



# Arkansas Department of Health

Arkansas Psychology Board  
101 E. Capitol Avenue, Suite 415 • Little Rock, Arkansas 72201 • (501) 682-6167 • Fax: (501) 682-6165  
APB.info@Arkansas.gov • psychologyboard.Arkansas.gov  
Governor Asa Hutchinson  
José Romero, MD, Secretary of Health

## PLEASE PRINT

2021-2022 License Renewal		
<b>LICENSEE INFORMATION:</b>		
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <i>Choose Only <b>ONE (1)</b> Option</i>		
Name:		
License Number:		
Spoken Languages and/or Sign Language:		
<b>LICENSURE STATUS:</b>		
Choose one: <input type="checkbox"/> Active Psychologist (\$235) <input type="checkbox"/> Active Psychological Examiner (\$210)		
<b>REQUIRED PUBLIC MAILING ADDRESS and BOARD CORRESPONDENCE ADDRESSES:</b> The Board is mandated by law to obtain a public address from <b>ALL</b> licensees. If you <b>do not</b> provide a public address, the Board will use your Board Correspondence address for public records. If you <b>do not</b> provide either a Mailing Address or a Board Correspondence address, the Board will use your home address for public records and Board correspondence. Your renewal application <b>WILL NOT</b> be processed without a valid address.		
<b>PUBLIC MAILING ADDRESS:</b> The <b>PUBLIC MAILING</b> address will be used for the <b>PUBLIC</b> to contact you. It will be the address listed on the mailing lists, the Board directory, and will be available upon request, to other agencies and the general public.		
Name:		
Address 1:		
Address 2:		County:
City:		State:                      Zip:
Phone:		Fax:
Email:		
<b>BOARD CORRESPONDENCE ADDRESS:</b> The <b>BOARD CORRESPONDENCE</b> address is for <b>BOARD USE ONLY</b> . This address will NOT be provided to anyone...unless...we DO NOT have a Public address.		
Name:		
Address 1:		
Address 2:		County:
City:		State:                      Zip:
Phone:		Fax:
Email:		
<b>GENDER:</b> Female:                      Male: <b>ETHNICITY:</b>		
<b>PLACE OF BIRTH:</b> City                      State:                      Country:		

Please maintain copies of ALL documents submitted to the Board office.  
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<b>SIGNATURE:</b>	<b>DATE:</b>
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## License Renewal Affidavit 2021-2022

*Answer the questions, below, as related to your Psychology licensure status. If "YES" to ANY questions, you **MUST** provide details. This questionnaire **MUST** be completed and be submitted by June 30 2021.*

<b>Licensee Name:</b>		
<b>Licensee Number:</b>		
QUESTIONS	Yes/No	If "YES," you MUST Explain
1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever had employment(s), work assignment(s), volunteer posting(s), job duties, and/or job duty locations terminated, suspended, and/or altered due to <b>ANY</b> of the following:  <div style="text-align: right; margin-right: 20px;">           Substance Abuse            Mental Impairment            Sexual Misconduct         </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
PSYCHOLOGY LICENSE: See note below**		
3. Have you ever had <b>ANY</b> disciplinary action taken against your <u>psychology</u> license/certificate in <b>ANY</b> state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has <b>ANY</b> disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against your <u>psychology</u> license/certificate in <b>ANY</b> state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever applied for and been denied, or had suspended or revoked, licensure/certification in <b>ANY</b> state/province as a provider of <u>psychological</u> services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever surrendered a <u>psychology</u> license/certificate in <b>ANY</b> state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever applied for and been denied, or had suspended or revoked, membership in <b>ANY</b> professional psychological association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROFESSIONAL LICENSURE (excluding Psychology): If NOT APPLICABLE, please answer "NO" to Questions 8, 9, and 10. See note below***		If "YES" indicate the "TYPE of license, DATE, and STATE/PROVINCE"
8. Has <b>ANY</b> disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against <b>ANY</b> <u>professional</u> license/certificate in <b>ANY</b> state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Has a request for a <u>professional</u> license/certificate ever been denied or revoked in <b>ANY</b> state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever surrendered a <u>professional</u> license/certificate in <b>ANY</b> state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**\*\*\*NOTE:** Questions about surrendered, denied, suspended or revoked license relates to ethical complaints and disciplinary actions. It excludes not renewing a license due to moving to another state.

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\*\*NOTE: Professional License is a license in a field other than Psychology. i. certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

License Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTINUING EDUCATION UNITS (CEUs)
AND
Payment Form
2021-2022—License Renewal

Complete and submit this form ONLY if you are mailing ALL of the license renewal forms to the Board office for processing.

CONTINUING EDUCATION UNITS

Table with 2 columns: Statement and Response. Row 1: ATTESTMENT OF CEU REPORTING. Row 2: I attest to having completed at least twenty (20) hours of continuing education from July 1, 2020 until June 30, 2021. Arkansas Psychology Board's Rules and Regulations § 9. Row 3: OR—Exception to the Requirement see § 9.2.A and/or § 9.2.B. Row 4: OR—INCOMPLETE—from July 1 to June 30, I have only completed \_\_\_\_\_ Hours.

PAYMENT INFORMATION

METHODS OF PAYMENT:

Check Money Order

AMOUNT:

\$235 Active \$210 Psychological Examiner \$100 Late Fee (after June 30, 2021)

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