



Arkansas Psychology Board

101 East Capitol Avenue, Suite 415 • Little Rock, AR • 72201

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www.arkansas.gov/abep | APBinfo@arkansas.gov

REQUEST FOR LICENSE APPLICATION PACKET

Plain Form

Date: _____

Application packet request for: (choose one)

- Psychological Examiner (Masters or Doctoral level)
- Psychologist (Doctoral level only)
- Psychologist – Upgrade (Psychological Examiners only)
- Senior Psychologist (Doctoral level only) Must be licensed 20+ years.
- Reciprocity (Psychologist only) Must be licensed 5+ years in a participating state. www.asppb.org
- National Register (Psychologist only) Must be licensed 5+ years and be a member of National Register. www.nationalregister.org
- Certificate of Professional Qualification in Psychology (Psychologist only) Must be licensed 5+ years in a participating state. www.asppb.org

- I am licensed in another state and will not be using any mobility programs.
A license verification form will be included in the application packet.

Applicant Information (please complete all that apply)

Name: _____

Social Security No.: _____

Address: _____

Date of Birth: _____

City: _____ State: _____ Zip: _____

County: _____

Main Phone Number: _____

Highest Degree:

Secondary Phone Number: _____

Ph.D. Psy.D. Ed.D. Ed.S.

Mobile Phone Number: _____

M.A. M.S.

Fax Number: _____

Other _____

Email 1: _____

Email 2: _____

Signature

Date

To keep your record updated, please notify the board of any changes of the above information.

Payment Type:

- Check Money Order Cashier's Check
- Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____

Amount:

- \$50 (\$150 balance due when application is complete)
- \$200 (full payment)

Last 3 digits on back of card: _____