



**DEPARTMENT OF PERSONNEL & ADMINISTRATION
STATE ARCHIVES AND PUBLIC RECORDS
RECORDS DISPOSITION SCHEDULE**

ARCHIVES NO.
17-17

DEPARTMENT Regulatory Agencies	DIVISION Professions and Occupations	SECTION ALL Boards and Programs within the Division of Professions and Occupations	PERMANENT <input checked="" type="checkbox"/> NON-PERMANENT <input type="checkbox"/>
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ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS
1	Applications and supporting documents for original licensure or license authority	Permanent	Items 1 thru 4: To the extent available (see "" below), records are barcoded and submitted to Integrated Document Solutions (IDS) for imaging on a predetermined schedule. The images are electronically transferred to the Office of Information Technology Section (OIT) via the secure state network. After imaging is complete they are imported into the Division's Licensure database and linked to the electronic record. Originals are destroyed as imaged documents are considered permanent records. "License" and "Licensure" is used as a generic term. While most of the professions and occupations are licensed, others may be registered, certified, or listed.
2	*Applications and supporting documents for reinstatement of licensure or license authority	Permanent	
3	*Applications and supporting documents for reactivation of licensure or license authority	Permanent	
4	Applications and supporting documents for change of status of licensure or license authority	Permanent	

*Prior to July 1, 2012 (FY13) Boards and Programs retained reinstatement and reactivation applications as needed. Effective July 1, 2012 (FY13) all Boards and Programs are required to keep all reinstatement and reactivation applications permanently.

I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed in the State Records Management Policies and Procedures Manual..

State Archivist's Signature <i>[Signature]</i>	Date 2/13/2017	Records Liaison Officer's Signature <i>[Signature]</i>	Date 1/23/17
Attorney General's Signature	Date	State Auditor's Signature <i>[Signature]</i>	Date 3/13/17