



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

Request for Arkansas Psychology Board License Application Packet

Application packet request for: (choose one)

Date: _____

- Psychologist (Doctoral level only)
- Psychologist - Upgrade (Psychological Examiners only)
- Senior Psychologist (Doctoral level only) Must be licensed 20+ years.
- National Register (Psychologist only) Must be licensed 5+ years and be a member of National Register: www.nationalregister.org
- CPQ (Psychologist only) Must be licensed 5+ years in a participating state per www.asppb.net.
- I am licensed in another state and will not be using any mobility programs. (A license verification form will be included in application packet.)
- I am an active duty military service member, returning military veteran, or a spouse of those.

Applicant Information

(Please complete all that apply)

Legal Name: _____ Social Security No.: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone Number: _____ Home Email: _____

Business Phone Number: _____ Business Email: _____

Fax Number: _____ Highest Degree: Ph.D. Psy.D. Other

Signature

Date

Note: To maintain compliance with board rules, please **notify the board of any changes** to the above information.

Payment Type:

- Check Money Order Cashier's Check
 - Visa Master Card Discover Am. Ex.
- Credit Card Number: _____
Expiration Date: _____
Three digits on back of card: _____

Amount:

- \$50 (\$150 balance due when application is complete)
- \$200 (full payment)