



# 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

### Provisional License Payment Form

Please be advised that Act 648 of 1983 authorized the Arkansas Psychology Board to institute a Provisional Licensure fee. Individuals who are providing psychology services as Provisional Licensure Applicants are required to pay this fee which is set at one hundred dollars (\$100) for six months. Also required is a completed Supervision Agreement on file with this office even if the individual is not practicing in the State or providing services requiring supervision.

Please submit this fee and supervision from as soon as possible. Individuals who have not paid and who provide psychological services will be considered in violation of Act 129 of 1955, § 7, and will be subject to prosecution. A supervision form must be received prior to sitting for the EPPP written exam and/or the Oral Interview.

\*\*\*\*\*

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Enclosed is my payment for \$100 for a 6 months Provisional License Permit to Practice.

Please choose one of the following:  1<sup>st</sup> 6 months       2<sup>nd</sup> 6 months  
 3<sup>rd</sup> Six Months       Extension

\*\*\*\*\*

*Business Use Only*

**Provisional License Permit to Practice #:** \_\_\_\_\_

**Issued:** \_\_\_\_\_ **Valid Through:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payment Type:**  Check  Money Order