Arkansas Psychology Board

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Phone (501) 682-6167; *Fax* (501) 682-6165
www.psychologyboard.arkansas.gov
Email: APBinfo@arkansas.gov

Date: _____

Company Name: _____

Attention: _____

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_____

City: _____ **State:** _____ **Zip:** _____

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Payment Type:
Check/Money Order: Check Number: _____
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Amount: **$100** **Expiration (MMYY):** _____ **CVV/CVC Code:** _____

The format of the lists will be Excel. The Psychologists and the Psychological Examiners will be separated.

Send the mailing list and labels on: *(Check one)*

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Sort the mailing list by: *(Check one)*

☐Last Name ☐License Number ☐Zip Code

☐Expiration Date ☐Original License Date

****

Board Use Only

Signature: _____

Printed Name: _____

Title: _____

Date: _____

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