



**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 Examiner (Master's level)
- Psychologist - Upgrade (Psychological Examiners only)
- Senior Psychologist (Doctoral level only) Must be licensed 20+ years.
- National Register www.nationalregister.org (Psychologist only) Must be licensed 5+ years and be a member of National Register:
- CPQ (Psychologist only) Must be licensed 5+ years in a participating state per 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.

Payment Type:

- Check/Cashier's Check
- Money Order
- Online

Amount:

- \$10.00 (full reduced payment)