an individual licensed under A.R.S. Title 36, Chapter 6, Article 7, or certified under A.R.S. Title 32, Chapter 15.
36. "Mother" means the woman:
 - a. Who is pregnant with or gives birth to a patient, or
 - b. From whose fertilized egg a patient develops.
37. "Multiple gestation" means a pregnancy in which a patient is not the only fetus carried in a mother's womb.
38. "Nursing services" means the same as in A.R.S. § 36-401.
39. "Ordered" means instructed by a physician, registered nurse practitioner, or physician assistant to perform a test on an individual.
40. "Parent" means the:
 - a. Biological or adoptive father of an individual; or
 - b. Woman who:
 - i. Is the mother of an individual; or
 - ii. Adopts an individual.
41. "Pathology laboratory" means a facility in which human cells, body fluids, or tissues are examined for the purpose of diagnosing diseases and that is licensed under 9 A.A.C. 10, Article 1.
5. "Patient" means an individual admitted to or receiving care in a hospital, genetic testing facility, prenatal diagnostic facility, or the CRS.
42. "Patient" means an individual, regardless of current age:
 - a. Who, from conception to one year of age, was clinically evaluated for a possible birth defect or a medical condition that may be related to a birth defect:
 - i. By:
 - (1) A physician,
 - (2) A midwife,
 - (3) A registered nurse practitioner, or

Department

- A.** A reporting source providing care to an individual from fertilization to one year of age who has been diagnosed as having a birth defect shall permit the ABDMP to review and record personal identifiers, demographic, and diagnostic data from:
1. The following documents pertaining to the individual and the individual's mother:
 - a. Disease indices;
 - b. Intensive care unit logs;
 - c. Pathology-autopsy logs for stillbirths;
 - d. Patient medical records; and
 - e. Laboratory reports pertaining to chromosomal analysis and tests for detection of hereditary biochemical disorders.
 2. The labor and delivery logs and the ultrasound logs for the individual's mother.
- B.** A hospital shall prepare a disease index listing an ICD-9-CM diagnosis code for each patient identified in subsection (A) arranged in ascending order. Next to each ICD-9-CM diagnosis code listed in the index, the hospital shall provide the following information:
1. Whether the diagnosis code reflects a principal or secondary diagnosis;
 2. The age of the patient;
 3. The dates of admission and discharge; and
 4. The patient's medical record number.
- C.** A reporting source shall permit ABDMP to review the documents listed in subsections (A) once every 30 days.
- A.** The designee of a hospital shall:
1. Prepare a written report each month in a format specified by the Department identifying all individuals:
 - a. Who are patients or the mothers of patients; and
 - b. Whose:
 - i. Discharge date is within the month for which the report is being prepared, as specified in subsection (A)(2)(d); and
 - ii. Medical record includes for the principal diagnosis, a secondary diagnosis, or a procedure performed on the individual, an ICD-9-CM diagnosis or procedure code specified in a list provided to the hospital by the Department;
 2. Include the following information in the report specified in subsection (A)(1):
 - a. The name, address, and telephone number of the hospital, or the identification number assigned by the Department to the hospital;
 - b. The name and telephone number of the designee of the hospital;
 - c. The date the report was completed;
 - d. The month for which the report is being prepared; and
 - e. For each patient or the mother of the patient:
 - i. The patient's or mother's medical record number;
 - ii. The name of the patient or patient's mother, if available, and, if applicable, any other name by which the patient or patient's mother is known;
 - iii. The race and ethnicity of the patient or patient's mother;
 - iv. The patient's gender and date of birth, if applicable;
 - v. The admission and discharge dates;
 - vi. The principal and secondary diagnoses or the ICD-9-CM diagnosis codes for the principal and secondary diagnoses for the patient or patient's mother; and
 - vii. The procedure codes for the patient or patient's mother; and
 3. Submit the report specified in subsection (A)(1) to the Department, in a format specified by the Department, within 30 calendar days after the end of the month for which the report is being prepared.
- B.** The designee of a high-risk perinatal practice shall:
1. Prepare a written report each month in a format specified by the Department for all individuals:
 - a. Who are patients or the mothers of patients; and
 - b. Whose:
 - i. Date of last contact is within the month for which the report is being prepared, as specified in subsection (B)(2)(d); and
 - ii. Medical record includes a principal or secondary diagnosis specified in a list provided to the high-risk perinatal practice by the Department;
 2. Include the following information in the report specified in subsection (B)(1):
 - a. The name, address, and telephone number of the high-risk perinatal practice, or the identification number assigned by the Department to the high-risk perinatal practice;
 - b. The name and telephone number of the designee of the high-risk perinatal practice;
 - c. The date the report was completed;

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- d. The month for which the report is being prepared; and
 - e. For each patient or the mother of the patient:
 - i. The patient's or mother's medical record number, if assigned;
 - ii. The mother's name;
 - iii. The mother's date of birth;
 - iv. The mother's estimated date of confinement;
 - v. The patient's gender, if known;
 - vi. Whether the patient is from a singleton or multiple gestation;
 - vii. The location and date of the patient's birth, if known;
 - viii. Whether the patient was born alive or dead, if known;
 - ix. The date of last contact with the mother;
 - x. The principal and secondary diagnoses for the patient or the patient's mother; and
 - xi. If the principal and secondary diagnoses for the patient were made before the patient's birth, whether the principal and secondary diagnoses were confirmed at birth; and
 - 3. Submit the report specified in subsection (B)(1) to the Department, in a format specified by the Department, within 30 calendar days after the end of the month for which the report is being prepared.
- C.** The designee of a genetic testing facility shall:
- 1. Prepare a written report each month, in a format specified by the Department, for all individuals:
 - a. Who are patients or the mothers of patients, and
 - b. For whom the genetic testing facility performed a test:
 - i. Completed within the month for which the report is being prepared, as specified in subsection (C)(2)(d); and
 - ii. Specified in a list provided by the Department to the genetic testing facility;
 - 2. Include the following information in the report specified in subsection (C)(1):
 - a. The name, address, and telephone number of the genetic testing facility, or the identification number assigned by the Department to the genetic testing facility;
 - b. The name and telephone number of the designee of the genetic testing facility;
 - c. The date the report was completed;
 - d. The month for which the report is being prepared; and
 - e. For each patient or mother of a patient:
 - i. If the test was performed on the patient:
 - (1) The patient's name, date of birth, and gender; and
 - (2) The name of the patient's parent or guardian;
 - ii. If the test was performed on the mother of the patient:
 - (1) The mother's name and date of birth;
 - (2) The estimated gestational age of the patient when the test was performed, if available; and
 - (3) The mother's estimated date of confinement when the test was performed, if available;
 - iii. The name of the physician, registered nurse practitioner, or physician assistant who ordered the test for the patient or the patient's mother; and
 - iv. Information about the test, including:
 - (1) The type of test performed on the patient or the patient's mother,
 - (2) The date the test was completed, and
 - (3) The results of the test; and
 - 3. Submit the report specified in subsection (C)(1) to the Department, in a format specified by the Department, within 30 calendar days after the end of the month for which the report is being prepared.
- D.** The designee of a prenatal diagnostic facility shall:
- 1. Submit an electronic or paper report to the Department:
 - a. For each mother:
 - i. On whom the prenatal diagnostic facility conducts a test specified in a list provided by the Department to the prenatal diagnostic facility, and
 - ii. Whose test result indicates a diagnosis specified in a list provided by the Department to the prenatal diagnostic facility; and
 - b. Within 30 calendar days from the date of the test;
 - 2. Include the following information in the report specified in subsection (D)(1):
 - a. The name, address, and telephone number of the prenatal diagnostic facility, or the identification number assigned by the Department to the prenatal diagnostic facility;
 - b. The name and telephone number of the designee of the prenatal diagnostic facility;
 - c. The date the report was completed;
 - d. The mother's name and date of birth;
 - e. The estimated gestational age of the patient at the time of the test;

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- f. The mother's estimated date of confinement;
- g. The outcome of the pregnancy, if known;
- h. The name of the physician, registered nurse practitioner, or physician assistant who ordered the test for the mother; and
- i. Information about the test, including:
 - i. The type of test performed on the mother;
 - ii. The date the test was completed, and
 - iii. The results of the test.

R9-4-503. Review of Records; Information Collected

- A. Upon notice from the Department of at least five business days, the following persons or facilities shall allow the Department access to the facility and the electronic or written records specified in subsection (B)(1) to collect the information specified in subsection (B)(2):
 - 1. A hospital;
 - 2. A clinic;
 - 3. A physician;
 - 4. A midwife;
 - 5. A registered nurse practitioner;
 - 6. A genetic testing facility;
 - 7. A prenatal diagnostic facility;
 - 8. A physician assistant;
 - 9. A clinical laboratory, or
 - 10. A medical examiner.
- B. The Department may:
 - 1. Review any of the following records in electronic or written format, as are applicable to the person or facility specified in subsection (A):
 - a. Patient medical records;
 - b. Medical records for the mother of a patient;
 - c. Reports from:
 - i. Physicians or other individuals who clinically evaluated, diagnosed, or treated a patient or the patient's mother;
 - ii. High-risk perinatal practices;
 - iii. Prenatal diagnostic facilities;
 - iv. Genetic testing facilities;
 - v. Pathology laboratories, or
 - vi. Other facilities or clinical laboratories that performed a test for a patient or the patient's mother;
 - d. Logs and registers containing information about surgical procedures, as specified in A.A.C. R9-10-214(A)(6) or A.A.C. R9-10-1709(A);
 - e. Other logs that may contain information about a patient or the mother of a patient with a birth defect, such as:
 - i. Labor and delivery unit logs;
 - ii. Nursery unit logs;
 - iii. Pediatric unit logs;
 - iv. Intensive care unit logs;
 - v. Autopsy logs, and
 - vi. Ultrasound logs;
 - f. Autopsy reports; and
 - g. Records other than those specified in subsections (B)(1)(a) through (f) that contain information about or may lead to information about:
 - i. A patient;
 - ii. The patient's mother, or
 - iii. The patient's biological sibling; and
 - 2. Collect the following information from a person or facility specified in subsection (A), as applicable to a patient or the mother of a patient:
 - a. The name, address, and telephone number of the person or facility, or the identification number assigned by the Department to the person or facility;
 - b. The date of first contact and the date of last contact;
 - c. The date the patient was admitted to a hospital;
 - d. The date the patient was discharged from a hospital;
 - e. The dates the mother of the patient was admitted to and discharged from a hospital for:
 - i. The birth of the patient, or

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- ii. Treatment related to a possible birth defect in the patient;
- f. The name and address of the hospital or other location in which the patient was born;
- g. The name and address of a hospital in which the patient or the mother of the patient was admitted for treatment related to a possible birth defect in the patient;
- h. The specific unit of a hospital that provided medical services to the patient or the patient's mother;
- i. The medical record number of the patient or the patient's mother;
- j. The patient's name and any other name by which the patient is known;
- k. The names, addresses, and dates of birth of the patient's parents;
- l. The name, address and telephone number of the patient's guardian, if a parent of the patient does not have physical custody of the patient;
- m. The patient's date of birth and hour of birth;
- n. The estimated date of confinement for the pregnancy resulting in the patient's birth;
- o. The estimated gestational age, length, weight, and head circumference of the patient at birth;
- p. The patient's gender, race, and ethnicity;
- q. The race and ethnicity of the patient's biological mother and father;
- r. The address of the patient's mother at the time of the patient's birth;
- s. The address and telephone number of the patient at the date of last contact;
- t. The county in which the patient was born;
- u. The name of each physician, registered nurse practitioner, physician assistant, or other person that clinically evaluated, diagnosed, ordered a test for, or treated the patient or the patient's mother;
- v. The names of any facility from which or to which the patient or the patient's mother was transferred or referred;
- w. Whether the patient was referred to or is enrolled in CRS and, if so, the date of referral or enrollment;
- x. Whether the patient is receiving any other follow-up services, medical services, nursing services, or health-related services related to a birth defect, and, if so, the name of the person providing the services and the date the provision of the services began;
- y. The name of the insurance company, if applicable, that:
 - i. Paid for the birth of the patient, and
 - ii. Is currently covering medical expenses for the patient or the patient's mother;
- z. Any perinatal risk factors documented in:
 - i. The patient's medical record,
 - ii. The patient's mother's medical record, or
 - iii. The patient's family medical history;
- aa. Whether any tests were performed on the patient or the patient's mother by a genetic testing facility and, if so:
 - i. The types of tests performed,
 - ii. The test dates,
 - iii. The test results,
 - iv. The age or estimated gestational age of the patient at the time of each test,
 - v. The estimated date of confinement of the patient's mother at the time of each test,
 - vi. The name of the genetic testing facility that performed each test; and
 - vii. The names of the individuals who interpreted the test results;
- bb. Whether any tests were performed on the patient or the patient's mother by a prenatal diagnostic facility and, if so:
 - i. The types of tests performed,
 - ii. The test dates,
 - iii. The test results,
 - iv. The estimated gestational age of the patient at the time of each test,
 - v. The estimated date of confinement of the patient's mother at the time of each test,
 - vi. The name of the prenatal diagnostic facility that performed each test, and
 - vii. The names of the individuals who interpreted the test results;
- cc. Whether any other types of tests were performed on the patient or the patient's mother that may enable the diagnosis of a birth defect and, if so:
 - i. The types of tests performed,
 - ii. The test dates,
 - iii. The test results,
 - iv. The age or estimated gestational age of the patient at the time of each test,
 - v. The estimated date of confinement of the patient's mother at the time of each test,
 - vi. The names of the facilities that performed the tests, and
 - vii. The names of the individuals who interpreted the test results;
- dd. Whether any surgical procedures associated with a birth defect were performed on the patient or the patient's

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- mother and, if so:
- i. The types of surgical procedures performed,
 - ii. The dates of the surgical procedures,
 - iii. The results of the surgical procedures,
 - iv. The ages or estimated gestational ages of the patient at the time of the surgical procedures,
 - v. The estimated date of confinement of the patient's mother at the times of the surgical procedures, and
 - vi. The names of the facilities at which the surgical procedures were performed, and
 - vii. The names of the individuals who performed the surgical procedures;
- ee. For each diagnosis made for the patient or the patient's mother:
- i. The diagnosis,
 - ii. Whether the diagnosis is a principal or secondary diagnosis,
 - iii. The facility at which the diagnosis was made,
 - iv. The date on which the diagnosis was made, and
 - v. The name of the individual who made the diagnosis;
- ff. The number of times the patient's mother has been pregnant;
- gg. The number of times a pregnancy of the patient's mother has lasted:
- i. More than 37 weeks,
 - ii. Between 20 and 37 weeks, and
 - iii. Less than 20 weeks;
- hh. The number of children who were born as a result of the patient's mother's pregnancies, and whether the children were born alive or dead;
- ii. Whether the patient is from a singleton or multiple gestation, and, if from a multiple gestation, whether a co-twin of the patient:
- i. Is identical or fraternal;
 - ii. Is alive, and, if not alive, the co-twin's date of death; and
 - iii. Has:
 - (1) The same birth defect as the patient,
 - (2) A different birth defect from that of the patient, or
 - (3) No birth defect;
- jj. If the patient is being adopted or living with a guardian rather than a parent;
- kk. If the patient is being adopted, the name, address, and telephone number of the individual who will adopt the patient;
- ll. The date of last contact; and
- mm. If the patient has died:
- i. The patient's date and county of death,
 - ii. The facility in which the patient's death occurred, and
 - iii. Whether an autopsy was performed on the patient.

R9-4-504. Data Quality Assurance

- A.** The Department may request a hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility to revise a report:
- 1. That was submitted to the Department by the designee of the hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility under R9-4-502;
 - 2. That was not prepared according to R9-4-502; and
 - 3. By identifying the revisions that are needed in the report.
- B.** If a person receives a request from the Department for revision of a report under subsection (A), the person shall return a revised report, containing the revisions requested by the Department, to the Department within 15 business days after the date of the Department's request, or by a date agreed to by the person and the Department.
- C.** The Department may discuss the information submitted to the Department as specified in R9-4-502 or collected as specified in R9-4-503(B)(2) with any of the entities specified in R9-4-503(A) to obtain additional information about a patient's diagnosis or treatment.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

[R07-150]

PREAMBLE

1. Sections Affected

R9-25-401
R9-25-406

Rulemaking Action

Amend
Amend

2. Statutory authority for the rulemaking, including both the authorizing statutes (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-2202(A)(4) and 36-2209(A)(2)

Implementing statutes: A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(6), and (G); 36-2204(1), (4), (6), and (7); and 36-2208(A)

3. The effective date of the rules:

June 30, 2007

4. A list of all previous notices appearing in the Register addressing the final rules:

Notice of Proposed Rulemaking: 13 A.A.R. 240, February 2, 2007

Notice of Rulemaking Docket Opening: 12 A.A.R. 3755, October 6, 2006

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

Name: Terry Mullins, Bureau Chief

Address: Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007

Telephone: (602) 364-3150

Fax: (602) 364-3568

E-mail: mullint@azdhs.gov

or

Name: Kathleen Phillips, Rules Administrator and Administrative Counsel

Address: Arizona Department of Health Services
Office of Administrative Rules and Counsel
1740 W. Adams St., Suite 200
Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: phillik@azdhs.gov

6. An explanation of the rules, including the agency's reasons for initiating the rules:

Through this rulemaking, the Arizona Department of Health Services (ADHS) will implement the emergency medical technician (EMT) certification extension and extension fee provisions added to A.R.S. § 36-2202(G) by Laws 2006, Chapter 166. The rulemaking amends R9-25-401 and R9-25-406 to:

- Allow an individual to apply for EMT recertification within 30 days after the expiration date of the individual's EMT certification, upon payment of an extension fee;
- Create a \$150 EMT certification extension fee;
- Retroactively authorize an individual to act as an EMT during the 30-day-or-less period between the expiration date of the individual's EMT certification and the individual's applying for recertification with the extension fee;

Notices of Final Rulemaking

- Clarify that an individual who fails to apply for EMT recertification before or, with a certification extension fee, within 30 days after the expiration of the individual's EMT certification is not eligible for recertification; and
- Revise existing rule language as necessary to conform to these changes.

The rules are consistent with legal advice received by ADHS from the Arizona Attorney General's Office regarding interpretation of the new provisions in A.R.S. § 36-2202(G). The rules are also consistent with the recommendations of the Emergency Medical Services (EMS) Council, which considered draft rules at its meeting on November 20, 2006. After receiving EMS Council's recommendation to go forward with the draft rules, ADHS solicited informal public comment on the draft rules from November 29, 2006, through January 2, 2007. ADHS received several comments regarding the draft rules, only one of which was critical of the draft rules, and determined that no changes to the draft rules were necessary as a result of the comments received.

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

ADHS did not review any study relevant to the rules.

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

Not applicable

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

As used in this summary, "minimal" means less than \$1,000; "moderate" means \$1,000 to \$9,999; "substantial" means \$10,000 or more; and "significant" means meaningful or important, but not readily subject to quantification.

ADHS will incur minimal-to-moderate costs resulting from the rulemaking process. Each individual who files for EMT recertification within 30 days after the expiration date of the individual's EMT certification will incur a \$150 cost as a result of the EMT certification extension fee created by this rulemaking. This cost could be incurred either by the individual or by the individual's employer, depending on the arrangement existing between the individual and the employer for the costs related to maintaining EMT certification. ADHS does not anticipate that any other persons will incur costs as a result of this rulemaking.

This rulemaking will result in a significant, potentially substantial, benefit to each individual who fails to file for EMT recertification before the individual's EMT certification expiration date and who detects that failure and files for recertification within 30 days after the expiration date. This rulemaking will also result in a significant, potentially substantial, benefit to the employers of these individuals. Prior to this rulemaking, these individuals would have been ineligible for EMT recertification, even if they attempted to file for recertification only one day late, and thus would have been prohibited from working as EMTs until initial certification was again obtained. Because initial certification requires current registration with the National Registry of Emergency Medical Technicians (NREMT), something that ADHS does not require EMTs to maintain after initial certification, an individual could have been unavailable to work as an EMT for an extended period of time as a result of the EMT certification's expiring. This could have necessitated the hiring of additional temporary EMT employees to perform the EMT's scheduled work or the payment of overtime to other employees used to cover the EMT's scheduled work.

As a result of this rulemaking, however, an individual whose EMT certification expires and who detects that expiration and files for recertification, with the extension fee, within 30 days after the expiration will still be eligible for recertification, will still be eligible to work as an EMT, and will have any post-expiration work as an EMT retroactively authorized upon filing for recertification with the extension fee.

This rulemaking may also benefit the general public, as fewer experienced EMTs should become ineligible to work as a result of failing to file for recertification prior to expiration.

Finally, this rulemaking will result in moderate increased annual revenue to the state general fund. Between September 21, 2006, the effective date of the statutory change, and February 28, 2007, ADHS received 59 applications for recertification filed within the 30-day period after certification expiration. Had the extension fee rule been in effect, this would have resulted in \$8,850 of increased revenue for the state general fund. Assuming consistent certification extension request levels throughout the year, the state general fund would receive approximately \$21,240 annually in certification extension fees.

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

ADHS did not make any changes between the proposed rules and the final rules.

11. A summary of the comments made regarding the rules and the agency response to them:

ADHS held an oral proceeding on March 5, 2007, and received no oral comments. ADHS also received two sets of written comments regarding the proposed rules during the formal public comment period. The comments received and the ADHS response to each are included in the following table:

Notices of Final Rulemaking

Section	Public Comment	ADHS Response
R9-25-406	<p>An educator stated that the rule looks good, but that some people believe that it applies only to EMT-Basics, not all levels of EMTs. The educator asked for clarification.</p>	<p>R9-25-406 applies to all levels of EMTs. The rule refers to “[a]n individual whose certification as an EMT in Arizona has an expiration date within the past 30 days.” The term “EMT” is defined in R9-25-101 to mean the same as “certified emergency medical technician” in A.R.S. § 36-2201. A.R.S. § 36-2201 defines “certified emergency medical technician” to mean “an individual who has been certified by the department as a basic emergency medical technician, an intermediate emergency medical technician or an emergency paramedic.” ADHS did not make any changes as a result of this comment.</p>
	<p>An EMT-P who works for an ALS base hospital expressed concern about R9-25-406(G)(1) and (H)(1)’s allowing an individual to practice as an EMT after the date of expiration and before the individual has submitted the application for recertification, in a retrospective process based on whether they submit the application before 30 days past their expiration date. The EMT-P could find no other rule or statute that is written in this fashion and cited rules of the Arizona Board of Nursing and Arizona Board of Respiratory Examiners and a statute for Respiratory Therapists, which apparently prohibit practice after expiration, although late renewal is allowed. The EMT-P stated that virtually every other rule that allows for extensions of certification dates requires that the individual request that extension before the expiration date even though they might allow for renewal after the expiration date.</p>	<p>ADHS has based the extension provision in R9-25-406 upon the wording of the statutory language in A.R.S. § 36-2202(G). The statutory provision speaks to extending the expiration date of an EMT’s certificate. Extend means to increase the length or duration of, to prolong, to expand beyond the original limit. In a legal sense, an extension is an increase in the length of time specified in a contract, such as a lease extension that allows the same lease to continue in full force during an additional period upon performance of a stipulated act. ADHS has a rule, R9-25-407, that allows an EMT to file before expiration to receive an extension to file for renewal of certification. That rule includes specific requirements for when such an extension may be received and addresses a different concern than the statutory change that precipitated this rulemaking. The statutory change that precipitated this rulemaking was designed to address those instances where an individual fails to file for recertification and discovers it shortly thereafter, not the situation where the individual knows in advance that he or she will be unable to file for recertification due to specific circumstances. In addition, ADHS is aware of at least three statutes that allow for a similar type of extension—A.R.S. § 32-1430(A), for allopathic physicians; A.R.S. § 32-1642(A), for nurses; and A.R.S. § 32-1825(D), for osteopathic physicians. Those statutes are more explicit than the statutory change in A.R.S. § 32-2202(G), but each allows a licensee to practice for four months after the due date for renewal of the license. The licensee is required to pay a penalty fee if no application for renewal is filed by 30 days after the due date, and the license expires if no application for renewal is filed by four months after the due date. A licensee is not considered to be practicing without a license until no application is filed by that four-month deadline. ADHS did not make any changes as a result of this comment.</p>

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The EMT-P also expressed concern related to the provision of medical direction, stating that the way the rule is proposed would mean that a medical director has to decide to allow the EMT to continue to practice after the expiration date or withdraw medical direction since they would not know at that time if the EMT is certified in reality or not. The withdrawal of medical direction initiates a reportable incident to ADHS. The EMT-P stated that ADHS would then be required to open an investigation, which would be a waste of time and resources. A medical director has no way of knowing if an EMT will really recertify in the 30 days. This potentially places the medical director in the position of providing medical direction to an uncertified individual. The EMT-P provided an example of an individual planning to retire soon, but after the individual's expiration date, who could get an extra 30 days of practice knowing that he or she did not intend to recertify. This is a very unfair situation for medical directors. This places a "bad guy" image on medical direction authorities if they withdraw medical direction because of a poorly written rule.

ADHS does not believe that this is actually a change from the status quo. Even now, in the absence of the extension provision, a medical director does not know whether an individual EMT is certified unless the medical director actively tracks EMT certification dates. This rule change could actually improve a medical director's position, because an EMT to whom the medical director provides medical direction within 30 days after certification expiration can file for recertification and retroactively become authorized for that post-expiration-date practice, whereas now that is not possible. If a medical director is not comfortable providing medical direction during the post-expiration-date period, and is aware that an EMT is in the post-expiration-date period, the medical director may require the EMT to provide documentation that the EMT has filed for recertification within 30 days after the expiration date. A medical director who feels the need to withdraw medical direction pending receipt of that documentation may do so and is required to notify ADHS. ADHS is not required by statute or rule to commence an investigation as a result of each such report, but currently chooses to do so and would classify this as a priority 3 complaint. Alternatively, the medical director who is aware that an individual's EMT certification expiration date has passed may request that the EMS provider employing the individual not schedule the individual to work as an EMT until the individual provides documentation proving that the individual has filed for recertification. This would mitigate the "bad guy" image for the medical director and would protect both the EMS provider and the medical director from allowing uncertified personnel to act as EMTs in violation of R9-25-401. ADHS did not make any changes as a result of this comment.

Notices of Final Rulemaking

<p>The EMT-P suggested that the rule be changed conceptually to provide:</p> <ol style="list-style-type: none"> 1. If an EMT submits a request for extension before the expiration date, the Bureau would provide a written document of the extension date, which the EMT could then provide to the EMT's medical director. 2. If an EMT submits a request for extension after the expiration date, the Bureau would provide a written document of the extension date that would not exceed 30 days after the expiration date, but the EMT would not be allowed to practice from the expiration date until that was issued. This document could also be given to the medical director so that the medical director would know the EMT could continue to practice. <p>This would then not put the medical directors in the place of having to monitor potentially several hundred EMT certifications on virtually a daily basis and withdrawing medical direction when there is an expiration. They would only know retrospectively if the EMT remained certified or not.</p>	<p>ADHS does not believe that the suggested rule language is consistent with the statutory change in A.R.S. § 36-2202(G) or that it addresses the concern that led to the adoption of the statutory change by the Legislature. ADHS believes that the concept of extension results in EMT certification remaining in full force and effect during the extension period. This is consistent with other licensing schemes, as cited above, and is consistent with the legal advice that ADHS received from the Office of the Attorney General. In addition, ADHS believes that this is consistent with the legislative intent behind the statutory change. ADHS believes that the statutory change was adopted as a result of expirations that occurred due to administrative errors on the part of EMS providers, which resulted in late filing of their employees' recertification paperwork, without the employees' knowledge. ADHS's belief in this regard is bolstered because ADHS already has a rule in place, R9-25-407, that allows an EMT to file for an extension before expiration, to allow for late renewal based upon certain foreseeable circumstances. ADHS did not make any changes as a result of this comment.</p>
<p>The EMT-P also stated that EMS providers of EMT-Basic service who might not be under medical direction could have similar concerns with provision of services by uncertified personnel and what kind of risk that might place them in.</p>	<p>ADHS believes that EMS providers' position is not really changed by this rulemaking, except to the extent that they may be benefited from having their employees' actions as EMTs retroactively authorized as long as they file for recertification within 30 days after expiration. An EMS provider still must monitor employees' certification expiration dates to ensure that recertification occurs, whether before expiration or within 30 days thereafter. ADHS did not make any changes as a result of this comment.</p>
<p>The EMT-P stated his understanding that an Assistant Attorney General has reviewed the rule and determined that it is legal to have the rule written in this fashion. He argued that just because it is legal does not make it the right thing to do or the best for the system overall. He also understands that there were three informal comments on the draft, and that his was the only one reflecting a negative stance. That means that 33 1/3% of the comments were negative.</p>	<p>ADHS reiterates that the rule is written in a manner that is consistent with the language of the statutory change; consistent with legislative intent; consistent with legal advice received from the Office of the Attorney General; and generally consistent with the grace periods provided under the licensing schemes for allopathic physicians, nurses, and osteopathic physicians. Furthermore, ADHS again only received one comment in opposition to the rule during the formal public comment period. ADHS did not make any changes as a result of this comment.</p>

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

Not applicable

14. Were these rules previously made as emergency rules?

No

15. The full text of the rules follows:

Notices of Final Rulemaking

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

ARTICLE 4. EMT CERTIFICATION

Section

- R9-25-401. EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), ~~and (A)(6), 36-2202(G), and (G)~~ and 36-2204(1), (6), and (7))
- R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))

ARTICLE 4. EMT CERTIFICATION

R9-25-401. EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), ~~and (A)(6), 36-2202(G), and (G)~~ and 36-2204(1), (6), and (7))

- A. ~~An~~ Except as provided in R9-25-406(G), an individual shall not act as an EMT-B, EMT-I, or EMT-P unless the individual has current certification or recertification from the Department.
- B. The Department shall approve or deny an application required by this Article pursuant to Article 12 of this Chapter.
- C. If the Department denies an application for certification or recertification, the applicant may request a hearing pursuant to A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department shall certify or recertify an EMT for two years:
1. Except as provided in R9-25-405; or
 2. Unless revoked by the Department pursuant to A.R.S. § 36-2211.
- E. An individual whose EMT certificate is expired shall not apply for recertification, unless the individual has been granted an extension to file an application for EMT recertification under R9-25-407 or submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the EMT certification as provided in R9-25-406.
- F. An individual whose EMT certificate is expired or denied by the Department may apply for certification pursuant to R9-25-404; ~~or, if applicable, R9-25-405.~~
- G. The Department shall keep confidential all criminal justice information received from the Department of Public Safety or any local, state, tribal, or federal law enforcement agency and shall not make this information available for public record review.

R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), and (6))

- A. An individual who holds current and valid certification as an EMT in Arizona may, before the expiration date of the individual's current EMT certification, apply for recertification at the same level of EMT certification currently held or at a lower level of EMT certification.
- ~~B.~~ An individual whose certification as an EMT in Arizona has an expiration date within the past 30 days may apply for recertification at the same level of EMT certification or at a lower level of EMT certification.

~~B.C.~~ To apply for recertification, an applicant shall submit to the Department an application including:

1. An application form provided by the Department containing:
 - a. The applicant's name, address, telephone number, date of birth, and social security number;
 - b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A);
 - c. An indication of the level of EMT certification currently held or with an expiration date within the past 30 days and of the level of EMT certification for which recertification is requested;
 - d. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - e. The applicant's signature and date of signature;
2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A), a detailed explanation and supporting documentation; and
3. If applicable, a copy of each EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction that the applicant holds.

~~C.D.~~ In addition to the application, an applicant shall submit the following to the Department:

1. For EMT-B recertification, either:
 - a. A certificate of course completion signed by the training program director designated for the course session showing that within two years before the expiration date of the applicant's current certificate, the applicant completed either the:

Notices of Final Rulemaking

- i. Arizona EMT-B refresher, as defined in R9-25-306; or
 - ii. Arizona EMT-B refresher challenge examination, as defined in R9-25-306; or
 - b. Evidence of current NREMT-Basic registration;
2. For EMT-I(99) recertification, either:
 - a. Attestation that the applicant:
 - i. Has completed continuing education as required under subsection (~~DE~~), and
 - ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (~~DE~~); or
 - b. Evidence of current NREMT-Intermediate registration; ~~or~~
3. For EMT-P recertification, either:
 - a. Attestation that the applicant:
 - i. Has completed continuing education as required under subsection (~~DE~~), and
 - ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (~~DE~~); or
 - b. Evidence of current NREMT-Paramedic registration; and
4. For an application submitted within 30 days after the expiration date of EMT certification, a nonrefundable certification extension fee of \$150 in the form of a certified check, business check, or money order made payable to the Arizona Department of Health Services.

~~D.E.~~ An EMT required to attest to completion of continuing education under subsection (~~ED~~)(2)(a) or (~~ED~~)(3)(a) shall complete 60 clock hours of continuing education in the two years before the expiration date of the EMT's current certification or, if applicable, before the end of an extension period granted under R9-25-407, as follows:

1. Seven clock hours through proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
2. No more than 48 clock hours for completion of the Arizona ALS refresher;
3. No more than 12 clock hours for passing the Arizona ALS refresher challenge examination;
4. No more than 20 clock hours of training in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
5. No more than 20 clock hours of teaching in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
6. No more than 20 clock hours of training related to skills, procedures, or treatments authorized under Article 5 of this Chapter;
7. No more than 20 clock hours of teaching related to skills, procedures, or treatments authorized under Article 5 of this Chapter;
8. No more than 20 clock hours of training in current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
9. No more than 20 clock hours of participation in or attendance at meetings, conferences, presentations, seminars, or lectures designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
10. No more than 16 clock hours of training in advanced trauma life support;
11. No more than 16 clock hours of training in pediatric emergency care; and
12. If the individual is certified as an EMT-I(85) and desires to apply for recertification as an EMT-I(99) as provided under R9-25-412, by completing the Arizona EMT-Intermediate transition course, defined in R9-25-301.

~~E.F.~~ The Department shall not issue recertification as an EMT-I(85).

G. If an individual submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the individual's EMT certification, the individual:

1. Was authorized to act as an EMT during the period between the expiration date of the individual's EMT certification and the date the application was submitted, and
2. Is authorized to act as an EMT until the Department makes a final determination on the individual's application for recertification.

H. If an individual does not submit an application for recertification before the expiration date of the individual's EMT certification or, with a certification extension fee, within 30 days after the expiration date of the individual's EMT certification, the individual:

1. Was not authorized to act as an EMT during the 30-day period after the expiration date of the individual's EMT certification, and
2. Is not eligible for recertification.

I. The Department may deny, based on failure to meet the standards for recertification in A.R.S. Title 36, Chapter 21.1 and this Article, an application submitted with a certification extension fee.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 26. ~~ARIZONA~~ COMMISSION FOR THE DEAF AND THE HARD OF HEARING

[R07-155]

PREAMBLE

1. Sections Affected

Article 5
R9-26-501
R9-26-502
R9-26-502
R9-26-503
R9-26-503
R9-26-504
R9-26-504
R9-26-505
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R9-26-517
R9-26-518

Rulemaking Action

Amend
Amend
Repeal
New Section
Repeal
New Section
Repeal
New Section
New Section
Repeal
New Section
New Section
New Section
New Section
New Section
New Section
New Section

2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statute: A.R.S. § 36-1946(1), (2), and (3)
Implementing statute: A.R.S. §§ 36-1971, 36-1973, 36-1974, 36-1975, and 36-1976

3. The effective date for the rules:

May 1, 2007

The rules will be effective immediately under A.R.S. § 41-1032(A)(2). The immediate effective date is necessary to enable the Commission to comply with A.R.S. § 36-1946(6), which requires the Commission to license interpreters for the deaf and the hard of hearing beginning September 1, 2007, and to facilitate compliance with A.R.S. § 36-1971(A), which requires that an individual not practice as an interpreter for the deaf and the hard of hearing after October 1, 2007, unless licensed by the Commission. With an immediate effective date, there will be less than five months for interpreters to submit an application for licensure and the Commission to process all of the applications.

The need for an immediate effective date does not result the Commission's delay or inaction. The Commission began to work on the rules as soon as the statute requiring licensure was enacted in 2000. Indeed, a Notice of Rulemaking Docket Opening was published at 8 A.A.R. 2850 (July 5, 2002) and a Notice of Proposed Rulemaking was published at 9 A.A.R. 3118 (July 18, 2003). A Notice of Final Rulemaking was submitted to the Governor's Regulatory Review Council in October 2003. Following review by Council staff and receipt of comments from interpreters, the Commission withdrew the rule package.

A second Notice of Rulemaking Docket Opening was published at 10 A.A.R. 4600 (November 12, 2004) and a second Notice of Proposed Rulemaking was published at 10 A.A.R. 4825 (December 3, 2004). In response to comments from interpreters, the Commission established a licensure workgroup to help develop the rules. The Commission also hired a professional facilitator to assist with the process and a contract rule writer.

The licensure workgroup met approximately 19 times between March 2005 and January 2007. A second contract rule writer was hired in October 2005. A third Notice of Rulemaking Docket Opening was published at 12 A.A.R. 2848

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(August 11, 2006). The Commission approved the proposed rules on January 18, 2007, and a third Notice of Proposed Rulemaking was published at 13 A.A.R. 245 (February 2, 2007).

4. List of all previous notices appearing in the Register addressing the final rules:

Notice of Rulemaking Docket Opening: 12 A.A.R. 2848, August 11, 2006

Notice of Proposed Rulemaking: 13 A.A.R. 245, February 2, 2007

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

Name: Carmen Green, Deputy Director
Address: Commission for the Deaf and the Hard of Hearing
1400 W. Washington Street, Ste. 126
Phoenix, AZ 85007
Telephone: (602) 542-3362
Fax: (602) 542-3380
E-mail: Carmen.green@acdhh.state.az.us

6. An explanation of the rules, including the agency's reasons for initiating the rulemaking:

Beginning October, 2007, unless exempt under A.R.S. § 36-1971(C), an individual who practices as an interpreter for the deaf and the hard of hearing is required to be licensed by the Commission. Currently, the Commission issues a certificate of competency to individuals who meet specified criteria. These rules implement the new licensing requirements.

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

None

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

Not applicable

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

Most of the economic impact on individuals who practice as an interpreter for the deaf and the hard of hearing results from statute. It is statute that requires licensure, establishes three license categories, requires that an application fee be paid, requires annual license renewal, prescribes eight grounds for license revocation or suspension, and requires notice and opportunity for hearing before disciplinary action is taken.

The economic impact of the rules results from the Commission prescribing an application form and process, establishing the application fee, exercising its discretion to require continuing education as a condition of license renewal, and establishing a disciplinary process that complies with law.

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

The rules as published in proposed form contained a Section regarding complaint procedures and another Section regarding the Interpreter Advisory Committee. Because of a large volume of comment regarding composition of the Interpreter Advisory Committee, the Commission decided to reevaluate composition of the IAC. As a result, in this rulemaking, the two referenced Sections have been separated from the remaining Sections. Because the Commission is required by statute to begin issuing licenses on September 1, 2007, the Commission has included in this rulemaking only the Sections that will enable it to fulfill this responsibility.

Additionally, in response to comments, the Commission:

- Deleted definitions of CDI-P and CLIP, which are certifications no longer issued by RID, after determining that the certifications were not listed as qualifying an individual for any license.
- Added the CLIP-R as a certification that qualifies an individual for a Class D Legal license because this recognizes a certification that a deaf or hard-of-hearing interpreter may have. This is not a substantial change because an individual is required by RID to have a CDI or RSC, which were listed in the Notice of Proposed Rulemaking, before being allowed to test for the CLIP-R.
- Added the OIC as a certification that qualifies an individual for a Class D Legal license because this recognizes a certification that a hard-of-hearing interpreter may have. This is not a substantial change because the OIC, which was listed as a qualifying certification for a generalist license, has been replaced by RID with the OTC, which was listed as a qualifying certification for a Class D Legal license. The population of hard-of-hearing interpreters who have the OIC but not the OTC is small or non-existent.

Other minor changes were made at the suggestion of Council staff.

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11. A summary of the comments made regarding the rules and the agency response to them:

Oral proceedings were held in Phoenix, Tucson, and Flagstaff. Numerous comments were received regarding the Sections in this rule package. Comments regarding the Sections not included in this rule package are not addressed because they will be addressed in a Notice of Supplemental Proposed Rulemaking. The comments and the Commission's analysis of and response to each follow. None of the changes made is substantial under the standards at A.R.S. § 41-1025(B).

COMMENT	COMMISSION ANALYSIS	RESPONSE
The rules need to consider those who live in rural areas where interpreter services are very limited.	As the rules were developed, the workgroup was very aware of the limited interpreter services in rural areas. This is why the rules establish multiple classes of the various kinds of licenses and accept a wide variety of certifications as qualification for a license.	No change
Delete the definition of CDI-P and CLIP. RID no longer offers these certifications.	The Commission determined that these certifications are not listed as a qualification for licensure in any category.	The reference was deleted.
Add the CLIP-R as a certification that qualifies an individual for the Class D Legal Interpreter License.	Although an individual who enrolls for training in RID's CLIP-R program is required to have a CDI or RSC, the Commission determined that specifying the CLIP-R as a qualification for the Class D Legal Interpreter license was appropriate.	The CLIP-R was added as a RID certification that qualifies an individual to hold a Class D Legal Interpreter license.
Recommend requiring 100, rather than 25, hours of paid interpreting after initial certification to qualify for a Class D Legal Interpreter License.	The Commission is mindful that it is difficult for a deaf or hard-of-hearing interpreter to obtain paid hours of interpreting. Additionally, the rules establish minimum standards. The Commission believes the 25-hour requirement is reasonable to ensure that a deaf or hard-of-hearing interpreter is qualified.	No change
Recommend not requiring an individual to pass the written portion of the RID or NIC examination to qualify for a provisional license. This is especially important for deaf or hard-of-hearing interpreters for whom passing the written portion of the CDI is very difficult.	Without the requirement to pass the written portion of the RID or NIC examination, an individual would qualify for a provisional license with only a week or two of training and a similar amount of work experience. The Commission views passing the written portion of an examination as necessary to ensure that a provisional licensee is qualified.	No change
The rules use the phrase "the Commission" ninety times. Only once do the rules indicate that something will be done by Commission staff. According to the rules, the Commission performs licensing activities, decision making, and evaluation. What does the word "Commission" mean? Does it include Commission staff?	"Commission" is defined at A.R.S. § 36-1941, which is referenced in R9-26-501. It means the Commission for the Deaf and the Hard of Hearing, as established by A.R.S. § 36-1942. "Commission" does not include staff employed by the Commission. Staff performs administrative and ministerial acts that support the work of the Commission. It is the Commission that makes all licensing and discipline decisions.	No change

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<p>Many groups of stakeholders were not involved in the rulemaking process. Among those excluded were holders of EIPA, recent graduates of IPP programs, and oral interpreters.</p>	<p>This rulemaking has been in process for almost five years. The process produced two previous notices of proposed rulemaking, each of which was followed by 30 days for public comment. There have been numerous meetings, all of which have been open to the public. Any stakeholder had opportunity to participate in the process.</p>	<p>No change</p>
<p>There is no listing of what verification is required for an applicant to qualify for one provisional license class rather than another.</p>	<p>A list of acceptable verification is at R9-24-505(C).</p>	<p>No change</p>
<p>Saying that certain matters are “administrative” leaves decisions that could have a serious impact on our livelihoods in the hands of people who do not have our best interests in mind.</p>	<p>No decision that could seriously impact the livelihood of an interpreter is left in the hands of staff. All licensing and discipline decisions are made by the Commission.</p>	<p>No change</p>
<p>Why is there no mention that the fees and costs of following the state’s calendar for continuing education will likely result in those costs being passed to consumers.</p>	<p>All costs and benefits are discussed at length in the EIS, which accompanies this rule package.</p>	<p>No change</p>
<p>The definition of continuing education seems narrower than the RID definition, which allows general studies to count for continuing education.</p>	<p>Although not required to make the state’s continuing education requirement the same as that of RID, the Commission made the requirement sufficiently similar that it will not impose an economic hardship on licensees. The Commission believes that continuing education should relate to the profession of interpreting.</p>	<p>No change</p>
<p>Change R9-26-505(A)(3)(b)(i) to say “prior to applying for a license” rather than “before the effective date of this Article.” If this change is not made, an interpreter who comes to Arizona some years from now will have to apply for a Class C provisional license rather than a Class B.</p>	<p>The referenced subsection is the Commission’s effort to “grandfather” interpreters with an EIPA or recent graduates who have been working as a paid interpreter. It does not matter when the individual applies for a license. However, an individual who begins working as an interpreter after the effective date of the rules will have notice of the licensing requirements and will not be eligible for the grandfathering.</p>	<p>For additional clarification, the phrase “before the effective date of this Article” was changed to “before May 1, 2007.”</p>
<p>Define “interpret/interpreting.”</p>	<p>“Interpreting” is defined at A.R.S. § 36-1941, which is referenced in R9-26-501.</p>	<p>No change</p>
<p>Define “hospitality interpreting,” which occurs when a party does not have a language in common with a licensee but the parties agree to make do.</p>	<p>Under the RID Code of Professional Conduct, an interpreter is required to accept an interpreting assignment only if qualified to do so. An interpreter should carefully consider whether he or she is qualified to interpret in a situation in which the interpreter does not share a language with the party for whom interpreting is being done.</p>	<p>No change</p>
<p>Define “CAC,” which means complaint advisor committee.</p>	<p>The rules use neither “CAC” nor “complaint advisor committee.”</p>	<p>No change</p>

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<p>The application form should allow an applicant to submit the applicant's Social Security number separate from the application. Is it possible to use a number other than the Social Security number?</p>	<p>The Commission will safeguard an applicant's Social Security number. It will not be used as a license number. State law requires the Commission to obtain a licensee's Social Security number for enforcement of child-support orders.</p>	<p>No change</p>
<p>An audit of continuing education occurs only at renewal. Does this mean that after a renewal is granted, documentation can be discarded?</p>	<p>No. R9-26-510(D) requires a licensee to maintain certificates of attendance for three years.</p>	<p>No change</p>
<p>The timeline for holding a rehearing, if granted, seems short.</p>	<p>The timeline is consistent with the law.</p>	<p>No change</p>
<p>While the intent is admirable, there are problems with allowing a complaint to be submitted by videotape.</p>	<p>The Commission will not impose an artificial barrier to someone who needs to communicate with it. Any individual who wishes to communicate with the Commission by videotape may do so. When a complaint is submitted by videotape, the Commission will have it interpreted and provide the complainant with an opportunity to review the interpretation. Any interview that involves an individual who is deaf or hard of hearing will be interpreted. It is the responsibility of the state to provide free interpreting services. It is required by law.</p>	<p>No change</p>
<p>The Commission should not reveal the status of a licensee just as MVD does not reveal information about those with a driver license.</p>	<p>The fact that an individual does or does not have a license issued by the Commission and the type of license held will be public information. The Commission will ask what other information an individual would like to have posted on its web site. The Commission has not made a decision about posting complaint and discipline information but is mindful that most licensing boards post this information.</p>	<p>No change</p>
<p>If RID makes changes to the Code of Professional Conduct, will Arizona interpreters still be accountable for following the 2005 version of the Code?</p>	<p>State law requires the Commission to incorporate written materials as of a specific date. If the materials are updated, the Commission must do another rulemaking to incorporate the updated materials. If RID updates the Code, the Commission will do the rulemaking necessary to incorporate the updated Code. Until that rulemaking is complete, Arizona interpreters will follow the 2005 Code.</p>	<p>No change</p>

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<p>There appears to be incongruence between the qualifications of a Class B and Class C provisional licensee and the manner in which each is required to work. A Class B provisional licensee has much more work experience than a Class C. It would seem that a Class B provisional licensee should be able to work under direct supervision rather than with a mentor or as part of a team.</p>	<p>The commenter appears to have confused the two classifications of provisional licensee. A Class B provisional licensee does have considerably more work experience than a Class C provisional licensee. As a result, a Class B provisional licensee is able to work with a mentor or as part of a team. This manner of work is much less stringent than the direct supervision required for a Class C provisional licensee. Contrary to the comment, direct supervision provides more rather than less "oversight."</p>	<p>No change</p>
<p>An individual who registers to interpret in Arizona for a short term should have to hold a national RID certification.</p>	<p>A.R.S. § 36-1971 (C)(1) allows an individual to provide non-legal interpreting services in Arizona for less than 20 days by simply registering with the Commission.</p>	<p>No change</p>
<p>Add the following RID certifications, which are still valid although RID no longer issues the certifications and are important to hard-of-hearing interpreters: OIC:C, OIC: S/V, and OIC: V/S.</p>	<p>OIC is defined in R9-26-501 and indicates that there are three categories of the certification. The OIC is listed as a qualification for a generalist license. The Commission added the OIC as a qualifying certification for a Class D Legal license.</p>	<p>The OIC was added as a certification that qualifies an individual for a Class D Legal license.</p>
<p>There is no objective rationale for the fees established. What are the budget projections for licensing by the Commission? What happens to excess money collected? Because the Commission has a budget of more than \$5 million and no plan to expand its licensing staff, what is the basis of the fees?</p>	<p>The individual who holds, and derives the benefits from, an interpreter license should be required to pay all costs associated with obtaining the license. As made clear in the EIS attached to this rule package, the fees established by the Commission do not accomplish this goal because they do not cover all costs associated with licensing. These costs include not only those associated with processing applications and issuing licenses but also, the grievance and discipline procedures, renewals, and monitoring continuing education. No excess fees will be collected.</p>	<p>No change</p>
<p>The information regarding pro-rating of fees is not clear. Develop a sheet that explains the additional pro-rated cost that is submitted with an initial application.</p>	<p>The Commission added pro-rating of fees at the request of members of the workgroup. A sheet that lists the additional amount required, which is based on an applicant's birth date and date of application, will be provided.</p>	<p>No change</p>

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<p>With regard to audit of compliance with continuing education, how is the random sample determined, who picks the names, and how many successive renewal times can an interpreter be audited?</p>	<p>There are numerous ways to determine a random sample but, using a table of random numbers is the easiest. The size of the sample needed, which is an administrative decision made by Commission staff, will determine how many names are chosen. The table of random numbers will determine which name is chosen first. That random number and the sample size required “pick” the names. While unlikely, it is possible for an interpreter to be audited every year.</p>	<p>No change</p>
<p>There are not enough interpreters in Arizona and I believe the rules will compound this problem. It will be next to impossible for a provisional licensee to find someone to act as a mentor, especially in rural areas.</p>	<p>The Commission is well aware of these difficulties. This is why the Commission requires that a provisional licensee be observed by a mentor only once a month. Although the Commission hopes to grow the pool of qualified interpreters in Arizona, the Commission is committed to focusing on quality rather than quantity.</p>	<p>No change</p>
<p>The rules will have potential financial ramifications--educational institutions may have to revamp programs and graduates may have to hire a mentor.</p>	<p>It is expected that educational institutions may want to revamp programs to ensure that graduates are able to qualify for licensure. Students certainly may decide which institution to attend based on its record for producing qualified graduates. Graduates in many professional fields incur the expense of becoming qualified to hold a position.</p>	<p>No change</p>
<p>There is confusion regarding educational interpreting and the licensing requirements. Is it true that an unlicensed interpreter can provide interpreting services for an individual who is 18 years old, on or off campus?</p>	<p>A.R.S. § 36-1971(C)(5) exempts from licensing an interpreter who works in a school pursuant to the individual education plan of a deaf or hard-of-hearing pupil. Additionally, the school district is required to inform the parent or guardian of the deaf or hard-of-hearing pupil of the right to request a licensed interpreter. The law says nothing about the age of the pupil. The only requirements for exemption are that the interpreting be provided pursuant to a pupil’s IEP and “in a school.”</p>	<p>No change</p>
<p>Is an interpreter who works at religious activities exempt from licensing even if the interpreter is paid?</p>	<p>A.R.S. § 36-1971(C)(2) exempts from licensing an interpreter who provides interpreting services at religious activities. The law says nothing about whether the interpreter is paid or not paid. Notice also that the law says nothing about where the religious activities occur.</p>	<p>No change</p>
<p>The language in R9-26-505(A)(1)(b) is not clear. Does “80 hours” of “interpreter preparation training” mean 80 hours of interpreter classes or 80 hours of degree-related work?</p>	<p>The word “hour” means 60 minutes. It does not refer to credits earned for training. It does not refer to a degree. The 80 hours of interpreter-preparation training must be from an accredited college or university or a RID-approved program. Whatever the college, university, or RID defines as comprising “interpreter-preparation training” is included.</p>	<p>Clarifying language was added to R9-26-505(A)(1).</p>

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12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

None

13. Incorporations by reference and their location in the rule:

Registry of Interpreters for the Deaf, NAD-RID Code of Professional Conduct, 2005, 333 Commerce Street, Alexandria, VA 22314, or www.rid.org, incorporated at R9-26-501.

14. Were these rules previously made as emergency rules?

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 26. ~~ARIZONA~~ COMMISSION FOR THE DEAF AND THE HARD OF HEARING

ARTICLE 5. ~~INTERPRETER CERTIFICATION~~ LICENSURE AND REGULATION

Section

R9-26-501.	Definitions
R9-26-502.	Process for Obtaining Interpreters <u>License Application</u>
R9-26-503.	Sign Language Interpreter Certification <u>Application for Generalist Interpreter License</u>
R9-26-504.	Temporary Sign Language Interpreter Certification <u>Application for Legal Interpreter License</u>
R9-26-505.	Expired Application for Provisional Interpreter License
R9-26-506.	Oral Interpreter Certification <u>Short-term Registration of an Interpreter</u>
R9-26-507.	Realtime Reporter Certification <u>License Renewal</u>
R9-26-508.	Application Processing Procedures; Issuance; Denial <u>Licensing Fees</u>
R9-26-509.	Certification Renewal <u>Procedures for Processing Applications; Time-frames</u>
R9-26-510.	Certification Revocation <u>Continuing Education Requirement</u>
R9-26-511.	Rehearing or Review of Decisions <u>Audit of Compliance with Continuing Education Requirement</u>
R9-26-512.	<u>Making a Complaint</u>
R9-26-515.	<u>Hearing Procedures</u>
R9-26-516.	<u>Rehearing or Review of Commission Decision</u>
R9-26-517.	<u>Disciplinary Action</u>
R9-26-518.	<u>Change of Name or Address</u>

ARTICLE 5. ~~INTERPRETER CERTIFICATION~~ LICENSURE AND REGULATION

R9-26-501. Definitions

~~The~~ In addition to the definitions in A.R.S. §§ 12-242 and 36-1941, in this Article, the following definitions apply in this Article unless otherwise specified:

“ACCI” means American Consortium of Certified Interpreters, an organization that certifies interpreters at one of three levels: ACCI Generalist, ACCI Advanced, or ACCI Master.

“Accredited” means approved by the:

- New England Association of Schools and Colleges,
- Middle States Association of Colleges and Secondary Schools,
- North Central Association of Colleges and Schools,
- Northwest Association of Schools and Colleges,
- Southern Association of Colleges and Schools, or
- Western Association of Schools and Colleges.

- ~~1-~~ “Applicant” means an individual who submits a completed application, and documentation to the Council to obtain a certificate of competency seeking an original or renewal license from the Commission.
- ~~2-~~ “Application” means a form provided to applicants by the Council, requiring the following information the documents, forms, and additional information required by the Commission to be submitted by or on behalf of an applicant:
 - ~~a-~~ A photograph, measuring not less than 1 inch by 1 inch, of the applicant that was taken within five years of the date of filing the application;
 - ~~b-~~ The applicant's full current name and any former names;
 - ~~e-~~ The applicant's current address and telephone number;
 - ~~d-~~ The applicant's social security number;
 - ~~e-~~ Whether the applicant previously has applied for a certificate of competency;
 - ~~f-~~ The applicant's notarized signature, attesting to the truthfulness of the information provided by the applicant; and

- g. The documentation required by this Article.
3. "ASL" means American Sign Language, the visual language used by deaf persons in the United States to communicate.
 4. "CDI" means a certified deaf interpreter certificate, a certification issued by RID, evidencing that the certificate holder is deaf or hard of hearing, and performs at or above RID standards for deaf interpreters, but provides interpretation services with a hearing qualified interpreter.
 5. "Certificate of competency" means a certificate issued by the Council indicating that the certificate holder has met the criteria set forth in this Article for the provision of interpretation services to deaf persons in court proceedings, government entity proceedings, and law enforcement encounters.
 6. "Certification" means a currently valid card issued by RID, with the word "certified", and the categories in which the cardholder is certified, listed under the cardholder's name.
 7. "Certified copy" means having a copy of the original document notarized as being a true and accurate copy of the original.
 8. "CI" means certificate of interpretation, a certification issued by RID, evidencing that the certificate holder performs at or above RID standards for sign language interpreters who interpret between ASL and English in both sign to voice and voice to sign.
"CLIP-R" means conditional legal interpreting permit--relay, a certification issued by RID to a deaf or hard-of-hearing interpreter or transliterator who works in a legal setting.
 9. "Continuing legal education" means seminars sponsored by a bar association, law firm, law department, or government entity, at which attendance is not limited to members of the association, firm, department, or entity, and that constitute an organized program of learning, dealing with matters directly related to the practice of law, and following an agenda defined by written materials or exercises distributed as part of the program a workshop, seminar, lecture, conference, class, or other educational activity relevant to the practice of interpreting.
 10. "Council" means the Council for the Hearing Impaired.
 11. "Court" means a place where people are officially assembled for the administration of justice, including all proceedings before every Grand Jury, Municipal Court, Justice Court, Magistrate Court, Superior Court, Court of Appeals, and Supreme Court in Arizona.
 12. "CRR" means a certified realtime reporter certification issued by the NCRA, reflecting that the certificate holder has the training, experience, skills, and equipment to provide realtime on-screen translation, with at least 96% accuracy, for a deaf person in a proceeding.
 13. "CSC" means a comprehensive skills certificate, a certification issued by RID, evidencing that the certificate holder performs at or above RID standards for sign language interpreters who interpret between ASL and English, and convert spoken English to an English based sign system, in both sign to voice and voice to sign.
 14. "CT" means a certificate of transliteration, a certification issued by RID and evidencing that the certificate holder performs at or above RID standards for sign language interpreters who convert spoken or written English to an English based sign system, in both sign to voice and voice to sign.
 15. "Custody" means that a person in a law enforcement encounter is not free to leave.
 16. "Deaf person" means a person who is unable to fully process linguistic information through hearing, including any person who has an average pure tone decibel loss greater than 20dB in the better ear, any person who is observed by a court, government entity, or law enforcement personnel, without an interpreter, to need communication assistance to effectively participate in the proceeding, or any person who is hard of hearing, regardless of whether they wear hearing aids.
"Direct supervision" means an individual licensed under R9-26-503 or R9-26-504 is physically present when an individual licensed under R9-26-505 provides interpreting services.
"EIPA" means educational interpreter performance assessment, a diagnostic tool that measures proficiency in interpreting for children or young adults in an educational setting.
 17. "English-based sign system" means using conceptually accurate American signs in English syntax. This is distinguishable from finger spelling using the alphabet, and from ASL, which also uses American signs, but not necessarily in conceptually accurate English syntax.
 18. "Executive Secretary" means the executive officer of the Council who is responsible for implementing the Council's programs and activities, under A.R.S. § 36-1942.
 19. "Government entity" means any department, board, commission, agency, or licensing authority of Arizona, or a political subdivision of Arizona.
"Generalist interpreter" means an individual who provides interpreting in any community setting for which the individual is qualified by education, examination, and work history.
 20. "Intermediary interpreter" means a person holding a CDI certificate, an RSC certificate, or any person that a deaf person chooses to assist with interpretation services between the deaf person and a qualified interpreter.
"IAC" means interpreter advisory committee.
"IC" means interpretation certificate, a certification issued by RID.

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- “Interpreter” means an individual who provides interpreting.
21. “Law enforcement encounter” means any situation where a deaf person is questioned, arrested, or taken into custody for any alleged violation of Arizona criminal law, by any law enforcement personnel.
“Legal interpreter” means an individual who is qualified by education, examination, and work history to provide interpreting in a legal setting.
“Class A legal interpreter” means a legal interpreter who provides interpreting in court, a police environment, or administrative adjudicatory proceedings.
“Class B legal interpreter” means a legal interpreter who provides interpreting in administrative adjudicatory proceedings only.
“Class C legal interpreter” means a legal interpreter who provides interpreting in a legal setting when teamed with a Class A or Class B legal interpreter.
“Class D legal interpreter” means a legal interpreter who is also either a deaf or hard-of-hearing interpreter or an oral transliterator.
“Legal training” means a structured program presented by the Commission, a court, Bar Association, law-enforcement association, RID, accredited institution, or comparable organization, providing information relevant to legal interpreting such as the following:
The requirements of A.R.S. § 12-242.
The structure of the judiciary system of this state.
The judiciary process of this state.
Administrative adjudicatory procedures.
Law enforcement procedures related to interpreting, or
Commonly used legal terms.
“Licensee” means an interpreter who holds a current license issued under A.R.S. § 36-1974 and this Article.
“Mentor” means an individual licensed under R9-26-503 or R9-26-504 who agrees to assist a provisional licensee to develop as an interpreter by occasionally observing the provisional licensee providing interpreting services and providing feedback.
“MCSC” means master comprehensive skills certificate, a certification issued by RID.
22. “NCRA” means the National Court Reporters Association.
23. “OIC” means an oral interpretation certificate issued by RID, evidencing that the certificate holder performs at or above RID standards for oral interpreters.
24. “Oral Interpreter” means a person who mouths a spoken message so that a deaf person can accurately speech read and understand the intent of the spoken message, and who accurately verbalizes the message and intent of the deaf person's speech and mouth movements.
“NAD” means the National Association of the Deaf, which issues three levels of certification: NAD III (generalist), NAD IV (advanced), and NAD V (master).
“NIC” means National Interpreter Certification, a certification issued by NAD-RID at one of three levels, NIC Certified, NIC Advanced, or NIC Master.
“OIC” means oral interpreting certificate, a certification issued by RID in one of three categories: comprehensive, spoken to visible, or visible to spoken.
“Oral transliteration” means to facilitate communication between an individual who is deaf or hard of hearing and an individual who hears by using inaudible speech and natural gestures to convey a message to the deaf or hard-of-hearing individual and understanding and verbalizing the message and intent of the speech and mouth movements of the individual who is deaf or hard of hearing.
“OTC” means oral transliteration certificate, a certification issued by RID.
25. “Party” means a deaf person who is a parent of a juvenile, a witness, complainant, defendant, or attorney in a court proceeding; a deaf person who is a principal party of interest, or a witness in a government entity proceeding; or a deaf person who is a defendant, or a criminal suspect in a law enforcement encounter.
26. “Proceeding” means any civil, criminal, or grand jury proceeding; any government entity proceeding; or any law enforcement encounter.
“Provisional interpreter” means an individual who is qualified by education, examination, and work history to provide interpreting while pursuing RID certification.
“Class A provisional interpreter” means a provisional interpreter who provides oral transliteration and does not have an OTC.
“Class B provisional interpreter” means a provisional interpreter who was paid for interpreting services before the effective date of this Article and is qualified to provide interpreting services when working with a mentor or when teamed with an individual licensed under R9-26-503 or R9-26-504.
“Class C provisional interpreter” means a provisional interpreter who is qualified to provide interpreting services only under direct supervision.
“Class D provisional interpreter” means a provisional interpreter who is deaf or hard of hearing and does not

- have a CDI.
27. "Qualified interpreter" means a person who has a certificate of competency issued by the Council, and who is a court reporter who provides realtime translation, a sign language interpreter, or an oral interpreter. an individual licensed under this Chapter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary required by the interpreting situation.
28. "Realtime translation" means a court reporter's computer-aided method of accurately and simultaneously translating and displaying spoken words, including punctuation, in live proceedings, within five seconds of steno type input, for a deaf person to read.
29. "RID" means Registry of Interpreters for the Deaf.
30. "RSC" means a reverse skills certificate, which is the prior name of a CDI, and is synonymous with CDI a certification issued by RID.
31. "SC:L" means specialist certificate: legal, a certification issued by RID, evidencing that the certificate holder has specialized knowledge of the legal system, and performs at or above RID standards for interpreting in proceedings.
"SC:PA" means specialist certificate: performing arts, a certification issued by RID.
32. "Sign language interpreter" means a person who has a: (1) CI and CT; (2) CSC; (3) CDI; (4) RSC; or (5) SC:L certification from RID.
33. "Speech read" means determining what a person is saying by the person's mouth movements, body language, and the context of the conversation.
34. "Supervision" means that the supervising qualified interpreter has direct, in-person contact with the interpreter that he or she is supervising, and provides orientation information to the supervisee about providing interpreter services in proceedings, observes the supervisee providing interpretation services in proceedings, has the supervisee observe the supervisor providing interpretation services in proceedings, and provides feedback to the supervisee about the supervisee's performance.
"TC" means transliteration certificate, a certification issued by RID.
"Team" means two or more licensed interpreters providing interpreting for an individual or group of individuals during a single interpreting session.
"Unprofessional conduct," as used in A.R.S. § 36-1976, means violation of the NAD-RID Code of Professional Conduct, 2005, which is incorporated by reference and available from the Commission and RID, 333 Commerce Street, Alexandria, VA 22314, or www.rid.org. The material incorporated includes no later edition or amendment.

R9-26-502. Process for Obtaining Interpreters License Application

- A.** The court, government entity, or law enforcement personnel responsible for obtaining a qualified interpreter in any proceeding where a deaf person is a party, shall follow the steps stated in subsection (B).
- B.** The court, government entity, or law enforcement personnel shall:
1. Determine whether a party is a deaf person, either based on the party's request, or on the observation of the court, governmental entity, or law enforcement personnel;
 2. Once a party is determined to be deaf, determine from the deaf person whether the deaf person needs sign language interpretation, oral interpretation, court reporter realtime translation, or a combination of interpretation services;
 3. Determine, for sign language interpretation services, whether the deaf person needs ASL or an English-based sign system;
 4. Arrange for a qualified interpreter to provide interpretation services; and
 5. Determine from the deaf person whether the qualified interpreter meets the deaf person's communication needs at the outset of the proceeding or encounter, either upon complaint by the deaf person, or by observation of the court, government entity, or law enforcement personnel.
- C.** The deaf person may object to the qualified interpreter because the interpreter cannot meet the deaf person's communication needs. The court, government entity, or law enforcement personnel shall then appoint either an intermediary interpreter to work with the qualified interpreter or may provide another qualified interpreter that can meet the deaf person's communication needs.
- A.** An applicant for an original license shall submit to the Commission the following information, on an application form provided by the Commission:
1. Applicant's full name;
 2. Applicant's Social Security number;
 3. Applicant's home or business address;
 4. Applicant's e-mail address;
 5. Applicant's home, business, or mobile telephone number;
 6. Applicant's birth date;
 7. Any name by which the applicant has ever been known;
 8. Category of licensure for which application is made and if applicable, the class of legal or provisional interpreter license for which application is made;
 9. Name of any state or foreign country in which the applicant is or has been licensed or certified to practice as an inter-

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preter, the license or certificate number, date issued, date expired, and a statement whether the license or certificate is or has ever been the subject of discipline and if the answer is yes, a complete explanation of the discipline including date, nature of complaint, and discipline imposed;

10. A statement of whether the applicant has ever been denied a license or certificate to practice as an interpreter by a government licensing authority and if the answer is yes, a complete explanation of the denial including date, name of the government licensing authority, and reason for denial;
11. A statement of whether the applicant has ever been convicted of a felony or of an offense involving moral turpitude in this or any other jurisdiction and if the answer is yes, a complete explanation of the charge and place and date of conviction;
12. A statement of whether the applicant has been adjudicated insane or incompetent and if the answer is yes, a complete explanation including date and place of adjudication;
13. A statement of whether the applicant wishes to have the applicant's professional credentials and contact information listed on the Commission's web site and in Commission materials; and
14. A statement signed by the applicant verifying the truthfulness of the information provided and affirming that the applicant will comply with the NAD-RID Code of Professional Conduct.

B. In addition to the form required under subsection (A), an applicant shall submit or have submitted on the applicant's behalf the following:

1. Documentation of name change if the applicant is applying under a name different from the name on the applicant's credentials;
2. A photocopy of the applicant's:
 - a. High school diploma or GED, or
 - b. Diploma from an accredited college or university;
3. If the answer to subsection (A)(10), (A)(11), or (A)(12) is yes, a copy of any relevant order; and
4. The fee required under R9-26-508.

R9-26-503. Sign Language Interpreter Certification Application for Generalist Interpreter License

A. ~~The Council may issue a certificate of competency to an applicant who files an application with the Council, and submits all of the following:~~

1. ~~A certified copy of the applicant's sign language interpreter RID certification;~~
2. ~~An affidavit signed by the applicant, and notarized, attesting whether the applicant:~~
 - a. ~~Is a CI and CT, CSC, or SC:L certificate holder and has at least 2,000 hours of sign language interpreting experience within the five years immediately preceding the date of filing the affidavit with the Council, or is a CDI or RSC certificate holder and has at least 50 hours of sign language interpreting experience within the five years immediately preceding the date of filing the affidavit with the Council;~~
 - b. ~~Has ever been disciplined, or is currently the subject of any disciplinary action, in any jurisdiction or before RID relating to providing interpreting services or adhering to the RID Code of Ethics, set forth in subsection (C);~~
 - c. ~~Has ever been named, or is currently named, as a defendant in any law suit alleging the applicant was negligent in providing the applicant's interpreter services or alleging that the applicant violated the RID Code of Ethics, set forth in subsection (C);~~
 - d. ~~Follows the RID Code of Ethics, set forth in subsection (C), including the obligation to be absolutely neutral in all proceedings;~~
 - e. ~~Understands that the applicant shall ensure that the applicant's interpreting skills meet the deaf person's communication needs, and that failure to do so may be grounds for revocation of the applicant's certificate of competency;~~
 - f. ~~Understands that the applicant shall complete the continuing education requirements necessary to maintain current RID certification in the category or categories in which the Council issued the applicant's certificate of competency;~~
 - g. ~~Understands that the applicant shall complete at least three clock hours of continuing legal education every year in addition to RID continuing education requirements, shall maintain accurate records of compliance with this subsection, and shall produce the records upon the Council's request; and~~
 - h. ~~Understands that the applicant shall obtain RID SC:L certification by January 1, 2005.~~
3. ~~Documentation that the applicant has provided at least 20 hours of sign language interpretation services to a deaf person under the supervision of a qualified interpreter in proceedings.~~

B. ~~After January 1, 2005, a RID SC:L certification shall be the only RID certification that shall satisfy subsection (A)(1).~~

C. ~~Interpreters shall comply with the following RID Code of Ethics requirements:~~

1. ~~Keep all interpreting assignment related information confidential;~~
2. ~~Render the message to accurately convey the content and spirit of the speaker, using language that the deaf person readily understands;~~
3. ~~Not counsel, advise, or interject personal opinions;~~
4. ~~Accept assignments using discretion with regard to their skills, the setting, and the deaf person involved;~~

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5. ~~Request compensation for services in a professional and judicious manner;~~
6. ~~Maintain high professional standards in providing services, including maintaining absolute neutrality in all proceedings; and~~
7. ~~Further their knowledge and skills by participating in workshops, professional meetings, interacting with professional colleagues, and reading current literature.~~

To apply for a generalist interpreter license, an applicant shall:

1. Comply with R9-26-502; and
2. Submit a photocopy of the front of the applicant's current RID membership card showing that the applicant holds one or more of the following certifications:
 - a. NAD III, IV, or V;
 - b. RID CDI, CI, CLIP-R, CSC, CT, IC, MCSC, OIC, OTC, RSC, SC:L, SC:PA, or TC; or
 - c. NIC Certified, Advanced, or Master.

R9-26-504. ~~Temporary Sign Language Interpreter Certification~~ Application for Legal Interpreter License

~~A.~~ The Council may issue a temporary sign language interpreter certificate of competency to an applicant, who holds a CI and CT, CSC, or CDI RID certification, to provide interpretation services in proceedings under the supervision of a qualified interpreter for one year. This applicant shall file an application with the Council, and submit the following:

1. A certified copy of the applicant's CI and CT, CSC, or CDI RID certification; and
2. The names and addresses of the applicant's qualified interpreter supervisors.

~~B.~~ The temporary certificate of competency shall automatically expire one year after the date of issue. The temporary certificate holder shall provide 20 hours of sign language interpretation services during the year that the temporary certificate is valid. If the 20 hours are not obtained before the temporary certificate expires, the applicant shall apply for another temporary certificate.

~~C.~~ Beginning January 1, 2005, the Council shall no longer issue temporary certificates of competency.

A. To apply for a legal interpreter license, an applicant shall comply with R9-26-502 and submit documentation of the following:

1. Certification by RID or NAD.
 - a. For a Class A legal interpreter license, SC:L, NIC Advanced or Master, NAD IV or V, CI and CT, or CSC is required;
 - b. For a Class B legal interpreter license, NIC Advanced or Master, NAD IV or V, CI, CT, or CSC is required;
 - c. For a Class C legal interpreter license, NIC Certified, Advanced, or Master, NAD III, IV, or V, CI, CT, or CSC is required; and
 - d. For a Class D legal interpreter license, CDI, CLIP-R, OIC, or OTC is required;
2. Hours of paid interpreting after initial certification by RID or NAD.
 - a. For a Class A, Class B, or Class C legal interpreter license, 10,000 hours are required; and
 - b. For a Class D legal interpreter license, 25 hours are required; and
3. Hours of legal training. Twenty-four hours in the five years before the date of application are required.

B. The Commission shall accept the following documentation:

1. RID or NAD certification.
 - a. A photocopy of the front of the current membership card provided by RID or NAD, and
 - b. A photocopy of the certificate provided by RID or NAD or a copy of the letter received from RID or NAD at the time of initial certification;
2. Hours of paid interpreting.
 - a. An applicant shall submit an affidavit affirming that the applicant provided the number of hours of paid interpreting required under subsection (A)(2) after initial certification by RID or NAD; and
 - b. Within the time provided under R9-26-509(F) and upon receipt of a comprehensive written request for documentation of the hours of paid interpreting provided, an applicant shall submit evidence that demonstrates the truthfulness of the affirmation provided under subsection (B)(2)(a).
3. Hours of legal training. A photocopy of a certificate of attendance from the organization providing the legal training that includes the information required under R9-26-510(C).

R9-26-505. ~~Expired~~ Application for Provisional Interpreter License

A. To apply for a provisional interpreter license, an applicant shall comply with R9-26-502 and submit documentation of the following:

1. Education. The following hours of participation in an interpreter-preparation training program offered by an accredited college or university or approved by RID:
 - a. Class A or D provisional license: 40 hours; and
 - b. Class B or C provisional license: 80 hours;
2. Examination. Pass the written portion of the NIC or RID examination; and
3. Work experience. The following hours of interpreting for which a license is not required under A.R.S. § 36-1971:

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- a. Class A provisional license: 24 hours;
 - b. Class B provisional license:
 - i. 150 hours for which the applicant received pay before May 1, 2007;
 - ii. A score of at least 4.0 on the EIPA performance test; or
 - iii. ACCI certification;
 - c. Class C provisional license: 80 hours; and
 - d. Class D provisional license: 40 hours.
- B.** In addition to the documentation required under subsection (A):
- 1. An applicant for a provisional interpreter license shall ensure that letters of recommendation are submitted directly to the Commission by two individuals who are familiar with the applicant's skill as an interpreter. An individual who submits a letter of recommendation shall use a form that is available from the Commission and provide the following information:
 - a. Name of the applicant for a provisional interpreter license;
 - b. The following information about the individual completing the letter of recommendation form:
 - i. Name;
 - ii. Telephone number;
 - iii. Interpreter license number, if any;
 - iv. How long the individual has known the applicant;
 - v. The capacity in which the individual knows the applicant; and
 - vi. Why the individual believes the individual is qualified to assess the applicant's skill as an interpreter;
 - c. An assessment of the applicant's receptive, expressive, and voicing skills; and
 - d. The individual's dated signature.
 - 2. An applicant for a Class B provisional license shall:
 - a. Have a letter submitted directly to the Commission by an individual licensed under R9-26-503 or R9-26-504 indicating that the individual agrees to:
 - i. Act as a mentor to the applicant if the applicant is granted a provisional license;
 - ii. Observe the provisional licensee providing interpreting services at least once each month;
 - iii. Provide feedback to the provisional licensee following each observation; and
 - iv. Provide 30-days notice to the provisional licensee and the Commission before terminating the mentoring relationship; and
 - b. Submit a letter to the Commission indicating that if the applicant is issued a provisional license, the applicant agrees to:
 - i. Make and maintain a record of each time the mentor observes the applicant and a summary of the feedback provided; and
 - ii. Make the record maintained under subsection (B)(2)(b)(i) available to the Commission upon request; or
 - c. Submit a letter to the Commission indicating that if the applicant is issued a provisional license, the applicant agrees to:
 - i. Team with an individual licensed under R9-26-503 or R9-26-504 for an average of eight hours each month;
 - ii. Maintain a journal that records the dates on which and the name of the licensee with whom teaming was done and a summary of any feedback provided; and
 - iii. Make the journal maintained under subsection (B)(2)(c)(ii) available to the Commission upon request.
- C.** The Commission shall accept the following documentation of the criteria in subsection (A):
- 1. Education. A photocopy of certificates of completion showing that the applicant completed hours of interpreter preparation training required under subsection (A)(1);
 - 2. Examination. A photocopy of the letter provided by NIC or RID indicating that the applicant passed the written portion of either the NIC or RID examination;
 - 3. Work experience.
 - a. One or more letters, each of which is signed by an individual or a representative of an entity for whom the applicant provided interpreting, indicating:
 - i. The name of the applicant;
 - ii. The dates on which interpreting was provided, and
 - iii. The hours of interpreting provided by the applicant; and
 - b. For an applicant for a Class B provisional license:
 - i. A photocopy of the letter provided by EIPA indicating the applicant's score on the EIPA performance test; or
 - ii. A photocopy of the applicant's ACCI certificate.

R9-26-506. Oral Interpreter Certification Short-term Registration of an Interpreter

- A.** The Council may issue an oral interpreter certificate of competency to an applicant who files an application with the Council, and submits the following:
- 1. A certified copy of the applicant's RID OIC certification, or documentation indicating that the applicant has provided

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at least 360 hours of oral interpreter services within the three years immediately preceding the date the applicant filed the documentation with the Council;

2. The information required in R9-26-503(A)(2)(b), (c), (d), (e), (f), and (g); and
3. A statement on the applicant's affidavit that the applicant understands that the applicant shall obtain RID-OIC certification by January 1, 2005, if not already obtained, and shall complete the continuing education requirements necessary to maintain current RID certification.

B. After January 1, 2005, applicants for oral interpreter certificates of competency shall have an RID-OIC certification to satisfy subsection (A)(1).

A. To register with the Commission to provide interpreting in Arizona in a non-legal situation for fewer than 20 days in a year, an interpreter shall submit the following information in writing to the Commission:

1. Interpreter's name;
2. Interpreter's business addresses;
3. Interpreter's business and mobile telephone numbers;
4. Dates on which interpreting will be provided; and
5. Date of most recent short-term registration with the Commission, if any.

B. In addition to complying with subsection (A), the interpreter shall submit a copy of the interpreter's RID membership card or license from a government licensing authority.

R9-26-507. Realtime Reporter Certification License Renewal

A. The Council may issue a realtime reporter certificate of competency to an applicant who files an application with the Council, and submits the following:

1. A certified copy of the applicant's Superior Court certification issued pursuant to A.R.S. § 12-222, and a notarized affidavit, signed by the applicant, attesting that the applicant has provided realtime translation in at least two trials in state or federal court; or
2. A certified copy of the applicant's NCRA Registered Professional Reporter, Registered Merit Reporter, or Registered Diplomate Reporter certification, and a notarized affidavit, signed by the applicant, attesting that the applicant has provided realtime translation in at least two trials in state or federal court; or
3. A certified copy of the applicant's CRR, and a notarized affidavit, signed by the applicant, attesting that the applicant follows the NCRA ethical requirements, set forth in subsection (C); and
4. A statement on the applicant's affidavit that the applicant understands that the applicant shall obtain NCRA CRR certification by January 1, 2005, if not already obtained, and shall complete the continuing education requirements necessary to maintain current NCRA CRR certification.

B. After January 1, 2005, NCRA CRR certification shall be the only certification that shall satisfy subsection (A).

C. Realtime translators shall comply with the following NCRA Code of Professional Ethics, Section II: Realtime Reporter as Assistive Technology in Legal Proceeding requirements:

1. Explain, before beginning realtime reporting, who has hired the reporter, what is to be reported, and that the realtime is to be used as assistive technology, not as a verbatim record of the proceeding;
2. Determine, before beginning realtime reporting, who owns the residual computer file;
3. Keep all assistive, assignment-related information confidential;
4. Render as near a verbatim translation as possible, conveying the content and spirit of the speaker, using substitute language that is computer-translatable for the deaf person to understand, and using parentheticals to describe to the deaf person all sounds during the proceeding;
5. Maintain absolute neutrality in all proceedings, by not counseling, advising, or interjecting personal opinions;
6. Accept assignments using discretion with regard to their skills, the setting, the deaf person being assisted, and accurately assessing the reporter's qualifications for realtime translation;
7. Know how to operate the software and hardware being used, including being able to troubleshoot anticipated problems that occur with software and hardware;
8. Further their knowledge and skills by participating in workshops, professional meetings, interaction with professional colleagues, reading current literature, and achieving additional state or national realtime certifications; and
9. Save a hard copy or computer disk of the actual translation that the deaf person saw on screen. If the translation is saved on computer disk, it shall be in text, or American standard code for information interchange format.
10. In addition to the ethical requirements in subsections (C)(1) through (9), realtime reporters shall not simultaneously act in a dual capacity as a realtime reporter for the benefit of a deaf person, and the stenographer who is recording the official verbatim record of the proceeding.

A. Renewal of a generalist or legal interpreter license.

1. A generalist or legal interpreter license expires on the licensee's birthday beginning with the licensee's second birthday following initial licensure. To continue to practice as a generalist or legal interpreter, the licensee shall, no more than 60 days before the licensee's birthday, submit to the Commission a license renewal application form that provides the following information about the licensee:

- a. Full name;

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- b. Social Security number;
 - c. Arizona interpreter license number;
 - d. Home or business address;
 - e. E-mail address;
 - f. Home, business, or mobile telephone number;
 - g. If applicable, the name of the licensee's employer and the employer's address and telephone number;
 - h. Name of any state or country in which the licensee is or has been licensed or certified to practice as an interpreter, the license or certificate number, and a statement whether the license or certificate has been the subject of discipline since the date of last application and if the answer is yes, a complete explanation of the discipline including date, nature of complaint, and discipline imposed;
 - i. A statement of whether the licensee has been denied a license or certificate to practice as an interpreter by a government licensing authority since the date of last application and if the answer is yes, a complete explanation of the denial including date, name of the government licensing authority, and reason for denial;
 - j. A statement of whether the licensee has been convicted of a felony or of an offense involving moral turpitude in this or any other jurisdiction since the date of last application and if the answer is yes, a complete explanation of the charge and place and date of conviction;
 - k. A statement of whether the licensee has been adjudicated insane or incompetent since the date of last application and if the answer is yes, a complete explanation including date and place of adjudication;
 - l. A statement of whether the licensee wishes to have the licensee's professional credentials and contact information listed on the Commission's web site and in Commission materials; and
 - m. A statement signed by the licensee attesting to the truthfulness of the information provided and affirming that the licensee will comply with the NAD-RID Code of Professional Conduct.
2. In addition to the license renewal application form required under subsection (A)(1), the generalist or legal licensee shall submit or have submitted on the licensee's behalf:
- a. A photocopy of the front of the licensee's current RID membership card;
 - b. If the answer to the item in subsection (A)(1)(i), (A)(1)(j), or (A)(1)(k) is yes, a copy of any relevant order;
 - c. An affirmation of compliance with the continuing education requirement in R9-26-510 or, if subject to an audit under R9-26-511, documentation that demonstrates compliance with the continuing education requirement; and
 - d. The fee required under R9-26-508.
3. If a generalist or legal licensee fails to comply with subsections (A)(1) and (A)(2) on or before the licensee's birthday, the license expires and the former licensee shall cease providing interpreting for which a license is required under A.R.S. § 36-1971. The former licensee may renew the expired license by complying with subsections (A)(1) and (A)(2), affirming that the former licensee did not provide interpreting for which a license is required under A.R.S. § 36-1971 after the license expired, and paying the penalty prescribed under R9-26-508 no later than 30 days after the license expired.
4. If an expired license is not renewed under subsection (A)(3), the former licensee may obtain a license only by applying as a new applicant.
- B. Renewal of a provisional interpreter license.**
1. A provisional interpreter license expires on the licensee's birthday beginning with the second birthday following initial licensure and may be renewed once by complying with subsections (B)(2) and (B)(3).
2. To continue to practice as a provisional interpreter, the licensee shall, no more than 60 days before the licensee's birthday, submit to the Commission a license renewal application form that provides the information specified under subsection (A)(1).
3. In addition to the license renewal application form required under subsection (B)(2), the provisional licensee shall submit or have submitted on the licensee's behalf:
- a. If the answer to the item in subsection (A)(1)(i), (A)(1)(j), or (A)(1)(k) is yes, a copy of any relevant order;
 - b. An affirmation of compliance with the continuing education requirement in R9-26-510 or, if subject to an audit under R9-26-511, documentation that demonstrates compliance with the continuing education requirement;
 - c. The fee required under R9-26-508;
 - d. If a Class B provisional licensee, letters that meet the standards at R9-26-505(B)(2)(a) and R9-26-505(B)(2)(b) or a letter that meets the standards at R9-26-505(B)(2)(c); and
 - e. If a Class C provisional licensee, an affirmation that the licensee has provided and will continue to provide interpreting services only under direct supervision.
4. If a provisional licensee fails to comply with subsections (B)(2) and (B)(3) on or before the licensee's birthday, the license expires and the former licensee shall cease providing interpreting for which a license is required under A.R.S. § 36-1971. Unless the expired provisional license has previously been renewed under subsections (B)(2) and (B)(3), the former licensee may renew the expired license by complying with subsections (B)(2) and (B)(3), affirming that the former licensee did not provide interpreting for which a license is required under A.R.S. § 36-1971 after the license expired, and paying the penalty prescribed under R9-26-508 no later than 30 days after the license expired.

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5. If an expired provisional license is not renewed under subsection (B)(4), the former licensee may obtain a license only by applying under R9-26-503 or R9-26-504.
6. A provisional interpreter license may be renewed a second time only if, in addition to complying with subsections (B)(2) and (B)(3), the licensee submits evidence to the Commission that the licensee attempted to pass the performance portion of a RID certification examination and intends to take the performance portion of a RID certification examination again within the next year.
7. The Commission shall not renew a provisional license more than two times. The Commission shall not issue more than one provisional license to an individual.

R9-26-508. Application Processing Procedures; Issuance; Denial Fees

- A.** Within 15 calendar days of receiving an initial or renewal certificate of competency application of any type, the Council shall notify the applicant, in writing, that the application package is complete or incomplete. If the package is incomplete, the notice shall specify what information is missing.
- B.** An applicant with an incomplete package shall supply the missing information within 10 calendar days from the date of the notice. If the applicant fails to do so, the Council may close the file. An applicant whose file has been closed shall begin the application process anew.
- C.** Upon receipt of all missing information within 10 calendar days, the Council shall notify the applicant, in writing, that the application is complete.
- D.** The Council shall not process a certificate of competency application until the applicant has fully complied with the requirements of this Article.
- E.** The Council shall notify an applicant, in writing, whether the certificate of competency is granted or denied, no later than 30 calendar days after the postmark date of the notice advising the applicant that the package is complete.
- F.** The Council may deny a certificate of competency for any of the following reasons:
 1. Failure to provide complete documentation;
 2. Providing false or misleading information, or
 3. Failure to meet the requirements stated in this Article.
- G.** The notice of denial shall include the following:
 1. Reasons for the denial, with citations to the statutes or rules on which the denial is based;
 2. The applicant's right to request reconsideration pursuant to subsection (H); and
 3. The name and telephone number of an agency contact person who can answer questions regarding the application process.
- H.** The following time frames shall apply for initial and renewal certificate of competency applications:
 1. Administrative completeness review time frame: 15 calendar days.
 2. Substantive review time frame: 30 calendar days;
 3. Overall time frame: 45 calendar days.
- I.** Within 15 calendar days of the mailing date of the Council's notice of denial, the applicant may submit a request for reconsideration to the Council, setting forth the facts that justify reconsideration of the denial. The Council shall review all documentation, and interview any persons with information relevant to issuing or denying the applicant's certificate.
- J.** Within 10 calendar days of receiving the applicant's request for reconsideration, the Council shall notify the applicant, in writing, whether the denial is upheld. If a denial is upheld, the Council's notice upholding the denial shall include the following:
 1. Reasons for the denial, with citations to the statutes or rules on which the denial is based;
 2. The applicant's right to appeal the denial, including the number of days in which the applicant has to file a request for hearing to challenge the denial, and the right to request an informal settlement conference pursuant to A.R.S. § 41-1092.06;
 3. The name and telephone number of an agency contact person who can answer questions regarding the appeal process.
- K.** An applicant whose certificate is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, judicial review pursuant to A.R.S. Title 41, Chapter 6, Articles 6 and 10, and A.R.S. Title 12, Chapter 7, Article 6.
- A.** Under the authority provided by A.R.S. §§ 36-1973(A) and 36-1974(C), the Commission establishes and shall collect the following fees, which are not refundable unless A.R.S. § 41-1077 applies:
 1. Generalist or legal license application fee, \$125;
 2. Generalist or legal license renewal application fee, \$50;
 3. Provisional license application fee, \$25;
 4. Provisional license renewal application fee, \$25;
 5. Penalty for late license renewal, \$100; and
 6. Duplicate license, \$25.
- B.** Before the Commission issues an initial license to an applicant, the Commission shall collect from the applicant a pro-rated license renewal application fee, which will make the initial license valid until the applicant's second birthday following issuance of the initial license. The Commission shall pro-rate the license renewal application fee as follows:
 1. Generalist or legal license renewal application fee: \$5 for each month between issuance of the initial license and the

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- applicant's first birthday following issuance of the initial license to a maximum of \$50; and
2. Provisional license renewal application fee: \$2.50 for each month between issuance of the initial license and the applicant's first birthday following issuance of the initial license to a maximum of \$25.

R9-26-509. Certification Renewal Procedures for Processing Applications; Time-frames

Certification of competency holders shall renew their certificates on or before January 1 of every year. If January 1 is a Saturday, Sunday, or legal holiday, the renewal deadline is the first business day following the Saturday, Sunday, or legal holiday. To renew certificates of competency, the certificate holder shall file all the following documentation with the Council:

1. A certified copy of the certificate holder's current RID, or NCRA, certification;
2. A notarized affidavit, signed by the certificate holder, attesting that since the Council issued the certificate, whether the certificate holder:
 - a. Has been disciplined or is currently the subject of any disciplinary action in any jurisdiction, or before RID or NCRA, as applicable, relating to providing interpretation or realtime reporting services, respectively, or adhering to the RID or NCRA ethical requirements of R9-26-503(C) or R9-26-507(C), respectively;
 - b. Has been named as a defendant in any law suit alleging that the certificate holder was negligent in providing interpretation services, or alleging the certificate holder violated the RID ethical requirements of R9-26-503(C), or alleging the certificate holder was negligent in providing realtime reporting services, or alleging the certificate holder violated the NCRA ethical requirements of R9-26-507(C);
 - e. Follows the RID ethical requirements of R9-26-503(C), or NCRA ethical requirements of R9-26-507(C), as applicable;
 - d. Understands that it is the certificate holder's duty to ensure that the certificate holder's interpreting, or translating, skills meet the deaf person's communication needs, and that failure to do so may be grounds for revocation of the certificate holder's certificate of competency;
 - e. Has completed the requirements necessary to maintain RID, or NCRA certification and understands the certificate holder shall continue to maintain current RID, or NCRA certification;
 - f. Has completed at least three clock hours of continuing legal education since the effective date, or the last renewal date of the certificate of competency, whichever is more recent; and
 - g. Has maintained accurate records of compliance with the continuing legal education requirements of this Article, and shall make these records available for examination upon this Council's request.
3. The certificate holder's current name, address, and telephone number.

A. For the purpose of A.R.S. § 41-1073, the Commission establishes the following licensing time-frames:

1. Administrative completeness review time-frame: 30 days;
2. Substantive review time-frame: 60 days; and
3. Overall time-frame: 90 days.

B. The administrative completeness review time-frame listed in subsection (A)(1) begins on the date that the Commission receives a license application or license renewal application. During the administrative completeness review time-frame, the Commission shall notify the applicant that the application is either complete or incomplete. If the application is incomplete, the Commission shall specify in the notice what information is missing.

C. An applicant with an incomplete application shall supply the missing information within 30 days from the date of the notice. Both the administrative completeness review and overall time-frames are suspended from the date of the Commission's notice until the date that the Commission's office receives all missing information.

D. Upon receipt of all missing information, the Commission shall notify the applicant that the application is complete. The Commission shall not send a separate notice of completeness if the Commission grants or denies a license within the administrative completeness review time-frame in subsection (A)(1).

E. The substantive review time-frame listed in subsection (A)(2) begins on the date of the Commission's notice of administrative completeness or on expiration of the time listed in subsection (A)(1).

F. If the Commission determines during the substantive review time-frame that additional information is needed, the Commission shall send the applicant a comprehensive written request for the additional information. The applicant shall supply the additional information within 60 days from the date of the request. Both the substantive review and overall time-frames are suspended from the date on the Commission's request until the date that the Commission office receives the additional information.

G. If an applicant needs additional time in which to respond under subsection (C) or (F), the applicant shall submit a written notice of extension to the Commission before expiration of the time to respond that includes the date by which the applicant will submit the information. The applicant shall establish an extension date that is no more than 120 days from the date established under subsection (C) or (F).

H. If an applicant fails to submit information within the time provided under subsection (C) or (F) or as extended under subsection (G), the Commission shall close the applicant's file. An applicant whose file is closed and who later wishes to be licensed, shall apply anew.

I. Within the time listed in subsection (A)(3), the Commission shall:

1. Grant a license to an applicant who meets the requirements in A.R.S. § 36-1973 and this Article, or

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2. Deny a license to an applicant who does not meet the requirements in A.R.S. § 36-1973 or this Article.
- J.** If the Commission denies a license, the Commission shall send the applicant a written notice explaining:
1. The reason for the denial with citations to supporting statutes or rules,
 2. The applicant's right to appeal the denial and have a hearing,
 3. The time for appealing the denial, and
 4. The applicant's right to request an informal settlement conference.

R9-26-510. ~~Certification Revocation~~ Continuing Education Requirement

- A.** ~~The Council may revoke a certificate of competency based on a complaint from any person alleging any of the following reasons:~~
- ~~1. The certificate holder has falsified any application or renewal information; or~~
 - ~~2. The certificate holder has violated the RID or NCRA ethical requirements of R9-26-503(C) or R9-26-507(C), respectively.~~
- B.** ~~A complaint alleging any of the reasons for revocation shall be in writing, with the name, address, telephone number, and signature of the person filing the complaint. A complaint may be written by someone on behalf of the complainant, but also shall include the complainant's name, address, telephone number, and signature, indicating that the complaint is filed by the complainant. A complaint may be videotaped, with the complainant signing the complaint, but also shall include the complainant's name, address, and telephone number.~~
- C.** ~~Within 20 calendar days of receiving a complaint, the Council shall mail the complaint to the certificate holder, and request the certificate holder to respond.~~
- D.** ~~The certificate holder shall file a written response to the complaint with the Council, in writing, within 20 calendar days of the date that the complaint was mailed to the certificate holder.~~
- E.** ~~The Council shall investigate the complaint and either dismiss the complaint, or send the matter to a formal hearing, within 60 calendar days of receiving the complaint. If no grounds are found to support the complaint, the Council shall dismiss the complaint.~~
- F.** ~~If the complaint is sent to a formal hearing, the hearing shall be conducted pursuant to A.R.S. Title 41, Chapter 6, Articles 6 and 10. A party to the hearing has an opportunity for rehearing or review, and judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 12, Article 6.~~
- A.** Continuing education is required as a condition of licensure renewal. During each license year, a licensee shall complete the following hours of continuing education:
1. General interpreter, eight hours;
 2. Legal interpreter, Class A or B, six hours, of which two hours are legal training;
 3. Legal interpreter, Class C, six hours, of which three hours are legal training;
 4. Legal interpreter, Class D, six hours, of which two hours are legal training; and
 5. Provisional interpreter, 12 hours.
- B.** Between the time of initial licensure and a licensee's first birthday following initial licensure, the licensee shall complete a pro-rated amount of the continuing education required under subsection (A).
- C.** A licensee shall obtain from the provider of a continuing education attended by the licensee a certificate of attendance that includes:
1. Licensee's name and license number,
 2. Name of the continuing education provider,
 3. Name of the continuing education,
 4. Number of hours of attendance, and
 5. Date of the continuing education.
- D.** A licensee shall maintain the certificates of attendance described in subsection (C) for three years.
- E.** A licensee shall submit a copy of the certificates of attendance obtained during a license year if subject to an audit by the Commission under R9-26-511.

R9-26-511. ~~Rehearing or Review of Decisions~~ Audit of Compliance with Continuing Education Requirement

- A.** ~~If a party to an appealable agency action or contested case files a Motion for Rehearing or Review with the Council, it shall be filed not later than 30 calendar days after service of the decision, and shall specify the particular grounds for the motion. For purposes of this subsection, a decision shall be deemed to have been served when personally delivered or mailed by certified mail to the party's last known residence or place of business.~~
- B.** ~~A rehearing or review may only be granted for any of the following reasons materially affecting the moving party's rights, or ability to receive a fair hearing:~~
- ~~1. Any irregularity in the administrative hearing, any order or abuse of discretion by the administrative law judge or the Council;~~
 - ~~2. Misconduct of the Council, or the administrative law judge, or prevailing party;~~
 - ~~3. Accident or surprise which could not have been prevented by ordinary prudence;~~
 - ~~4. Newly discovered material evidence which could not have been discovered with reasonable diligence and produced~~

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at the original hearing;

5. Excessive or insufficient penalties;
6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing; or
7. A decision which is not justified by the evidence or is contrary to law.

- C. ~~Not later than 15 calendar days after the Council's receipt of a motion for rehearing or review, the Council may affirm or modify its decision, or grant a rehearing or review. After giving the parties or their counsel notice and an opportunity to be heard, the Council may grant a rehearing or review for a reason not stated in the party's motion. An order modifying a decision or granting a rehearing or review shall specify with particularity the ground or grounds on which the rehearing or review is granted. The rehearing or review shall cover only those matters so specified.~~
- D. ~~Not later than 15 calendar days after a decision is rendered, the Council may on its own initiative order a rehearing or review for any of the reasons stated in subsection (B), after giving the parties or their counsel notice and an opportunity to be heard.~~
- E. ~~When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party shall have 10 calendar days from the date of service to serve opposing affidavits. This period may be extended by the Council for good cause up to 20 calendar days, or by written stipulation of the parties. If reply affidavits are permitted, they shall be served within five calendar days of service of the opposing affidavits.~~

At the time of license renewal, the Commission shall provide notice of an audit of continuing education records to a random sample of licensees. A licensee subject to a continuing education audit shall submit documentation that demonstrates compliance with the continuing education requirement at the same time the licensee submits the license renewal application form required under R9-26-507.

R9-26-512. Making a Complaint

- A. A complaint may be filed by:
 1. An individual for whom interpreting is provided,
 2. A person having a direct or professional interest in the incident specified in the complaint, or
 3. A person having reason to believe that interpreting was provided by an individual who is not licensed by the Commission and not exempt from licensure under A.R.S. § 36-1971(C).
- B. Complaint requirements. A complainant shall:
 1. Submit the complaint to the Commission in writing or by videotape. If a complaint is submitted by videotape, the Commission shall have the complaint interpreted and transcribed into English and forward the transcript to the complainant for review and approval.
 2. Submit the complaint to the Commission within 90 days of the alleged offense; and
 3. Specify in the complaint the name of the individual complained against, date and location of the alleged offense, the action complained about, and the statute or rule alleged to have been violated.
- C. A complainant may withdraw a complaint at any time by providing notice to the Commission.

R9-26-515. Hearing Procedures

The Commission shall conduct all hearings in accordance with A.R.S. Title 41, Chapter 6, Article 10 and the rules established by the Office of Administrative Hearings.

R9-26-516. Rehearing or Review of Commission Decision

- A. The Commission shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and the rules established by the Office of Administrative Hearings.
- B. A party may amend a motion for rehearing or review at any time before the Commission rules on the motion.
- C. The Commission may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
 1. Irregularity in the proceedings or an order or abuse of discretion that deprived the moving party of a fair hearing;
 2. Misconduct by the Commission, its staff, an administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
 5. Excessive penalty;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
 7. The Commission's decision is the result of passion or prejudice; or
 8. The findings of fact or decision is not justified by the evidence or is contrary to law.
- D. The Commission may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (C). The Commission shall specify the particular grounds for any order modifying a decision or granting a rehearing.
- E. When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.
- F. Not later than 10 days after the date of a decision, after giving parties notice and an opportunity to be heard, the Commis-

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sion may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. The Commission may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.

G. If a rehearing is granted, the Commission shall hold the rehearing within 60 days after the date on the order granting the rehearing.

H. The Commission may extend all time limits listed in this Section upon a showing of good cause. A party demonstrates good cause by showing that an extension of time will:

1. Further administrative convenience, expedition, or economy; or
2. Avoid undue prejudice to any party.

R9-26-517. Disciplinary Action

After a hearing that results in a determination that a licensee violated A.R.S. Title 36, Chapter 17.1, or this Chapter, the Commission shall consider the following factors to determine the degree of discipline to impose under A.R.S. § 36-1976(A):

1. Prior conduct resulting in discipline;
2. Dishonest or self-serving motive;
3. Amount of experience as an interpreter;
4. Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders of the Commission;
5. Submission of false evidence, false statements, or other deceptive practices during the investigative or disciplinary process;
6. Refusal to acknowledge wrongful nature of conduct;
7. Degree of harm resulting from the conduct; and
8. Whether harm resulting from the conduct was cured.

R9-26-518. Change of Name or Address

The Commission shall communicate with a licensee or applicant using the name and address provided to the Commission by the licensee or applicant. To ensure timely receipt of communication from the Commission, a licensee or applicant shall notify the Commission of any change in the licensee's or applicant's name or address.