



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

2020-2021			
Voluntary Inactive and/or Retired Licensure Renewal Confirmation			
LICENSEE INFORMATION:			
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <i>Choose Only ONE (1) Option</i>			
Name:			
License Number:			
Spoken Languages and/or Sign Language:			
LICENSURE STATUS:			
Choose one: <input type="checkbox"/> Vol Inactive Psychologist (\$117.50) <input type="checkbox"/> Vol Inactive Examiner (\$105) <input type="checkbox"/> Retired (\$0)			
REQUIRED PUBLIC MAILING ADDRESS and BOARD CORRESPONDENCE ADDRESSES:			
The Board is mandated by law to obtain a public address from ALL licensees. If you do not provide a public address, the Board will use your Board Correspondence address for public records. If you do not 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 WILL NOT be processed without a valid address.			
PUBLIC MAILING ADDRESS: The PUBLIC MAILING address will be used for the PUBLIC 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:			
BOARD CORRESPONDENCE ADDRESS: The BOARD CORRESPONDENCE address is for BOARD USE ONLY . This address will NOT be provided to anyone...unless...we DO NOT have a Public address.			
HOME ADDRESS:			
Address 1:			
Address 2:		County:	
City:		State:	Zip:
Phone:		Fax:	
Email:			
GENDER: Female:		Male:	ETHNICITY:
PLACE OF BIRTH: City		State:	Country:
SIGNATURE:			DATE:

License Renewal Affidavit
2019-2020

Please maintain copies of ALL documents submitted to the Board office.
 Fees are \$1 per page and MUST be paid before staff can provide any copies.



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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.

*****NOTE:** Questions about surrendered, denied, suspended or revoked license relates to ethical complaints

Licensee Name:		
Licensee Number:		
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 ANY 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 ANY disciplinary action taken against your <u>psychology</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has ANY disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against your <u>psychology</u> license/certificate in ANY 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 ANY 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 ANY 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 ANY 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 ANY disciplinary action, limitation(s), restriction(s), or rehabilitation been initiated or entered against ANY <u>professional</u> license/certificate in ANY 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 ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever surrendered a <u>professional</u> license/certificate in ANY state/province?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

and disciplinary actions. It excludes not renewing a license due to moving to another state.

****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.

Licensee Signature: _____ **Date:** _____

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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

ATTESTMENT OF CEU REPORTING	
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.	<input type="checkbox"/> YES
OR —Exception to the Requirement see § 9.2.A and/or § 9.2.B.	<input type="checkbox"/> YES
OR — INCOMPLETE —from July 1 to June 30, I have only completed _____	Hours

PAYMENT INFORMATION

METHODS OF PAYMENT:

Check Money Order

AMOUNT:

\$117.50 Vol Inactive Psychologist \$105 Vol. Inactive Examiner
 \$100 Late Fee \$0 Retired

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2021-2022	
Voluntary Inactive and/or Retired Licensure Renewal Confirmation	
LICENSEE INFORMATION-MUST BE COMPLETED OR YOU WILL NOT RECEIVE CONFIRMATION	
_____ <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <i>Choose Only ONE (1)</i>	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
LICENSURE STATUS—Please chose ONE (1) Option Below:	
<input type="checkbox"/> Voluntary Inactive <input type="checkbox"/> Retired	
FOR BOARD USE ONLY	
DO NOT WRITE BELOW THIS LINE	
<u>This is to confirm that the above named Licensee has renewed their 2021-2022 license as a Voluntary Inactive Licensee with the Arkansas Psychology Board on this date:</u>	

<u>This is to confirm that the above named Licensee has retired their license with the Arkansas Psychology Board on this date:</u>	

<u>PAYMENT INFORMATION:</u>	
Method of Payment: _____	Receipt Number: _____
Colin Davies	Brandi Thompson
Executive Director	Administrative Specialist III
Date: _____	Date: _____

BOARD DETERMINATION APRIL 16, 2010

NOTE: If you would like to receive confirmation of your Voluntary Inactive Renewal OR confirmation of Retiring your licensure with the Arkansas Psychology Board, please complete the top portion of this form and return it to the Board office with ALL of the renewal forms and your payment. If we do NOT receive this form, we will NOT send anything to you confirming your licensure status as a Voluntary Inactive or Retired Licensee. Retired and Voluntary Inactive Licensees will NOT receive a licensure card in the mail.