



**ARKANSAS  
PSYCHOLOGY  
BOARD**

Renee Mallory, RN, BSN  
SECRETARY OF HEALTH  
Colin Davies  
DIRECTOR AR PSYCHOLOGY  
BOARD  
Sarah Huckabee Sanders  
GOVERNOR

**Request for Arkansas Psychology Board  
License Application Packet**

**Application packet request for: (choose one)**

**Date:** \_\_\_\_\_

- Psychologist (Doctoral level only)
- Psychological Examiners (Master level)
- Psychologist - Upgrade (Psychological Examiners already licensed)
- Senior Psychologist (Doctoral level only) Must be licensed 20+ years.
- National Register (Psychologist only) Must be licensed 5+ years and be a member of National Register: [www.nationalregister.org](http://www.nationalregister.org)
- CPQ (Psychologist only) Must be licensed 5+ years in a participating state per [www.asppb.net](http://www.asppb.net).
- I am an active duty military service member, returning military veteran, or a spouse of those.

**Applicant Information**

*(Please complete all that apply)*

Legal Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Email: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Highest Degree:  Ph.D.  Psy.D.  Other

**Signature**

**Date**

**Note:** To maintain compliance with board rules, please **notify the board of any changes** to the above information.