



STATE OF ARIZONA
BOARD OF PSYCHOLOGIST EXAMINERS
1740 WEST ADAMS STREET, SUITE 2430
PHOENIX, AZ 85007
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KATIE HOBBS
Governor

HEIDI HERBST PAAKKONEN, M.P.A.
Executive Director

Statutory Agent Appointment Affirmation

1. Name of applicant who has secured an appointment for a Statutory Agent in the State of Arizona for purposes of applying to the Arizona Board of Psychologist Examiners' Telehealth Registry:

Full name and Credential (e.g., Justine Example, Ph.D.)

2. Name of individual who or entity that has accepted appointment as the Statutory Agent:

Contact Information for Agent's agency/company/corporation*:

Name: _____

Address: _____

Address: _____

City, State Zip: _____

Email Address: _____

* Required for verification purposes

I hereby affirm that the individual and/or agency/company/corporation listed above has/have consented to and accepted the appointment as the authorized statutory agent to receive and accept service of process within the jurisdiction of the State of Arizona on behalf of the applicant listed above.

By signing below, I declare and certify that the information contained within this document is true and correct. I understand that false representations may result in certain civil and/or criminal consequences.

Date: _____

Statutory Agent Signature: _____

Title: _____