



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

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 Department of Health Services Administrative Order 2020-01
 (Emergency Measures for COVID-19)

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 workplace and residential addresses below.**

Workplace 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.)	
Workplace 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"/> Work	<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 Heidi.Paakkonen@psychboard.az.gov.