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)
- ❑ Licensed Psych Pract. (Master level)
- ❑ BCBA (Registration, Temporary, and Reciprocity)
- ❑ 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
- ❑ 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.*