



STATE OF ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS  
 1740 WEST ADAMS STREET, SUITE 3403  
 PHOENIX, AZ 85007  
 PH: 602.542.8162 FX: 602.926.8095  
 WEBSITE: [www.psychboard.az.gov](http://www.psychboard.az.gov)

DOUGLAS A. DUCEY  
 Governor

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

## STATE OF EMERGENCY: TEMPORARY LICENSE

Pursuant to A.R.S. § 32-3124 & Arizona Dept. of Health Services Administrative Order 2020-01 (Emergency Measures for COVID-19)

*Individuals who reside in Arizona and are applying for a temporary license in lieu of, or as a precursor to, a full and unrestricted license are ineligible for the temporary license.*

1. Name: \_\_\_\_\_  
 (Please Print or Type Full Name)

2. Please check the box indicating your profession:  Psychologist  Behavior Analyst\*

3. Please list state(s) in which you hold a license and your license number\*:

State*	License/Certification Number	State*	License/Certification Number

\* If you are a BA practicing in a state that does not offer licensure, please list your BCBA certification information in the above table.

4. Please provide your professional and residential addresses below.

Professional Address (This is a PUBLIC address and will be included in the Board's directory)		Residential Address (Confidential unless the only address you provide per A.R.S. § 32-3801.)	
Business Name:		Street Address:	
Street Address:			
City, State, Zip:		City, State, Zip:	
Work Phone:		Home Phone:	
Fax Number:		Cell Phone:	
Email Address:			
Preferred Mailing Address:	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	
<input type="checkbox"/> Pursuant to A.R.S. § 32-3226, by checking this box I am stating that I do not have a professional address at this time and OPT OUT of the requirement to make my residential address public. I have provided the Board with a phone number or email address, above, which can be disclosed to a patient or client seeking a copy of their records.			

5. Complete the following attestations:

- I attest that I DO NOT have any medical, physical, or psychological condition that may in any way currently impair or limit my ability to practice my profession safely and effectively.
- I attest that I will adhere to the scope of practice for my profession as defined in Arizona Revised Statutes § 32-3124.
- I understand that this is a temporary license allowing me to practice my profession in Arizona which will expire at midnight on the day the state of disaster and/or emergency is lifted in the state of Arizona.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Please email with a copy of your current government issued photo ID such as a driver's license, US passport, etc. to [Judy.Chepeus@psychboard.az.gov](mailto:Judy.Chepeus@psychboard.az.gov).