



Arkansas Department of Health

Nathaniel Smith, MD, MPH, Secretary of Health

Psychology Board

101 E. Capitol Ave., Ste. 415 | Little Rock | AR 72201
501-682-6167 | Fax 501-682-6165

PLEASE PRINT

2020-2021

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 Psychologist (\$235) Active Psychological Examiner (\$210)

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:

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.

**License Renewal Affidavit
2020-2021**

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, 2020.

Licensee Name:		
Licensee Number:		
QUESTIONS	Yes/No	If "YES," you MUST Explain
1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="text-align: right; margin-right: 50px;"> Substance Abuse Mental Impairment Sexual Misconduct </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
PSYCHOLOGY LICENSE: See note below**		
3. Have you ever had ANY disciplinary action taken against your <u>psychology</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has ANY disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against your <u>psychology</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>psychological</u> services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever surrendered a <u>psychology</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever applied for and been denied, or had suspended or revoked, membership in ANY professional psychological association?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>professional</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Has a request for a <u>professional</u> license/certificate ever been denied or revoked in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever surrendered a <u>professional</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
2020-2021—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 REPORTING	
I attest to having completed at least twenty (20) hours of continuing education from July 1, 2019 until June 30, 2020.	
Arkansas Psychology Board's Rules and Regulations § 9.	<input type="checkbox"/> YES
OR —Exception to the Requirement see § 9.2.A and/or § 9.2.B.	<input type="checkbox"/> YES
OR —INCOMPLETE—from July 1 to June 30, I have only completed	_____ Hours

PAYMENT INFORMATION

METHODS OF PAYMENT:

Check Money Order

AMOUNT:

\$235 Active \$210 Psychological Examiner \$100 Late Fee
(after June 30, 2020)

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