Arkansas Psychology Board

101 East Capitol Avenue, Suite 415 ▪ Little Rock, AR ▪ 72201
Phone: 501.682.6167 ▪ Fax: 501.682.6165
www.psychologyboard.arkansas.gov
Email: APBinfo@arkansas.gov

PLEASE PRINT

2012-2013
License Renewal

LICENSEE INFORMATION:

☐ Dr. ☐ Mr. ☐ Ms. *Choose Only **ONE (1)** Option*

Name:

License Number:

Spoken Languages and/or Sign Language:

LICENSURE STATUS:

Choose one: ☐ Active ($200) ☐ Voluntary Inactive ($100) ☐ Retired ($0)

REQUIRED PUBLIC MAILING ADDRESS and BOARD CORRESPONDENCE ADDRESSES:
The Board is mandated by law to obtain a public address from **ALL** licensees. If you **do not** provide a public address, the Board will use your Board Correspondence address for public records. If you **do not** provide either a Mailing Address or a Board Correspondence address, the Board will use your home address for public records and Board correspondence. Your renewal application **WILL NOT** be processed without a valid address.

PUBLIC MAILING ADDRESS: The **PUBLIC MAILING** address will be used for the **PUBLIC** to contact you. It will be the address listed on the mailing lists, the Board directory, and will be available upon request, to other agencies and the general public.

Name:		
Address 1:		
Address 2:	County:	
City:	State:	Zip:
Phone:	Fax:	
Email:		

BOARD CORRESPONDENCE ADDRESS: The **BOARD CORRESPONDENCE** address is for **BOARD USE ONLY.** This address will NOT be provided to anyone…unless…we DO NOT have a Public address.

Name:		
Address 1:		
Address 2:	County:	
City:	State:	Zip:
Phone:	Fax:	
Email:		

HOME ADDRESS:

Address 1:		
Address 2:	County:	
City:	State:	Zip:
Phone:	Fax:	
Email:		

GENDER: Female: Male: **ETHNICITY:**

PLACE OF BIRTH: City State: Country:

SIGNATURE: **DATE:**

Please maintain copies of ALL documents submitted to the Board office.
Fees are $1. per page and MUST be paid before staff can provide any copies.

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License Renewal Affidavit
2012-2013

*Answer the questions, below, as related to your Psychology licensure status. If" **YES**" to **ANY** questions, you **MUST** provide details. This questionnaire **MUST** be completed and be submitted by June 30 2012.*

Licensee Name:

Licensee Number:

QUESTIONS	Yes/No	If "YES," you MUST Explain
1. Have you ever been convicted of a felony?	☐ Yes ☐ No	
2. Have you ever had employment(s), work assignment(s), volunteer posting(s), job duties, and/or job duty locations terminated, suspended, and/or altered due to **ANY** of the following:		
Substance Abuse	☐ Yes ☐ No	
Mental Impairment	☐ Yes ☐ No	
Sexual Misconduct	☐ Yes ☐ No	
PSYCHOLOGY LICENSE: *See note below* **		
3. Have you ever had **ANY** disciplinary action taken against your psychology license/certificate in **ANY** state/province?	☐ Yes ☐ No	
4. Has **ANY** disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against your psychology license/certificate in **ANY** state/province?	☐ Yes ☐ No	
5. Have you ever applied for and been denied, or had suspended or revoked, licensure/certification in **ANY** state/province as a provider of psychological services?	☐ Yes ☐ No	
6. Have you ever surrendered a psychology license/certificate in **ANY** state/province?	☐ Yes ☐ No	
7. Have you ever applied for and been denied, or had suspended or revoked, membership in **ANY** professional psychological association?	☐ Yes ☐ No	
PROFESSIONAL LICENSURE (excluding Psychology): If NOT APPLICABLE, please answer "NO" to Questions 8, 9, and 10. *See note below****		**If "YES" indicate the "TYPE of license, DATE, and STATE/PROVINCE"**
8. Has **ANY** disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against **ANY** professional license/certificate in **ANY** state/province?	☐ Yes ☐ No	
9. Has a request for a professional license/certificate ever been denied or revoked in **ANY** state/province?	☐ Yes ☐ No	
10. Have you ever surrendered a professional license/certificate in **ANY** state/province?	☐ Yes ☐ No	

***NOTE**: *Questions about surrendered, denied, suspended or revoked license relates to ethical complaints and disciplinary actions. It excludes not renewing a license due to moving to another state.*

NOTE: *Professional License is a license in a field other than Psychology.*

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

License Signature: _____ Date: _____

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CONTINUING EDUCATION UNITS (CEUs)
AND
Payment Form
2012-2013—License Renewal

Complete and submit this form **ONLY** if you are mailing **ALL** of the license renewal forms to the Board office for processing.

CONTINUING EDUCATION UNITS

ATTESTMENT OF CEU REORTING	
I attest to having completed at least twenty (20) hours of continuing education from July 1, 2011 until June 30, 2012. Arkansas Psychology Board's Rules and Regulations § 9.	☐ YES
OR—Exception to the Requirement see § 9.2.A and/or § 9.2.B.	☐ YES
OR—INCOMPLETE—from July 1 to June 30, I have only completed	_____ Hours

PAYMENT INFORMATION

METHODS OF PAYMENT:

☐ Debit/Credit Card (**ONLY** Discover, Master Card, or Visa can be accepted)
☐ Check ☐ Money Order

AMOUNT:

☐ $200 Active ☐ $100 Voluntary Inactive ☐ $0 Retired

I, _____, authorize the Arkansas Psychology Board to charge my debit/credit card for the amount indicated above.

_____
Signature *Date*

If paying via credit/debit card, please note that this portion of the payment page will be shredded after your renewal is processed. Thank you.

Debit/Credit Card information:

Type of card: ☐ Credit ☐ Debit ☐ Discover ☐ Master Charge ☐ Visa

Account number: _____

Expiration Date: _____

Last 3 digits on back of card: _____

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PLEASE PRINT

2012-2013 Voluntary Inactive and/or Retired Licensure Renewal Confirmation	
LICENSEE INFORMATION-MUST BE COMPLETED OR YOU WILL NOT RECEIVE CONFIRMATION	
☐ Dr. ☐ Mr. ☐ Ms. *Choose Only **ONE (1)***	
Name:	
Address:	
City: State: Zip:	
LICENSURE STATUS—Please chose ONE (1) Option Below:	
☐ **Voluntary Inactive**	☐ **Retired**
FOR BOARD USE ONLY	
DO NOT WRITE BELOW THIS LINE	
This is to confirm that the above named Licensee has renewed their 2011-2012 license as a Voluntary Inactive Licensee with the Arkansas Psychology Board on this date: _____	
This is to confirm that the above named Licensee has retired their license with the Arkansas Psychology Board on this date: _____	
PAYMENT INFORMATION:	
Method of Payment:	**Receipt Number:**
Maggie Sponer	**Sheila Pauley**
Licensing Coordinator	**Executive Director**
Date:	**Date:**

EFFECTIVE APRIL 16, 2010

NOTE: If you would like to receive confirmation of your Voluntary Inactive Renewal OR confirmation of Retiring your license with the Arkansas Psychology Board, please complete the top portion of this form and return it to the Board office with ALL of the renewal forms and your payment. If we do NOT receive this form, we will NOT send anything to you confirming your licensure status as a Voluntary Inactive or Retired Licensee. Retired and Voluntary Inactive Licensees will NOT receive a licensure card in the mail.

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*NOTE—The Board will accept **only** legible, signed, original forms without corrections.*

—Supervision Report Form—

☐ **Quarterly Report** ☐ **Annual Report**

Period of Supervision From: _____ To: _____

Supervisee Name (PRINTED): _____ AR License Number: _____

Supervisor Name (PRINTED): _____ AR License Number: _____

☐ I am not providing services requiring supervision at this time.
☐ I am not residing in the State of Arkansas at this time.

1. Describe the frequency and type of scheduled supervision sessions, and nature of supervision contact, whether individual, group, telephone, and/or correspondence.

_____
_____

2. Indicate the total number of hours of supervision per type of contact as defined in question one (1).

_____
_____

3. Describe below the nature of unscheduled supervision and contact of supervisor with supervisee.

_____
_____

4. Describe supervisee's general function as related to supervision requirements.

_____
_____

5. Describe any specific areas covered in the supervision process, e.g., expanding practice, etc.

_____
_____

Supervisee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Any change of status in the supervisory relationship MUST be reported in writing by the supervisee to the board within ten (10) working days of the change of status per AR Psychology Board Rules and Regulations §6.3.B.(3).

2012-2013 License Renewal