Online Renewal Guide

Bureau of Residential Licensing

2017

ARIZONA DEPARTMENT
OF HEALTH SERVICES

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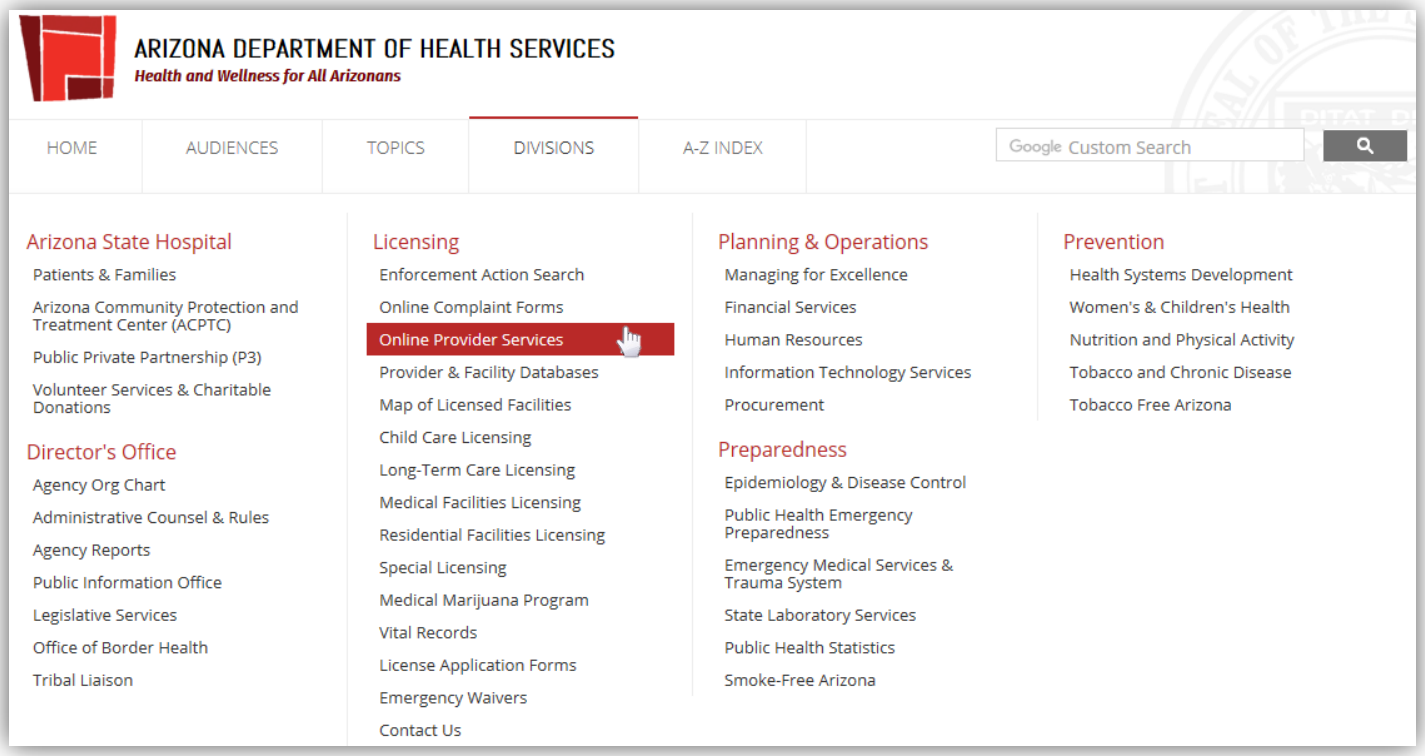
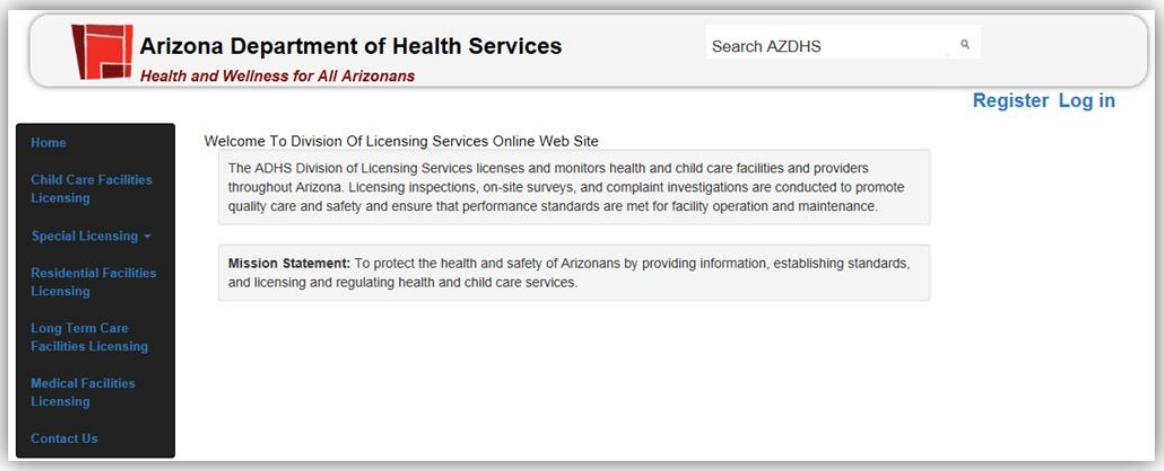
Registration

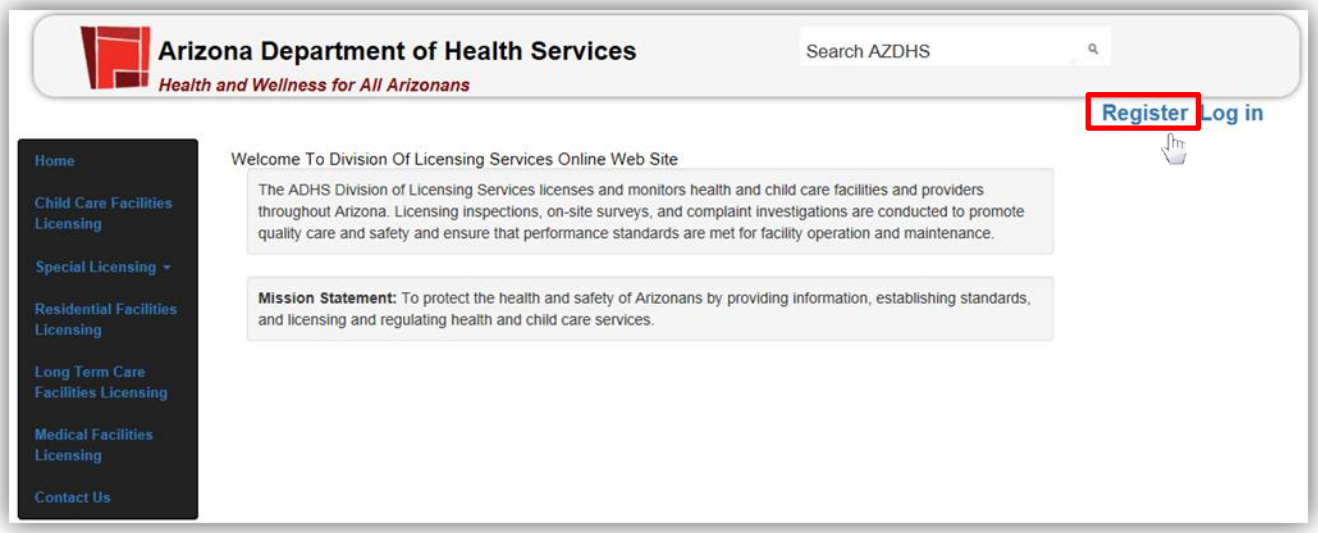
1. Visit our website at www.azdhs.gov
2. Select "*Divisions*"
3. Then *"Online Provider Services"*



This will direct you to the Online Provider Services homepage

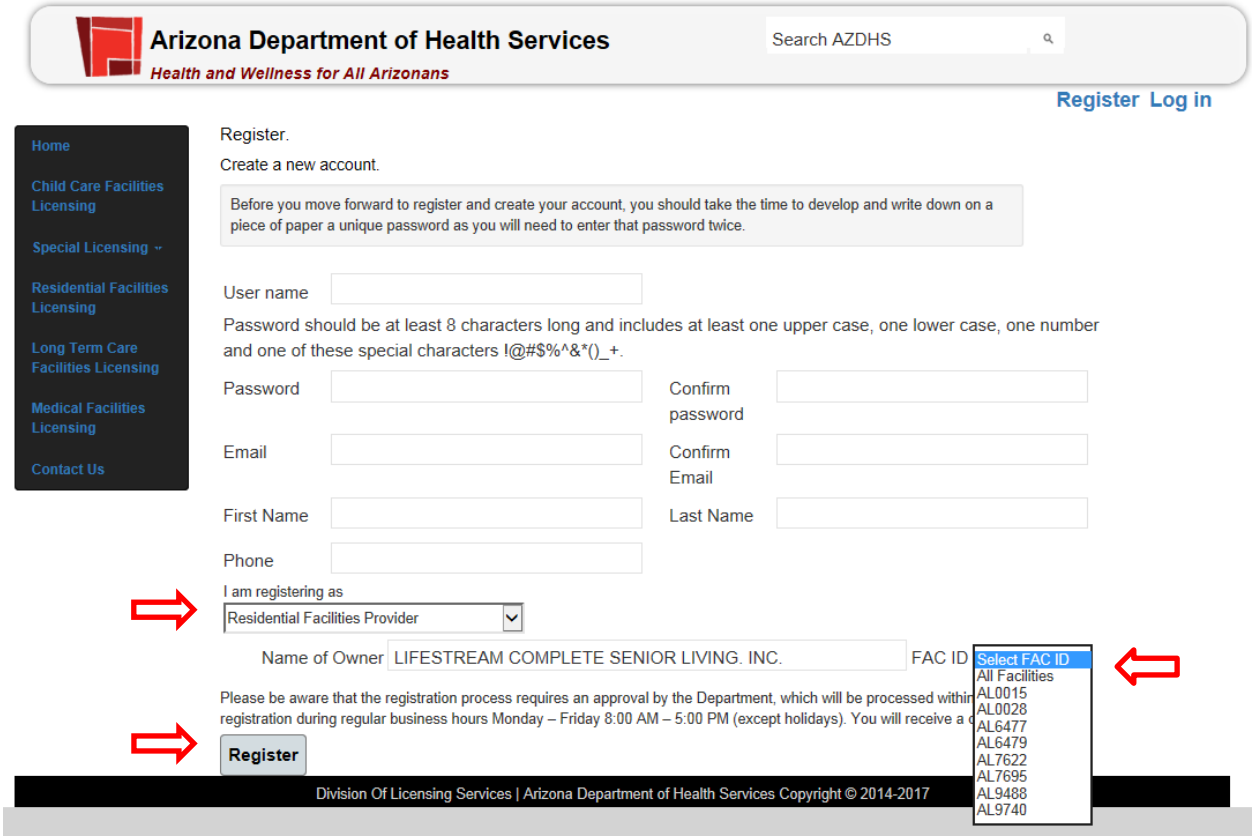


4. Select "*Register*"



Registration cont'd

5. Create a user name and password
6. Write this down & keep it in a safe place, as it will be required each time you log in.
7. In the "I am registering as" box: Select, "*Residential Facilities Provider*"
8. Use the "Name of owner" box & select the owner name from the drop down list, then in *"FAC ID"* select, the license number or All Facilities. If you have more than 1 facility we encourage you to "register all."
9. Upon completing, select "*Register*"



Registration cont'd

10. You will get a notification email informing you that you have been approved within 48 hours
11. Upon approval, you can start the online renewal process
12. Click the link and it will redirect you to the login page

Subject: Your login to Arizona Department of Health Services Licensing web site is now approved

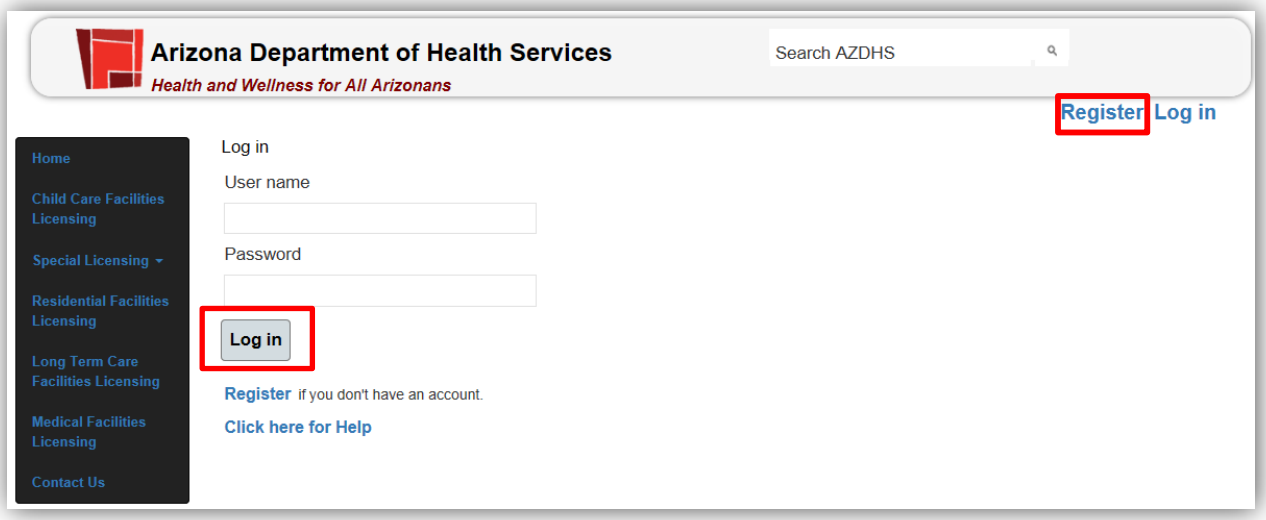
Your login Example Account is now approved, you can now login to

https://licensing.azdhs.gov/licensingonline

Thank You,
Division of Licensing
Department of Health Services

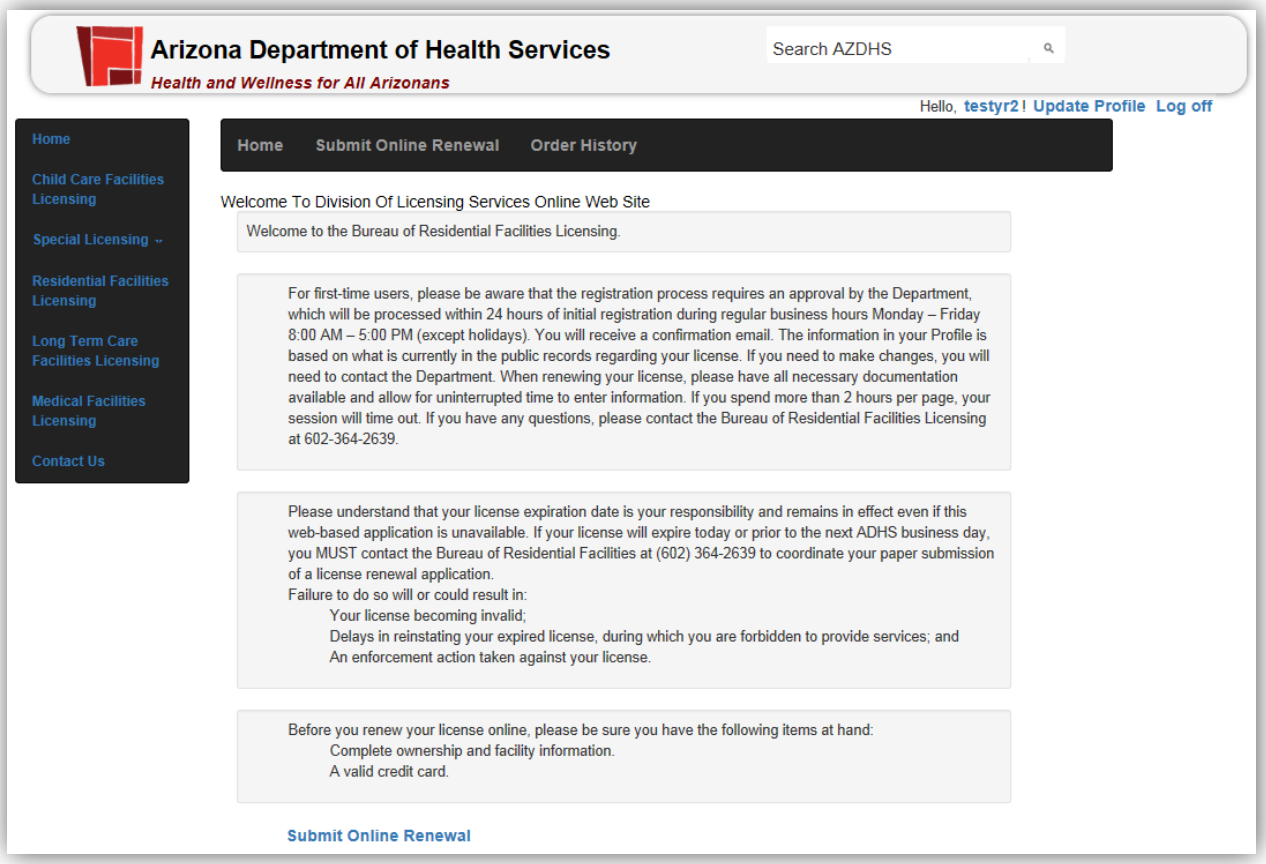
Submit Renewal

1. Visit Online Provider Services homepage at https://licensing.azdhs.gov/LicensingOnline/
2. Select *"Log in"* at the top right corner
3. Enter the username and password
4. Select *"Log in"* below the password box



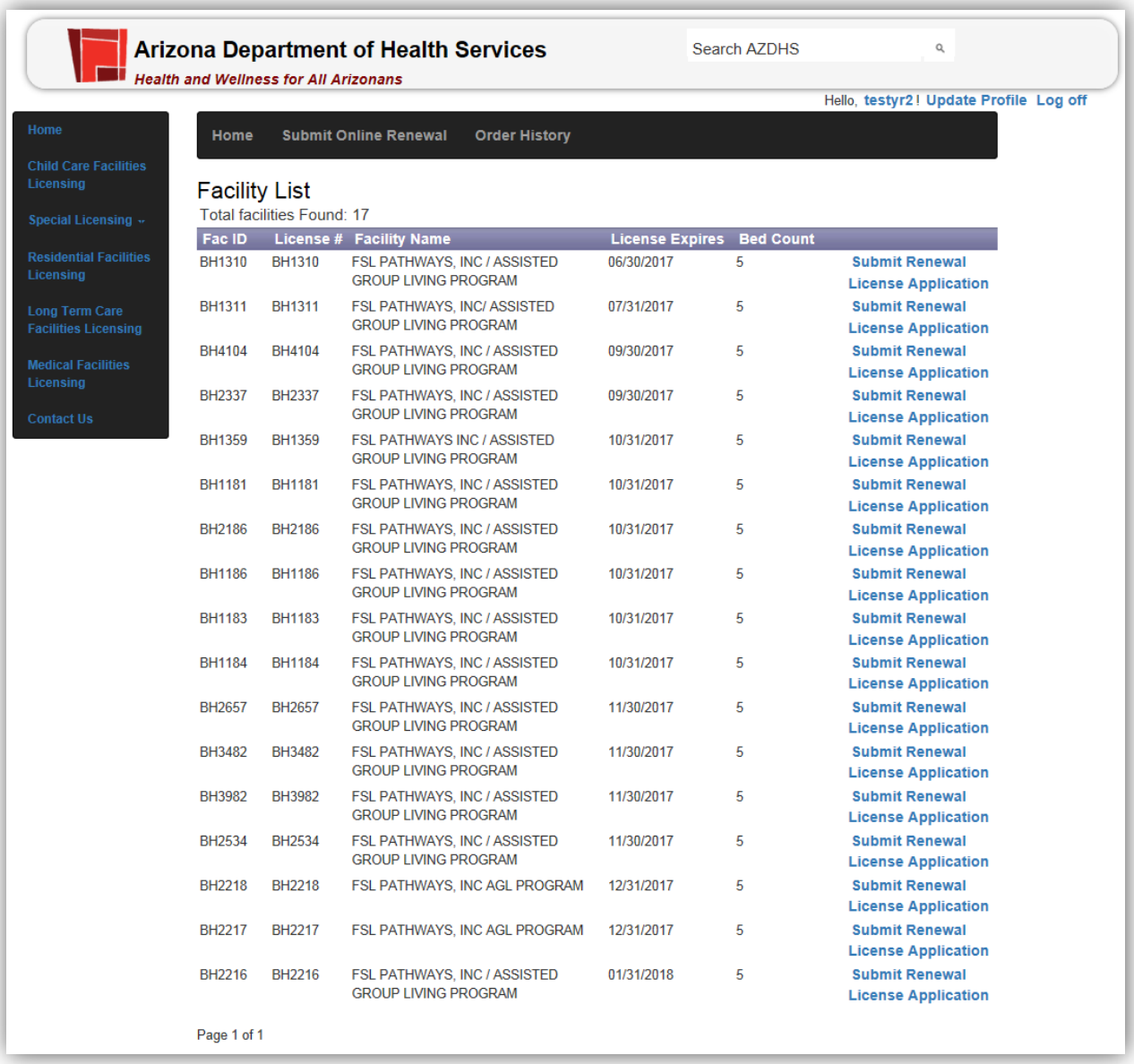
Submit Renewal cont'd

5. Read the terms as they are important!
6. Select "*Submit Online Renewal*"



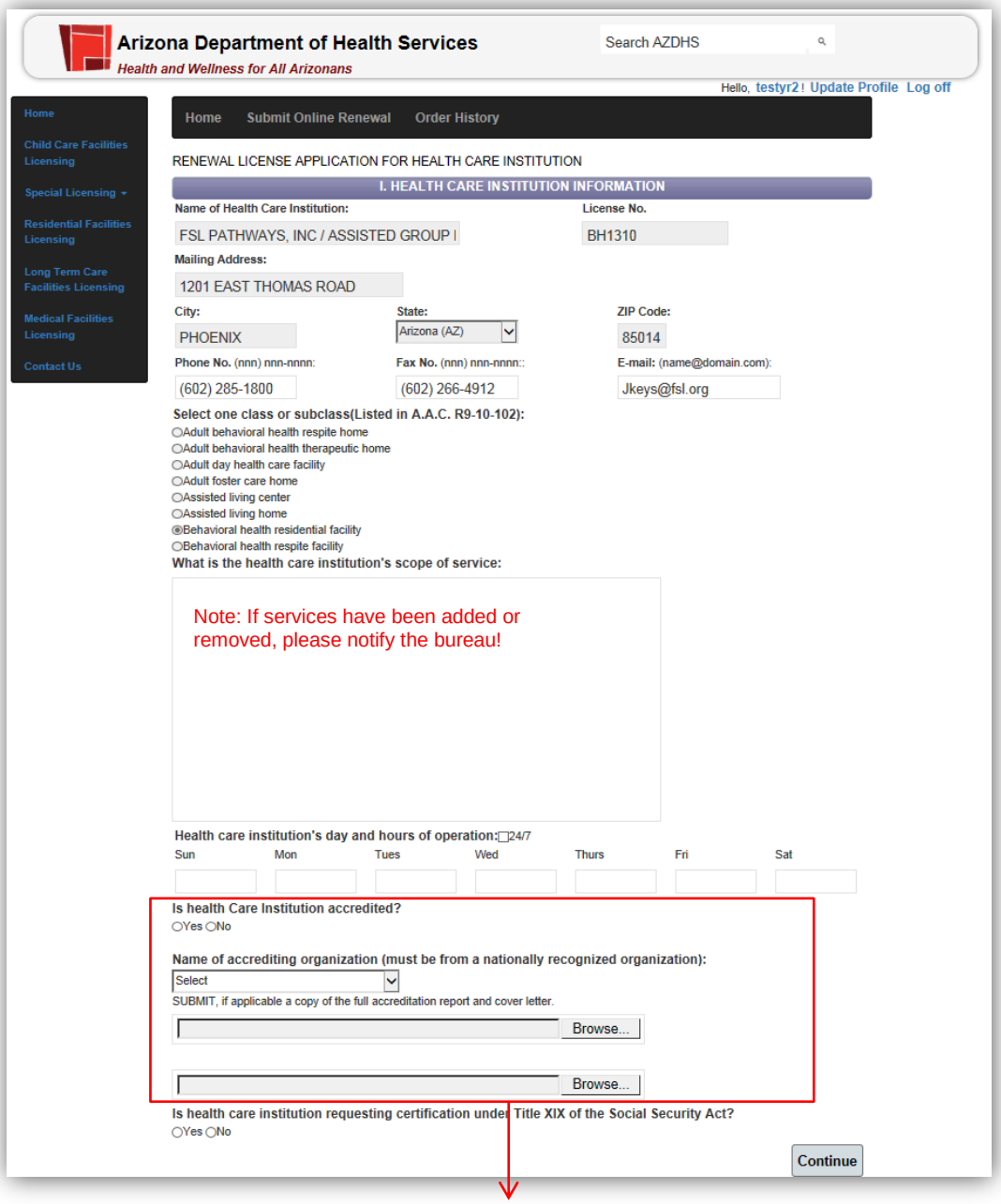
Submit Renewal cont'd

7. If you have multiple facilities, select one from the list, and then click "*Submit Renewal License Application*".



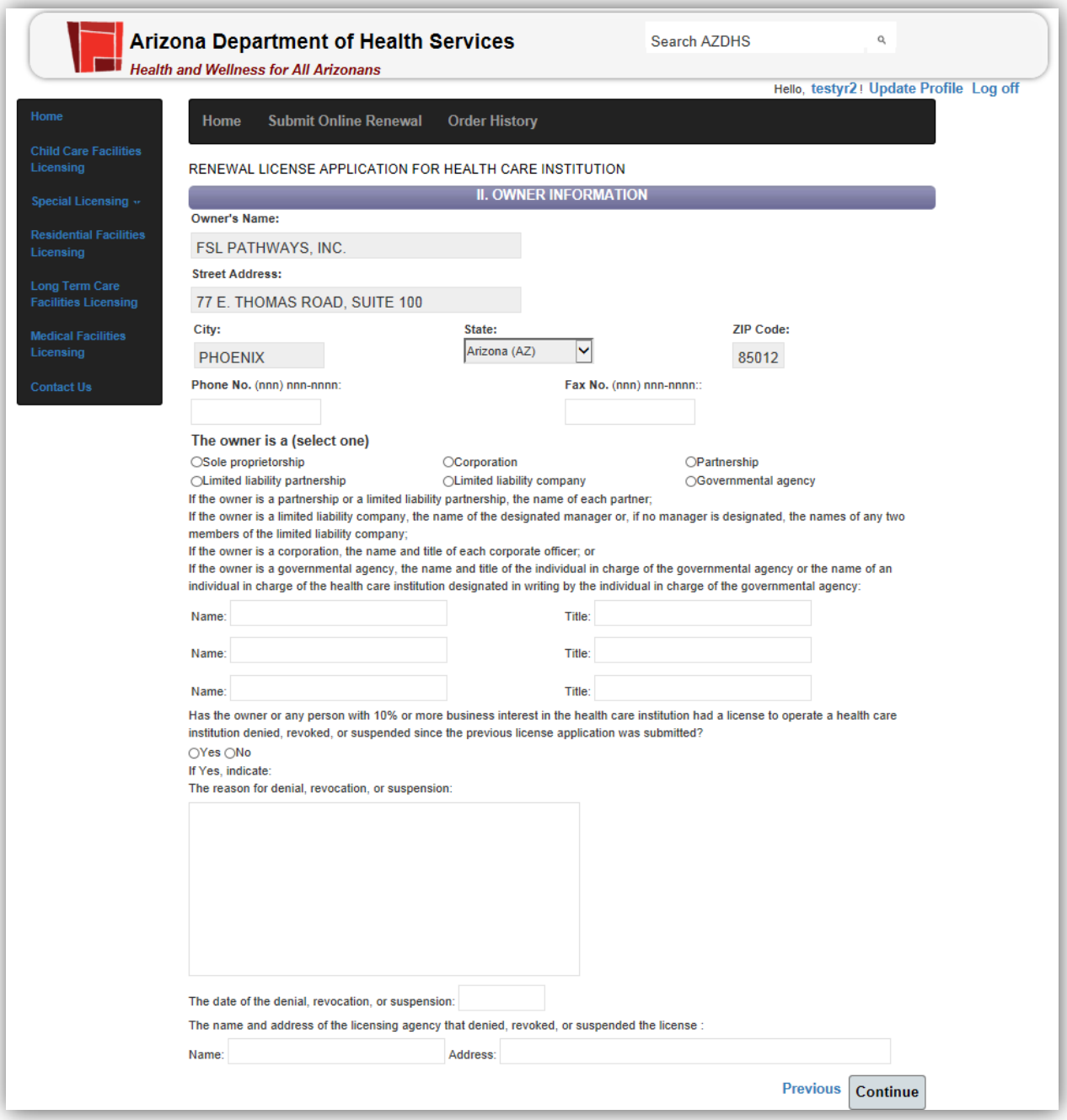
Submit Renewal cont'd

8. Enter the "Health Care Institution Information"



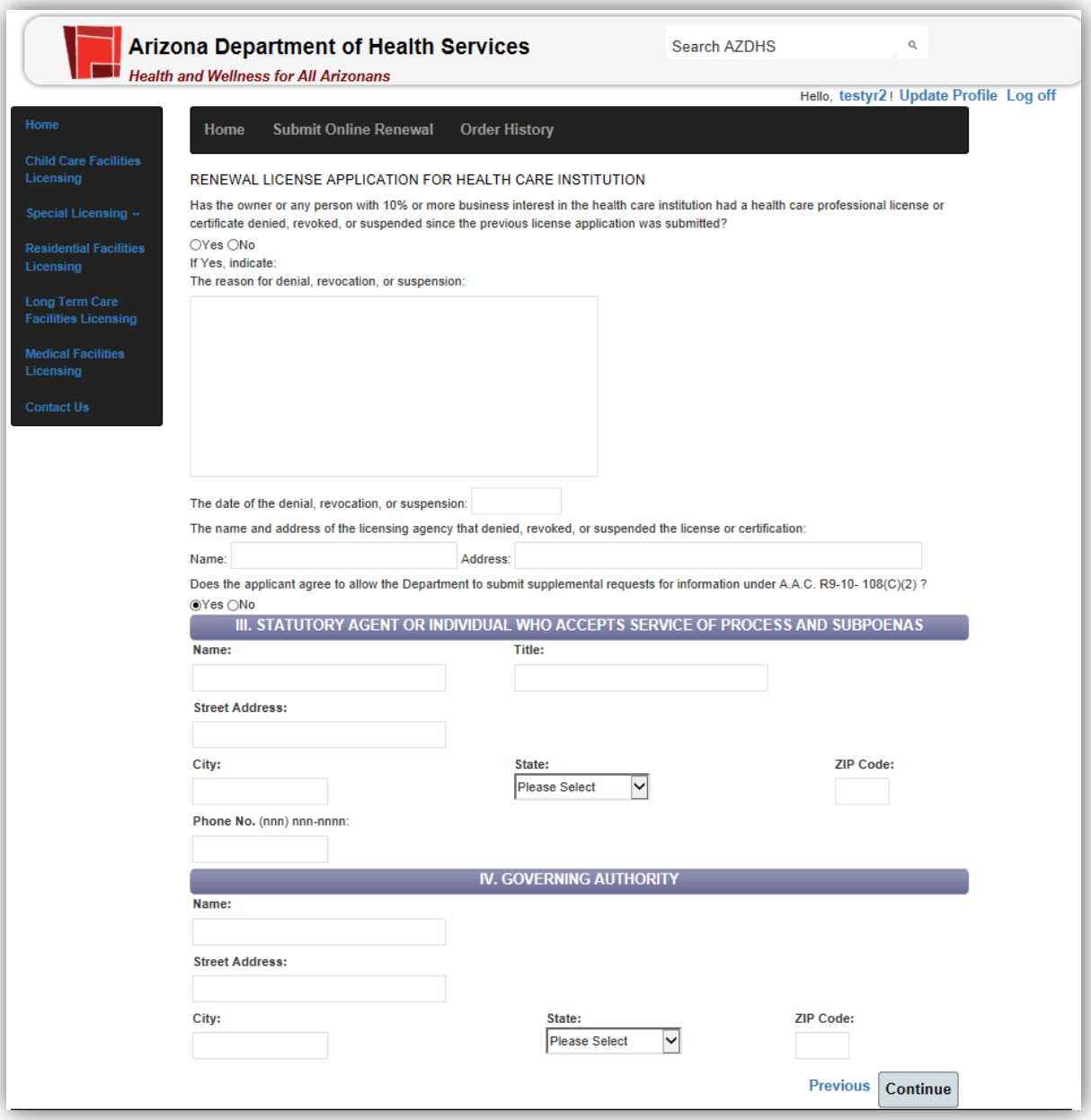
- Accrediting organization and file uploading is only effective if you select "yes".
- Use the "choose file" box to attach the accreditation report and note the file limit is 5MB.
- Please make sure that this is the FULL, FINAL accreditation report, along with the approval letter and certificate – not an executive summary!

9. Enter the Owner Information

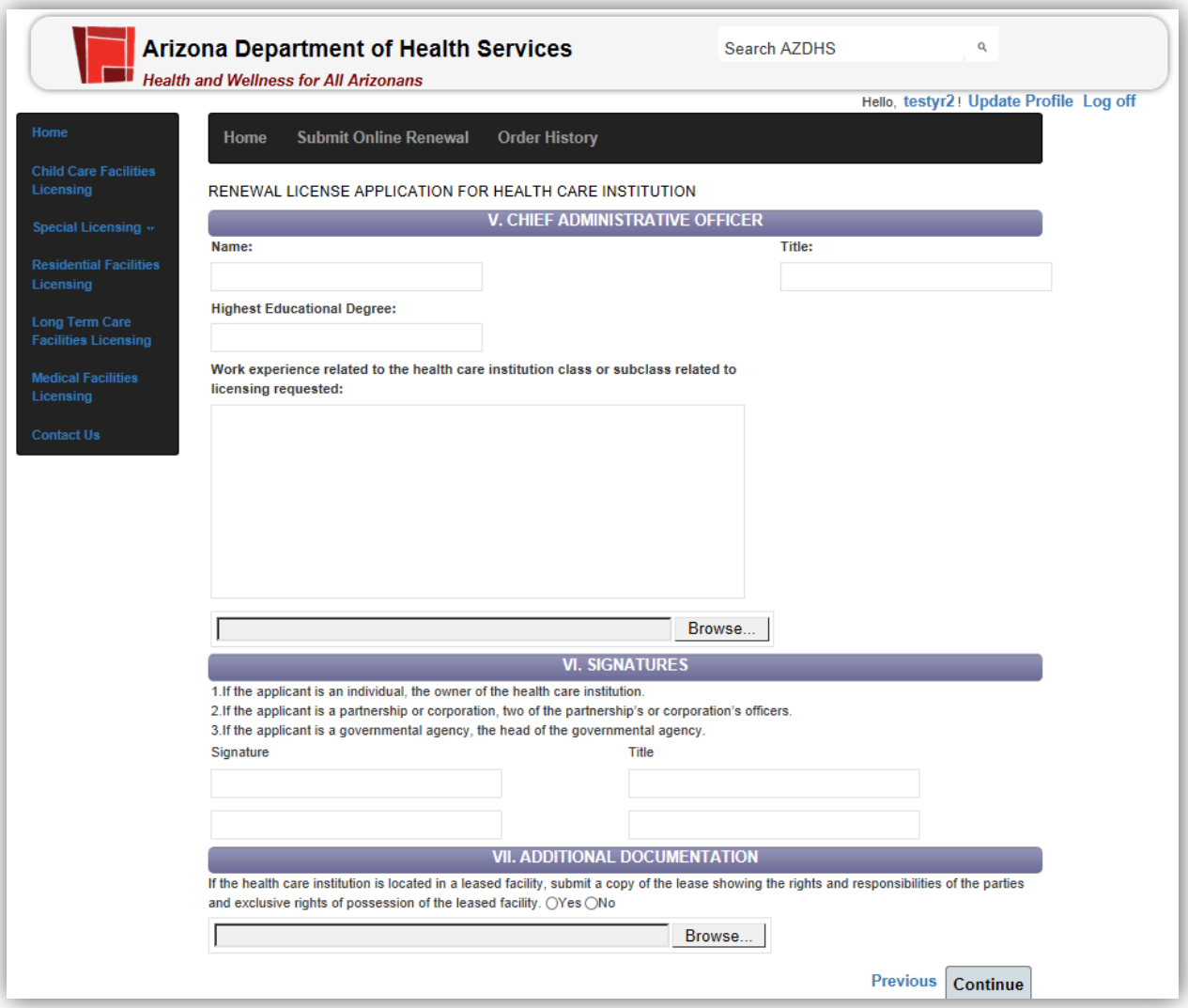


Submit Renewal cont'd

10. Continuance of "Owner Information"
11. Signature and Authority



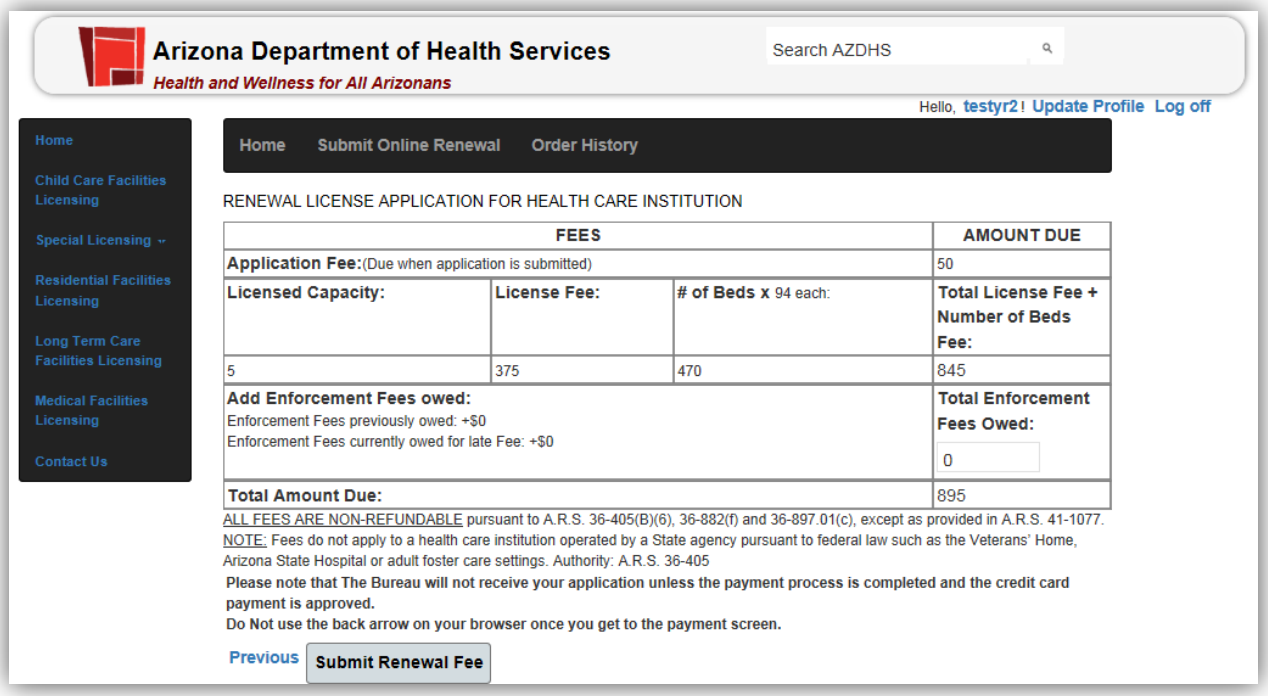
12. Signature and Additional documents



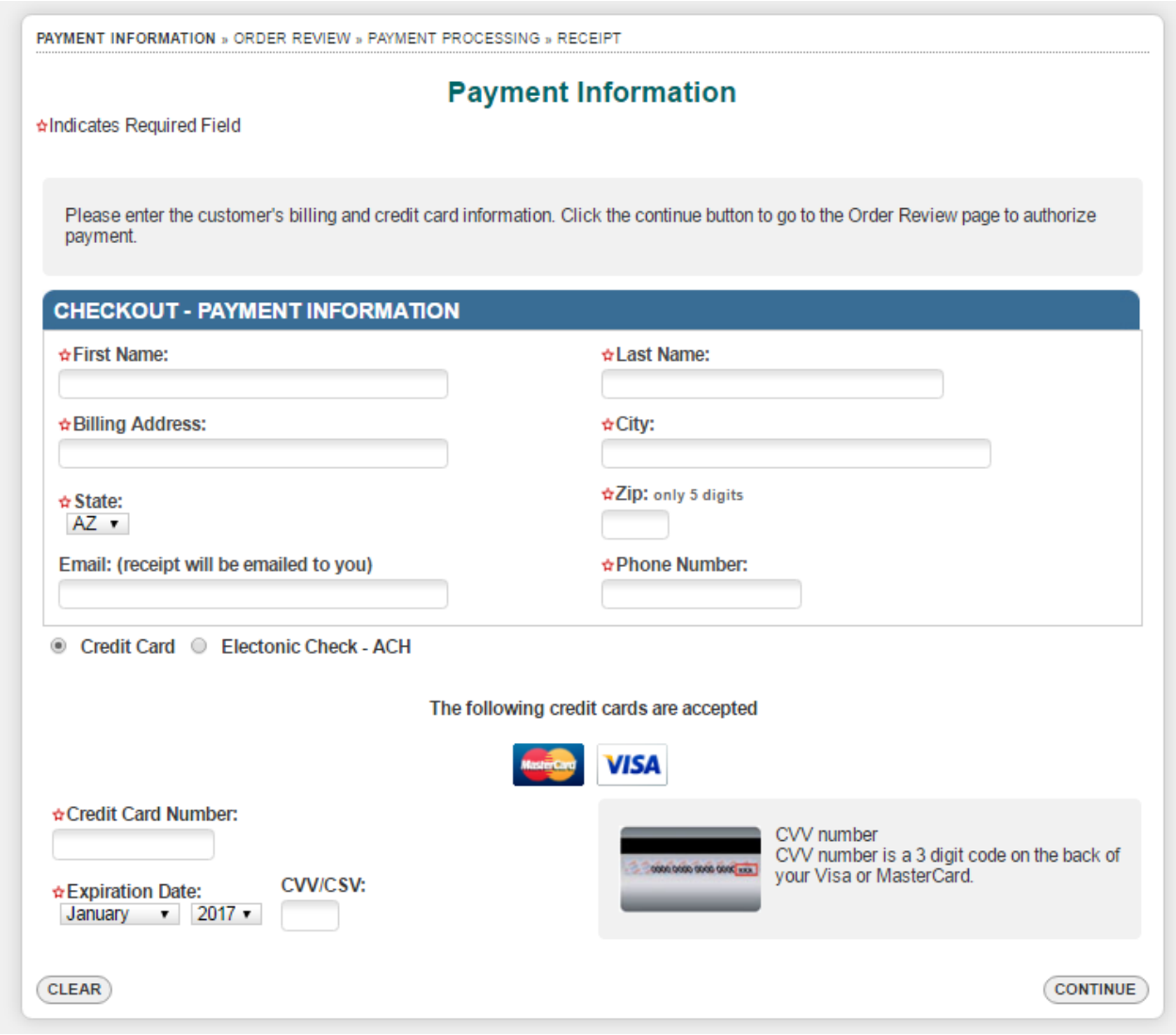
Note: Make sure that the lease is current and has the lease dates clearly indicated! The file limit is 5MB.

Submit Renewal cont'd

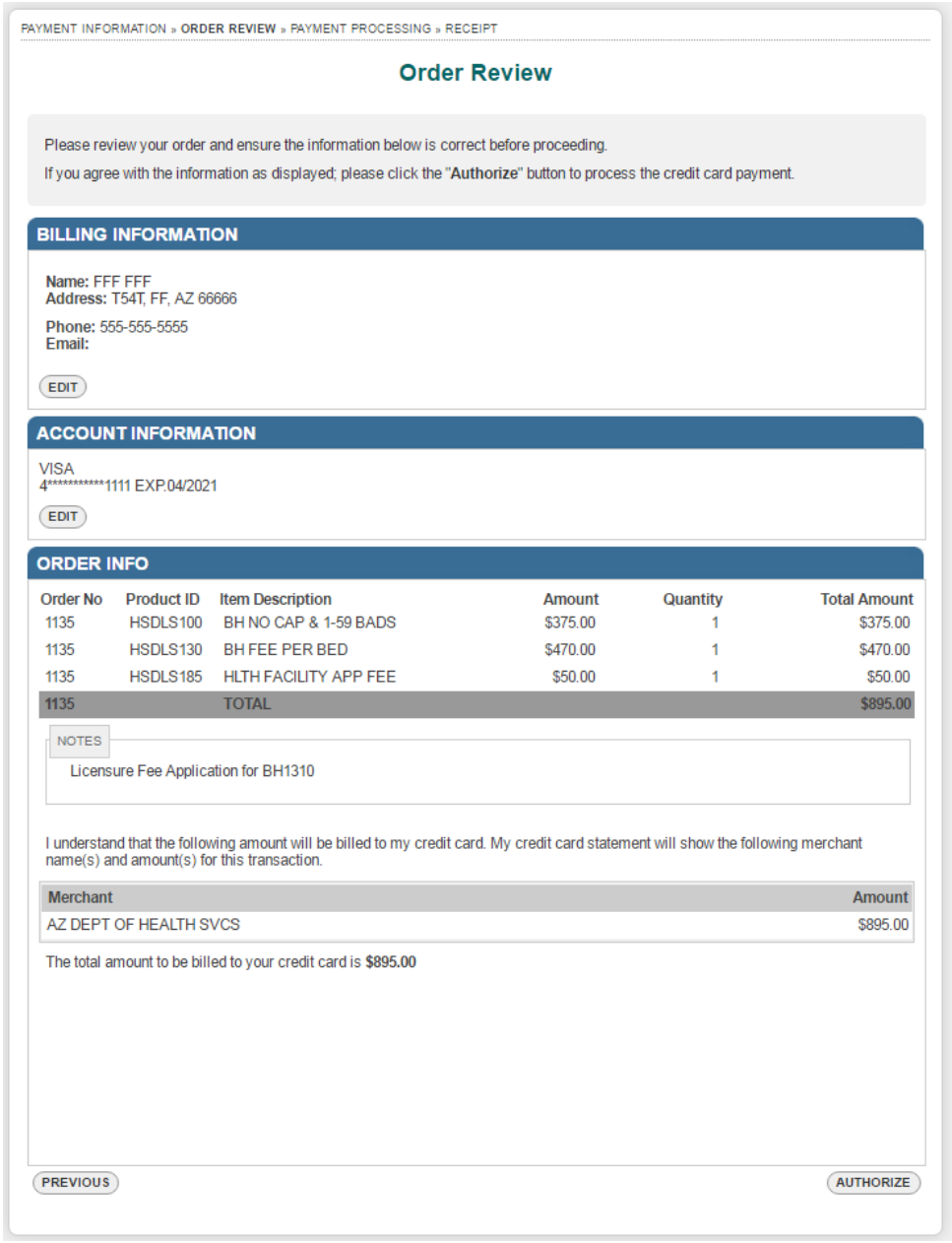
13. Please review fee remittance table before proceeding to "*Submit Renewal Fee*".



14. Checkout process, please enter your credit information.



15. Review the order carefully, then select "*Authorize*" to continue with the renewal.



PAYMENT INFORMATION » **ORDER REVIEW** » PAYMENT PROCESSING » RECEIPT

Order Review

Please review your order and ensure the information below is correct before proceeding.

If you agree with the information as displayed; please click the "**Authorize**" button to process the credit card payment.

BILLING INFORMATION

Name: FFF FFF
Address: T54T, FF, AZ 66666

Phone: 555-555-5555
Email:

EDIT

ACCOUNT INFORMATION

VISA
4**********1111 EXP.04/2021

EDIT

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1135	HSDLS100	BH NO CAP & 1-59 BADS	$375.00	1	$375.00
1135	HSDLS130	BH FEE PER BED	$470.00	1	$470.00
1135	HSDLS185	HLTH FACILITY APP FEE	$50.00	1	$50.00
1135		TOTAL			$895.00

NOTES

Licensure Fee Application for BH1310

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

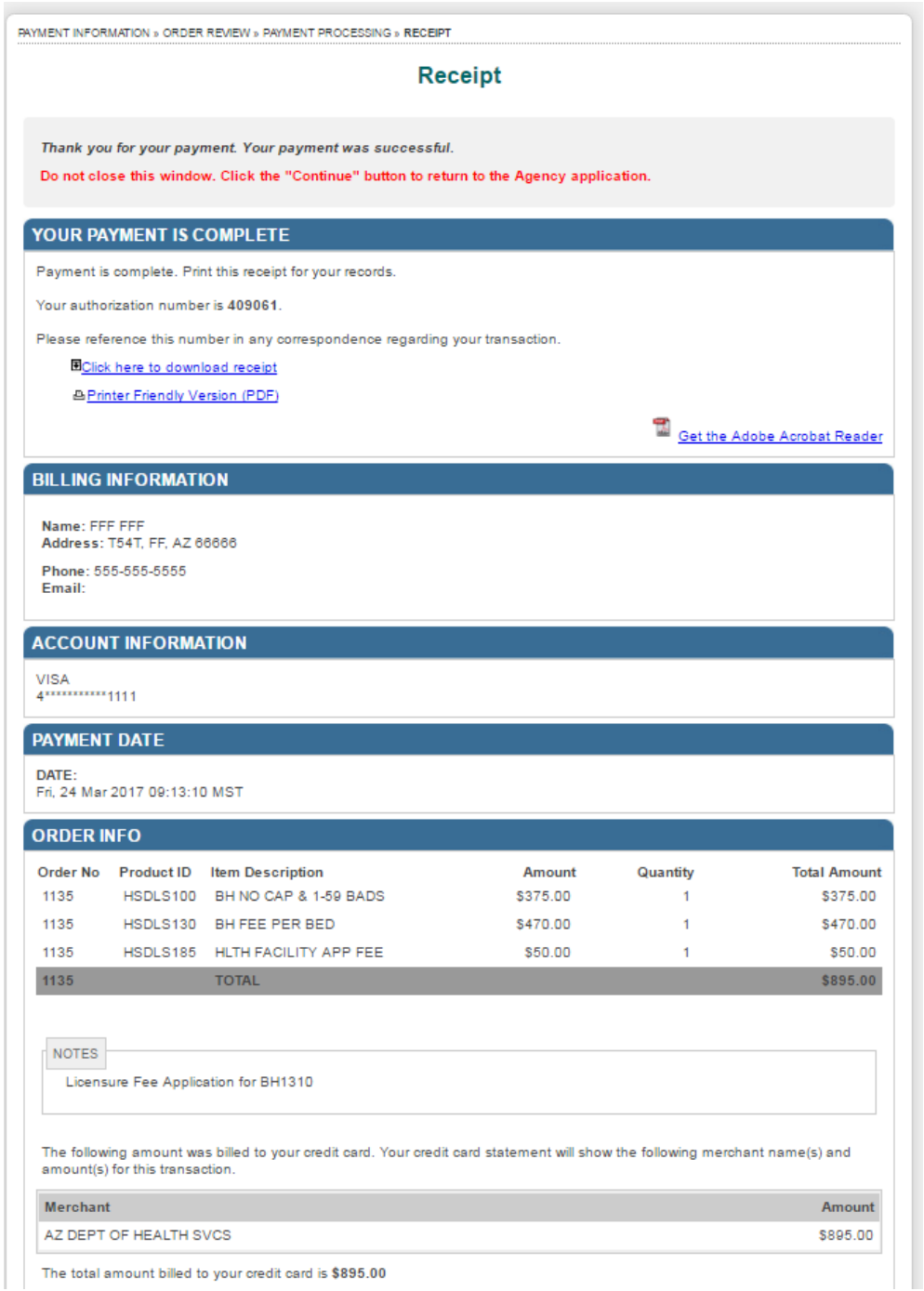
Merchant	Amount
AZ DEPT OF HEALTH SVCS	$895.00

The total amount to be billed to your credit card is **$895.00**

PREVIOUS AUTHORIZE

Submit Renewal cont'd

16. Once you authorize the payment, the portal will allow you to print a receipt.



PAYMENT INFORMATION » ORDER REVIEW » PAYMENT PROCESSING » RECEIPT

Receipt

Thank you for your payment. Your payment was successful.

Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.

Your authorization number is **409061**.

Please reference this number in any correspondence regarding your transaction.

Click here to download receipt

Printer Friendly Version (PDF)

Get the Adobe Acrobat Reader

BILLING INFORMATION

Name: FFF FFF
Address: T54T, FF, AZ 66666

Phone: 555-555-5555
Email:

ACCOUNT INFORMATION

VISA
4**********1111

PAYMENT DATE

DATE:
Fri, 24 Mar 2017 09:13:10 MST

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
1135	HSDLS100	BH NO CAP & 1-59 BADS	$375.00	1	$375.00
1135	HSDLS130	BH FEE PER BED	$470.00	1	$470.00
1135	HSDLS185	HLTH FACILITY APP FEE	$50.00	1	$50.00
1135		TOTAL			$895.00

NOTES

Licensure Fee Application for BH1310

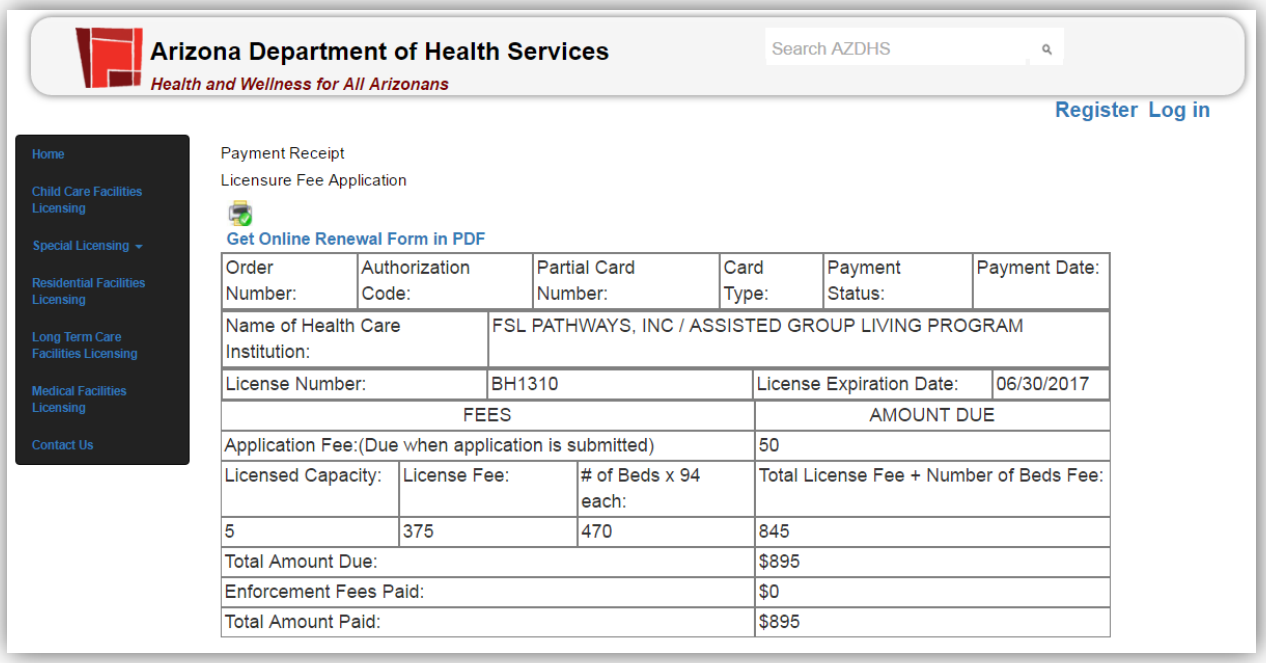
The following amount was billed to your credit card. Your credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	$895.00

The total amount billed to your credit card is **$895.00**

Submit Renewal cont'd

17. Print preview view. You can print this and save it.



Arizona Department of Health Services

Health and Wellness for All Arizonans

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- Special Licensing
- Residential Facilities Licensing
- Long Term Care Facilities Licensing
- Medical Facilities Licensing
- Contact Us

Payment Receipt

Licensure Fee Application

Get Online Renewal Form in PDF

Order Number:	Authorization Code:	Partial Card Number:	Card Type:	Payment Status:	Payment Date:

Name of Health Care Institution:	FSL PATHWAYS, INC / ASSISTED GROUP LIVING PROGRAM

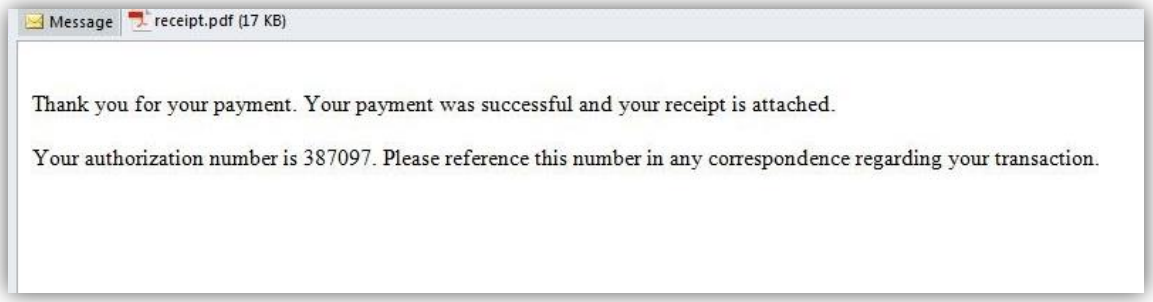
License Number:	BH1310	License Expiration Date:	06/30/2017

FEES	AMOUNT DUE
Application Fee:(Due when application is submitted)	50

Licensed Capacity:	License Fee:	# of Beds x 94 each:	Total License Fee + Number of Beds Fee:
5	375	470	845

Total Amount Due:	$895
Enforcement Fees Paid:	$0
Total Amount Paid:	$895

18. Fee status will be sent by email with the receipt attached in PDF.



Message | receipt.pdf (17 KB)

Thank you for your payment. Your payment was successful and your receipt is attached.

Your authorization number is 387097. Please reference this number in any correspondence regarding your transaction.

Submit Renewal cont'd

19. Click "*Order history*" to review the application form and receipt.

Congratulations! You submitted your online renewal successfully.