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2019

If this information is needed in
an alternative format, please call
(602) 542-8163

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 #: (____) _____ - _____

Pursuant to A.R.S. §32-2066(A)(2) the Board must list addresses for all active and inactive licensees on its website

Should the Board use this address as your public address? 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 until your license expiration date, please submit this **Application for License Renewal** form and your **\$500.00 Active license renewal fee**. Please note that you must have completed the required continuing education hours.

<input type="checkbox"/>	<p align="center">Voluntary Inactive:</p>	<p align="center"><i>VOLUNTARY INACTIVE STATUS</i></p> <p>If you do not practice in Arizona, you may complete and submit this Application for License Renewal form and your \$85.00 Inactive license renewal fee to request that your license be placed (or remain) on Voluntary Inactive status. While on Voluntary Inactive status, you shall not practice in Arizona. You must, however, comply with the renewal requirements in each renewal cycle and will be required to have completed continuing education prior to any future reactivation of your license. I affirm that I will abide by Arizona Revised Statutes § 32-2061, et. seq. during my inactive status, will describe my status as Inactive and will <u>not</u> practice psychology within the State of Arizona, pursuant to A.R.S. § 32-2073. _____ (<i>INITIALS</i>)</p>
<input type="checkbox"/>	<p align="center">Medical Inactive:</p> <p align="center">(Circle one):</p> <p align="center">Mental</p> <p align="center">Physical</p>	<p align="center"><i>MEDICAL INACTIVE STATUS</i></p> <p>If you currently have any condition that prevents you from practicing as a psychologist and wish to maintain a license in Arizona, pursuant to A.R.S. §32-2073(G), you must complete and submit this Application for License Renewal form and provide written medical or psychological documentation to substantiate that the disability prevents you from practicing as a psychologist. YOU MUST ALSO ENCLOSE YOUR ACTIVE LICENSE RENEWAL FEE WITH YOUR REQUEST. This fee will be returned if you are granted Medical Inactive status. While on Medical Inactive status due to a physical or mental incapacity or disability, you shall not practice psychology. You must, however, comply with the renewal requirements in each renewal cycle.</p>
<input type="checkbox"/>	<p align="center">Medical Inactive Continuation</p>	<p>If you are currently on Medical Inactive status and wish to continue on Medical Inactive status, you must complete and submit this Application for License Renewal form. No renewal fee is required.</p>
<input type="checkbox"/>	<p align="center"><i>REQUEST FOR REACTIVATION OF LICENSE</i></p> <p>If you are currently on Voluntary Inactive status and wish to return to Active status, you must submit this Application for License Renewal form along with your \$500.00 Active license renewal fee and copies of your continuing education hours, before providing psychological services. Your application will be considered by the Board and you will be notified of the Board's decision.</p>	
<input type="checkbox"/> <input type="checkbox"/>	<p align="center"><i>RETIREMENT</i></p> <p>A psychologist who wishes to retire may (check one):</p> <p>1) Allow the license to expire - Check this box if you wish to retire and allow your license to expire. No fee is required. A license that expires cannot be reactivated. A new application will be required under current licensure requirements, including coursework and examinations. Your license will expire and you will receive no further communication from the Board. You may skip to the bottom of page 5 which requires your signature and a date. By marking this box, I affirm that my license is no longer active; it will expire/lapse on the last day of my birth month of my renewal year. I affirm that I will abide by Arizona Revised Statutes § 32-2061, et seq. during my <i>RETIRED</i> status, will describe myself as <i>RETIRED</i> and will <u>not</u> practice psychology within the State of Arizona, pursuant to A.R.S. § 32-2073. _____ (<i>INITIALS</i>)</p> <p>2) Please note that licensees who are not practicing in Arizona and do not wish to expire their licenses have the option to place their licenses on Voluntary Inactive Status (see option above).</p>	

II. BACKGROUND INFORMATION

Please read the following questions carefully. You MUST answer every question. If you answer “Yes” to questions #1 through #16, or “No” to questions #17 through #19 please **provide a thorough explanation including appropriate documentation such as related court orders, disciplinary actions, etc. (attach a separate sheet if necessary)**

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|--|-----|----|
| 1. Are you currently licensed or certified as a psychologist in another regulatory jurisdiction? If yes, in which jurisdiction(s) and license number(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 regulatory jurisdiction(s) and license number(s). | Yes | No |
| 3. Are you currently a member of a hospital staff or provider panel? If yes, please list the name of the hospital and/or panel. | Yes | No |
| 4. Since the last license period, excluding exam failures, have you been denied a license or certificate to practice any profession by any regulatory jurisdiction? If yes, please attach an explanation, name of the profession, regulatory jurisdiction and the reason for denial or a copy of the notice of denial. | Yes | No |
| 5. Do you have a medical, physical, or psychological condition that may impair or limit your ability to safely and competently practice psychology? If yes, please attach an explanation and any pertinent documentation. | Yes | No |
| 6. Do you currently use alcohol or another drug that in any way impairs or limits your ability to practice psychology safely and competently? | Yes | No |
| 7. Since the last license period, have you relinquished responsibilities, resigned a position or been terminated while a complaint against you was being investigated or adjudicated? If yes, list the date(s) and entity conducting the investigation or adjudication. | Yes | No |
| 8. Since the last license period, have you resigned or been terminated from a professional organization, hospital staff, the military or provider panel or surrendered a license while a complaint against you was being investigated or adjudicated? If yes, list the date(s) and entity conducting the investigation or adjudication. | Yes | No |
| 9. Since the last license period, have you been or are you currently the subject of any investigation by a regulatory agency, licensing board involving allegations of unprofessional conduct, including ethical violations, the provision of psychological services or financial improprieties? You must answer “yes” if you were sanctioned or if the allegations were deemed meritless, dismissed, resulted in non-disciplinary action or a consent agreement. If you answer “yes”, please provide the name of the entity/organization conducting the investigation, the allegations alleged, the time-frame involved and the outcome of the investigation. | Yes | No |
| 10. Since the last license period, have you been or are you currently the subject of any investigation by a professional organization; health care institution; provider panel; or any private, military or government organization involving allegations of unprofessional conduct, including ethical violations, the provision of psychological services or financial improprieties? You must answer “yes” if you were sanctioned or if the allegations were deemed meritless, dismissed, resulted in non-disciplinary action or a consent agreement. If you answer “yes”, please provide the name of the entity/organization conducting the investigation, the allegations alleged, the time-frame involved and the outcome of the investigation. | Yes | No |

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|---|-----------|
| 11. Since the last license period, have you been disciplined by an agency in any regulatory jurisdiction (including the Arizona Board of Psychologist Examiners), military, a private or government organization, a health care institution, professional organization, 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 the name and address of the agency, nature and date of the disciplinary action, and statement of the charges and findings. | Yes No |
| 12. Since the last license period, have you been or are you currently delinquent in payment of a judgment for child support? If yes, attach the name of the jurisdiction, allegation involved, date and copies of relevant documents. | Yes No |
| 13. Since the last license period, are you currently awaiting trial, have you been charged with, convicted of, or pled no contest or guilty to any felony or a misdemeanor other than a minor traffic offense (a DUI is not a minor traffic offense) or ever entered into a diversion program instead of prosecution, including any conviction that was expunged, deleted, or set aside, in any state or country? If yes, please attach the name of the convicting jurisdiction, offense, date of offense, status of resolution, expected resolution, a narrative explanation, and copies of relevant documents. | Yes No |
| 14. Since the last license period, 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? If yes, provide organization information and date of the action. | Yes No |
| 15. Since the last license period, 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? If yes, name of jurisdiction, date of action and any pertinent documentation. | Yes No |
| 16. If you are submitting the renewal application after the deadline, have you practiced psychology in Arizona since your license expired? If yes provide an explanation. | Yes No |
| 17. 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 |
| 18. By your renewal deadline, 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 |
| 19. <i><u>I understand that pursuant to A.A.C. R4-26-207(I), 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.</u></i> | Yes No |
| 20. Are you a United States Citizen? | Yes No |
| If yes, have you previously submitted valid proof of citizenship? (no further proof is necessary) | Yes No |
| 21. 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, www.psychboard.az.gov , under the forms and publications link/renewals. | Yes No |
| 22. Are you on active duty in the military? | Yes No |

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))
					<input type="checkbox"/> Ethics <input type="checkbox"/> D/V, Child Abuse, etc.
					<input type="checkbox"/> Ethics <input type="checkbox"/> D/V, Child Abuse, etc.
					<input type="checkbox"/> Ethics <input type="checkbox"/> 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))
					<input type="checkbox"/> Ethics <input type="checkbox"/> D/V, Child Abuse, etc.
					<input type="checkbox"/> Ethics <input type="checkbox"/> D/V, Child Abuse, etc.
					<input type="checkbox"/> Ethics <input type="checkbox"/> D/V, Child Abuse, etc.
					<input type="checkbox"/> Ethics <input type="checkbox"/> D/V, Child Abuse, etc.
					<input type="checkbox"/> Ethics <input type="checkbox"/> 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 (circle): 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 to which address you would like to receive correspondence from the Board:

