



# 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

### —Statement of Intent to Append Telepsychology For Practice as a Psychologist, Provisionally Licensed Psychologist, Psychological Examiner Independent or Psychological Examiner To a previously Board Approved Statement of Intent—

**Email this signed, dated form and accompanying documents to: [APB.Info@arkansas.gov](mailto:APB.Info@arkansas.gov),  
OR  
mail to address above.**

Name (PRINTED): \_\_\_\_\_ License Number: \_\_\_\_\_

Please attach documentation (coursework or continuing education) indicating your training in Telepsychology.

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: \_\_\_\_\_