



Arkansas Psychology Board

101 East Capitol Avenue, Suite 415 ▪ Little Rock, AR ▪ 72201
Phone: 501.682.6167 ▪ Fax: 501.682.6165
www.psychologyboard.arkansas.gov
Email: APBinfo@arkansas.gov

Provisional License Payment Form

Please be advised that Act 648 of 1983 authorized the Arkansas Psychology Board to institute a Provisional Licensure fee. Individuals who are providing psychology services as Provisional Licensure Applicants are required to pay this fee which is set at one hundred dollars (\$100) for six months. Also required is a completed Supervision Agreement on file with this office even if the individual is not practicing in the State or providing services requiring supervision.

Please submit this fee and supervision from as soon as possible. Individuals who have not paid and who provide psychological services will be considered in violation of Act 129 of 1955, § 7, and will be subject to prosecution. A supervision form must be received prior to sitting for the EPPP written exam and/or the Oral Interview.

Applicant's Name: _____

Address: _____

City *State* *Zip*

Enclosed is my payment for \$100 for a 6 months Provisional License Permit to Practice.

Please choose one of the following: 1st 6 months 2nd 6 months
 3rd Six Months Extension

Business Use Only

Provisional License Permit to Practice #: _____

Issued: _____ **Valid through:** _____

Maggie Sponer, Administrative Director *Date*

Payment Type:

Check Money Order

Credit Card Number: _____

Cashier's Check

Expiration Date: _____

Visa MasterCard Discover

Last 3 digits on back of card: _____

