



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

NOTE—The Board will accept only legible, signed, original forms without corrections.

—Statement of Intent to Practice as a Licensed Psychological Examiner—

This form is to describe all your competencies to practice as a Licensed Psychological Examiner, regardless of whether you use them in your current work situation.

Name (PRINTED): _____ License Number: _____

All areas of practice and populations indicated must be supported by coursework and supervised training.

1. Indicate whether you are competent to provide psychoeducational assessment independently.

- Yes No

2. Indicate all types of psychological services you are competent to provide under supervision.

A. Areas of practice:

- | | |
|--|--|
| <input type="checkbox"/> Psychoeducational Testing | <input type="checkbox"/> Individual Therapy |
| <input type="checkbox"/> Objective Personality Testing | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Projective Tests | <input type="checkbox"/> Couples/Marital Therapy |
| <input type="checkbox"/> Diagnostic Interviewing | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Biofeedback |
| <input type="checkbox"/> Neuropsychological Testing (only available to those licensed before January 1, 2008 who have neuropsychology on their previous statement of intent) | |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Other (specify) |

B. Populations to be served:

- Child Adolescent Adult Geriatric

3. I have read, understood, and agree to abide by:

- Yes No American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct
- Yes No ACA §17-97-101 et. Seq., the law that governs the practice of Psychology in Arkansas
- Yes No Rules and Regulations of the Arkansas Psychology Board

The Board cautions all licensees to confine practice to areas in which you have demonstrated competence through experience and supervised training. The Statement of Intent form **MUST** be amended anytime you wish to expand your areas of practice. All revisions to the Statement of Intent must be approved by the Board.

Signature: _____

Date: _____