



Arkansas Department of Health

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Governor Asa Hutchinson

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

*NOTE—The Board will accept **only** legible, signed, original forms without corrections.*

—Statement of Intent to Practice as a Licensed Psychological Examiner—Independent—

This form is to describe all your competencies to practice as a Licensed Psychological Examiner—Independent, regardless of whether you use them in your current work situation.

Name (PRINTED): _____ License Number: _____

- I was licensed before 12/31/1997.
- I was licensed after 12/31/1997 and have completed the 3000 hours of supervised experienced required for independent practice.

1. Indicate all types of psychological services you are competent to provide independently. All areas of practice must be supported by coursework and supervised training.

- Psychoeducational Testing
- Objective Personality Testing
- Diagnostic Interviewing
- Hypnosis
- Consultation
- Other (specify) _____
- Individual Therapy
- Group Therapy
- Couples/Marital Therapy
- Family Therapy
- Biofeedback

2. Indicate all types of psychological services you are competent to provide only under supervision.

- Psychoeducational Testing
- Objective Personality Testing
- Projective Tests
- Diagnostic Interviewing
- Hypnosis
- Consultation
- Other (specify) _____
- Individual Therapy
- Group Therapy
- Couples/Marital Therapy
- Family Therapy
- Biofeedback
- Neuropsychological Assessments

3. Populations to be served:

- Child
- Adolescent
- Adult
- Geriatric

4. 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: _____