



STATE OF ARIZONA
 BOARD OF PSYCHOLOGIST EXAMINERS
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 WEBSITE: www.psychboard.az.gov

DOUGLAS A. DUCEY
 Governor

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

STATE OF EMERGENCY: TEMPORARY REGISTRATION (INDEPENDENT PRACTICE)

Pursuant to 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, license number, issuance date and expiration/renewal date*:

| State* | License/Certification Number | State* | License/Certification Number |
|--------|------------------------------|--------|------------------------------|
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* 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 registration allowing me to practice my profession in Arizona which will expire at midnight on the day the state of disaster/emergency is lifted in the state of Arizona.

Signature of Applicant: _____ Date: _____