



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 LICENSE APPLICATION PACKET

Plain Form

Date: _____

Application packet request for: (choose one)

- Psychologist (Doctoral level only)
- Psychologist - Upgrade (Psychological Examiners only)
- Senior Psychologist (Doctoral level only) Must be licensed 20+ years.
- Reciprocity (Psychologist only) Must be licensed 5+ years in a participating state: www.asppb.org
- National Register (Psychologist only) Must be licensed 5+ years and be a member of National Register: www.nationalregister.org
- Certificate of Professional Qualification in Psychology (Psychologist only) Must be licensed 5+ years in a participating state: www.asppb.org
- I am licensed in another state and will not be using any mobility programs. (A license verification form will be included in the 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)

Name: _____

Social Security No.: _____

Address: _____

Date of Birth: _____

City: _____ State: _____ Zip: _____

County: _____

Main Phone Number: _____

Highest Degree:

Secondary Phone Number: _____

Ph.D. Psy.D. Ed.D. Ed.S.

Mobile Phone Number: _____

Other

Fax Number: _____

Email 1: _____

Email 2: _____

Signature

Date

To keep your record updated, **please notify the board of any changes of the above information.**

Payment Type: Check Money Order Cashier's Check

Amount:

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