



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

NEUROPSYCHOLOGICAL TECHNICIAN REGISTRATION REQUEST

Please provide a separate request for each technician and/or supervising Psychologist

PLEASE TYPE OR PRINT CLEARLY

Date: _____

Supervising Psychologist Name: _____

Supervising Psychologist License Number: _____

I would like to request a registration packet for a technician.

This technician is already registered with the Board. Registration Number: _____

FYI: Even if a Neuropsychological Technician is registered with the Board; then, a new registration form and packet must be completed by each subsequent Supervising Psychologist.

Applicant Neuropsychological Technician Contact Information

Name: _____

Highest Degree: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Telephone Number: _____ Email Address: _____

The packet can ONLY be mailed to the Supervising Psychologist.

Supervising Psychologist Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Supervising Psychologist Telephone Number: _____

Supervising Psychologist Email Address: _____

Supervising Psychologist Signature **License Number** **Date**

Applicant Neuropsychological Technician Signature **Date**

For Board Use Only

Date the request was received in the Board Office: _____ Date packet mailed to Supervising Psychologist: _____

