

**State of Arizona Board of Psychologist Examiners  
2015-2017  
Psychologist  
License Renewal Instructions**

All licensees, regardless of status, are required by law to complete and return the enclosed Application for License Renewal form with the required fee. Applications, if mailed, must be postmarked on or before April 30, 2015, and if hand-delivered, must be received by Board's office by 5:00 p.m. on April 30, 2015, to avoid a \$200 reinstatement fee.

***ALL LICENSE RENEWAL APPLICATIONS MUST BE SUBMITTED BY  
APRIL 30, 2015***

**Renewals will not be processed unless you have enclosed the following:**

- The *completed 2015-2017 Psychologist Application for License Renewal form*
- Any attachments with explanations if you answered "Yes" to questions 1-15 or "No" to questions 15 or 16
- The completed Mandatory Confidential Information sheet
- The completed Arizona Statement of Citizenship and Alien Status form if applicable
- A check, cashier's check, or money order made payable to **BOARD OF PSYCHOLOGIST EXAMINERS** in the amount of \$500 for active status renewals or \$85 for inactive status renewals.

**PLEASE NOTE: ALL application materials must be complete in order to meet the April 30, 2015 deadline.**

**\*If you do not receive your license receipt within four weeks of mailing your renewal application, please call (602) 542-8159 or e-mail [heather.duracinski@psychboard.az.gov](mailto:heather.duracinski@psychboard.az.gov) to inquire whether your renewal form and fee were received.**

**REINSTATEMENT OF AN EXPIRED LICENSE**

Pursuant to A.R.S. § 32-2073, if a psychologist permits his or her license to expire, the psychologist shall not practice in Arizona.

- (1) A licensee may renew an expired Active license by paying the \$500 renewal fee and the \$200 reinstatement fee on or before June 30, 2015.
- (2) A licensee may renew an expired Inactive license by paying the \$85 renewal fee and the \$200 reinstatement fee on or before June 30, 2015.
- (3) From July 1, 2015 through April 30, 2016, a license may be reinstated by paying the \$500 renewal fee, the \$200 reinstatement fee, and by providing proof of competency and qualifications to the Board (not applicable to inactive status).
- (4) If a psychologist does not renew or reinstate his or her license on or before April 30, 2016, in order to be licensed in Arizona again, the psychologist will be required to apply anew for licensure and must meet current licensing requirements, including coursework examinations and supervised experience.

**THESE REQUIREMENTS ARE DETERMINED BY STATUTE. NEITHER THE BOARD NOR BOARD STAFF HAVE THE AUTHORITY TO WAIVE OR ALTER ANY PART OF THE REQUIREMENTS.**

**PLEASE SEND COMPLETED APPLICATION MATERIALS, AND RENEWAL FEES TO:**

**ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS  
1400 W. WASHINGTON ST., SUITE #240  
PHOENIX, AZ 85007**

1400 W. Washington  
Suite 240  
Phoenix, Arizona 85007  
Phone: (602) 542-8162  
Fax: (602) 542-8279  
<https://psychboard.az.gov>



**2015-2017**

If this information is needed in  
an alternative format, please call  
(602) 542-8159.

**State of Arizona**  
**Board of Psychologist Examiners**

---

---

**PSYCHOLOGIST**  
**APPLICATION FOR LICENSE RENEWAL**

---

---

Please type or print all information in black or blue ink.

**I. PROFESSIONAL INFORMATION**

License Number: \_\_\_\_\_ Degree \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden/Other Names Used (if any):  
\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Website: \_\_\_\_\_

Should the Board use this address as your public address (will be listed on the Board's website)? [ ] Yes [ ] No

If no, please indicate your public address (will be listed on the Board's website):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**II. REQUESTED LICENSE STATUS**

Please select the following license status that you are requesting.

**ACTIVE STATUS**

If you wish to maintain your license on active status, which allows you to practice in Arizona through April 30, 2017, please submit this **Application for License Renewal** form and the **\$500 Active license renewal fee**. Please note that you must have completed 40 hours of continuing education (or the prorated amount for those licensed after May 1, 2013).



## II. BACKGROUND INFORMATION

Please read the following questions carefully. You MUST answer every question. If you answer "Yes" to questions #1 through #14, or "No" to questions #15 and #16 please **provide a thorough explanation including appropriate documentation such as related court orders, disciplinary actions, etc. (attach a separate sheet if necessary)**

- |  |     |    |
|--|-----|----|
| 1. Are you currently licensed or certified as a psychologist in another jurisdiction? If yes, in which jurisdiction(s).  | Yes | No |
| 2. Are you currently a licensed or certified member in any other field(s) or profession(s)? If yes, which field(s) or profession(s) and in which jurisdiction(s).  | Yes | No |
| 3. Are you currently a member of any hospital staff or provider panel? If yes, please list.  | Yes | No |
| 4. Are you currently a member of any professional associations? If yes, please list.   | Yes | No |
| 5. Excluding exam failures, have you been denied a license or certificate to practice any profession by any state or Canadian province? If yes, please attach an explanation and any pertinent documentation.  | Yes | No |
| 6. Do you have or have you had a condition that in any way impairs or limits your ability to safely and effectively practice psychology? If yes, please attach an explanation and any pertinent documentation.   | Yes | No |
| 7. Since May 1, 2013, have you relinquished responsibilities, resigned a position or been terminated while a complaint against you was being investigated or adjudicated?  | Yes | No |
| 8. Since May 1, 2013, have you resigned or been terminated from a professional organization, hospital staff, or provider panel or surrendered a license while a complaint against you was being investigated or adjudicated?   | Yes | No |
| 9. Since May 1, 2013, have you been or are you currently under investigation by any professional organization, health care institution or provider panel of which you are a member or on staff, or a regulatory board or agency (including the Arizona Board of Psychologist Examiners) concerning ethical propriety or legality of your conduct?  | Yes | No |
| 10. Since May 1, 2013, have you been disciplined by any agency or regulatory board of any jurisdiction (including the Arizona Board of Psychologist Examiners), health care institution, provider panel or ethics panel for acts pertaining to your conduct as a psychologist or as a professional in another field? If yes, please attach a report of those actions including the name and address of the disciplinary entity, the nature of the action, and a statement of the charges and findings. | Yes | No |
| 11. Since May 1, 2013, have you been or are you currently delinquent in payment of a judgment for child support?   | Yes | No |
| 12. Since May 1, 2013, have you been charged with, convicted of, or pled no contest to a felony or a misdemeanor other than a minor traffic offense in any state or country?   | Yes | No |

- |  |     |    |
|--|-----|----|
| 13. Since May 1, 2013, have you had your application for membership in any professional organization rejected, or has any professional organization suspended or revoked your membership or placed you on probation or otherwise censured you for unethical or unprofessional conduct or other violation of eligibility or membership requirements?  | Yes | No |
| 14. Since May 1, 2013, have you been sued or prosecuted for an act or omission relating to your practice as a psychologist, your work under a license or certificate in another profession, or your work as a member of a profession in which you are not licensed or certified  | Yes | No |
| 15. Have you prepared a written protocol for the secure storage, transfer and access of the medical records of your clients pursuant to A.R.S. § 32-3211? If no, please attach an explanation.   | Yes | No |
| 16. By April 30, 2015, will you have completed the required 40 hours of Continuing Education (CE), or the pro-rated amount if your are newly licensed, with 4 of those hours in ethics and 4 hours in either child abuse or domestic violence? If yes, please complete the attached Record of Continuing Education (Licensees who are requesting continuation of Inactive Status do not need to provide an explanation if answering "no"). Supporting documentation, such as certificates of completion, of CE hours should not be submitted with this Application for License Renewal form. | Yes | No |

**\* NOTE: Pursuant to A.A.C. R4-26-207(H), the Board may deny renewal or take other disciplinary action against a licensee who fails to obtain or document required CE hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding CE hours. \_\_\_\_\_ (please initial acknowledging your understanding).**

- |  |     |    |
|--|-----|----|
| 17. Are you a United States Citizen?<br>If yes, have you previously submitted valid proof of citizenship? (no further proof is necessary)  | Yes | No |
| 18. If you are not a United States citizen, please complete and submit the Arizona Statement of Citizenship and Alien Status for State Public Benefits and appropriate documentation (a list of documents can be found on the form) with your renewal application. The form can be found on the Board's website, <a href="https://psychboard.az.gov">https://psychboard.az.gov</a> , under the forms and publications link/renewals. | Yes | No |
| 19. Are you on active duty in the military (see A.R.S. §32-4301 as it may apply to your renewal application)?  | Yes | No |

**III. ATTESTATION**

**ALL LICENSEES, REGARDLESS OF STATUS, MUST READ AND SIGN THE ATTESTATION BELOW**

Pursuant to A.R.S. §§ 32-2061(15) and 32-2081(A), any false or misleading information provided to the Board may be cause for probation, suspension, or revocation of a psychologist's license. I hereby attest and certify under penalty of perjury that I am the person who completed and signed this form; that the statements herein contained are true in every respect; that I have not withheld any information that might affect my licensure or my inactive status as a psychologist; that I will conform to the standards of professional conduct as defined in A.R.S. § 32-2061 and the rules pertaining thereto. I further hereby attest that the signature below is my own signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License No.

With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Name: \_\_\_\_\_ License #: \_\_\_\_\_

State of Arizona Board of Psychologist Examiners

Record of Continuing Education

Please note: **No Supporting Documentation should accompany this form (e.g. certificates of completion).** If notified that you have been selected for an audit, documentation must be submitted to the Board **UPON REQUEST** to verify completion of the course of study or training. Any false, incorrect or misleading statements on this form may subject the licensee to disciplinary action. *NOTE: You are responsible for maintaining original records of continuing education.*

You may make additional copies of this form if needed. **(CONTINUED Voluntary Inactive licensees do not need to submit this form)**

Title/Name of Activity	Sponsoring Organization/Publication, or Educational Institution	Brief Description of Content	Dates	# of Credits Received	Indicate whether Ethics/DV or Child Abuse, etc, (R4-26-207(C)(2))
					Ethics D/V, Child Abuse, etc.
					Ethics D/V, Child Abuse, etc.
					Ethics D/V, Child Abuse, etc.

Initial: \_\_\_\_\_

Total CE: \_\_\_\_\_

Title/Name of Activity	Sponsoring Organization, Publication, or Educational Institution	Brief Description of Content	Dates	# of Credits Received	Indicate whether Ethics/DV or child abuse, etc. (R4-26-207(C)(2))
					Ethics D/V, Child Abuse, etc.
					Ethics D/V, Child Abuse, etc.
					Ethics D/V, Child Abuse, etc.
					Ethics D/V, Child Abuse, etc.
					<input type="checkbox"/> Ethics D/V, Child Abuse, etc

Initial: \_\_\_\_\_

Total CE: \_\_\_\_\_

# CONFIDENTIAL INFORMATION

Pursuant to Arizona law, failure to update this information is a violation and may result in disciplinary action. The Board does not disclose a licensee's confidential information.

\_\_\_\_\_ Gender: Male Female  
*Name (Last, First, Middle Initial)*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Mailing Address (If different from above)*

(\_\_\_\_\_) \_\_\_\_\_  
*Home/Cell Telephone No. Date & Place of Birth*

(\_\_\_\_\_) \_\_\_\_\_  
*Home Fax No. (optional) Social Security Number*

(\_\_\_\_\_) \_\_\_\_\_  
*Business Telephone No. Extension*

*E-mail Address (please provide for Board communication):*  
\_\_\_\_\_

Indicate which address you would like the Board to send correspondence to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_