



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
Renee Mallory, RN, BSN, Interim Secretary of Health  
Jennifer Dillaha, MD, Director

## PLEASE PRINT

2022-2023 Voluntary Inactive and/or Retired Licensure Renewal Confirmation		
<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"/> Vol Inactive Psychologist (\$117.50) <input type="checkbox"/> Vol Inactive Examiner (\$105) <input type="checkbox"/> Retired (\$0)		
<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.		
<b>HOME ADDRESS:</b>		
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:		
<b>SIGNATURE:</b>		<b>DATE:</b>

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.

**License Renewal Affidavit  
2022-2023**

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, 2022.

**\*\*\*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.

<b>Licensee Name:</b>		
<b>Licensee Number:</b>		
<b>QUESTIONS</b>	<b>Yes/No</b>	<b>If "YES," you MUST Explain</b>
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: 50px;">                 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	
<b>PSYCHOLOGY LICENSE: See note below**</b>		
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	
<b>PROFESSIONAL LICENSURE (excluding Psychology): If NOT APPLICABLE, please answer "NO" to Questions 8, 9, and 10. See note below***</b>		<b>If "YES" indicate the "TYPE of license, DATE, and STATE/PROVINCE"</b>
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:** 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  
2022-2023—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**

<b>ATTESTMENT OF CEU REPORTING</b>	
I attest to having completed at least twenty (20) hours of continuing education from July 1, 2021 until June 30, 2022.	
Arkansas Psychology Board's Rules and Regulations § 9.	<input type="checkbox"/> YES
<b>OR</b> —Exception to the Requirement see § 9.2.A and/or § 9.2.B.	<input type="checkbox"/> YES
<b>OR</b> —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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<b>2022-2023</b>	
<b>Voluntary Inactive and/or Retired Licensure Renewal Confirmation</b>	
<b>LICENSEE INFORMATION-MUST BE COMPLETED OR YOU WILL NOT RECEIVE CONFIRMATION</b>	
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <i>Choose Only <b>ONE (1)</b></i>	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
<b>LICENSURE STATUS—Please chose ONE (1) Option Below:</b>	
<input type="checkbox"/> Voluntary Inactive <input type="checkbox"/> Retired	
<b>FOR BOARD USE ONLY</b>	
<b>DO NOT WRITE BELOW THIS LINE</b>	
<u>This is to confirm that the above named Licensee has renewed their 2022-2023 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> _____	
<b>PAYMENT INFORMATION:</b>	
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.**