



# 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 Voluntary Inactive and/or Retired Licensure Renewal Confirmation		
<b>LICENSEE INFORMATION:</b>		
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <i>Choose Only <b>ONE (1)</b> Option</i>		
Name:		
License Number:		
Spoken Languages and/or Sign Language:		
<b>LICENSURE STATUS:</b>		
Choose one: <input type="checkbox"/> Vol Inactive Psychologist (\$117.50) <input type="checkbox"/> Vol Inactive Examiner (\$105) <input type="checkbox"/> Retired (\$0)		
<b>REQUIRED PUBLIC MAILING ADDRESS and BOARD CORRESPONDENCE ADDRESSES:</b> The Board is mandated by law to obtain a public address from <b>ALL</b> licensees. If you <b>do not</b> provide a public address, the Board will use your Board Correspondence address for public records. If you <b>do not</b> 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 <b>WILL NOT</b> be processed without a valid address.		
<b>PUBLIC MAILING ADDRESS:</b> The <b>PUBLIC MAILING</b> address will be used for the <b>PUBLIC</b> 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:		
<b>BOARD CORRESPONDENCE ADDRESS:</b> The <b>BOARD CORRESPONDENCE</b> address is for <b>BOARD USE ONLY</b> . This address will NOT be provided to anyone...unless...we DO NOT have a Public address.		
<b>HOME ADDRESS:</b>		
Address 1:		
Address 2:	County:	
City:	State:	Zip:
Phone:	Fax:	
Email:		
<b>GENDER:</b> Female:	Male:	<b>ETHNICITY:</b>
<b>PLACE OF BIRTH:</b> City	State:	Country:
<b>SIGNATURE:</b>	<b>DATE:</b>	

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.

<u>2020-2021</u>	
<u>Voluntary Inactive and/or Retired Licensure Renewal Confirmation</u>	
<b>LICENSEE INFORMATION-MUST BE COMPLETED OR YOU WILL NOT RECEIVE CONFIRMATION</b>	
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <i>Choose Only <b>ONE (1)</b></i>	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
<b>LICENSURE STATUS—Please chose ONE (1) Option Below:</b>	
<input type="checkbox"/> <b>Voluntary Inactive</b> <input type="checkbox"/> <b>Retired</b>	
<b>FOR BOARD USE ONLY</b>	
<b>DO NOT WRITE BELOW THIS LINE</b>	
<b><u>This is to confirm that the above named Licensee has renewed their 2020-2021 license as a Voluntary Inactive Licensee with the Arkansas Psychology Board on this date:</u></b>	
<b><u>This is to confirm that the above named Licensee has retired their license with the Arkansas Psychology Board on this date:</u></b>	
<b>PAYMENT INFORMATION:</b>	
<b>Method of Payment:</b>	<b>Receipt Number:</b>
<b>Susan Cooper</b>	<b>Brandi Thompson</b>
<b>Administrative Director</b>	<b>Administrative Specialist III</b>
<b>Date:</b>	<b>Date:</b>

**BOARD DETERMINATION APRIL 16, 2010**

**NOTE: If you would like to receive confirmation of your Voluntary Inactive Renewal OR confirmation of Retiring your licensure 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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