



Arkansas Psychology Board

101 East Capitol Avenue | Suite 415 | Little Rock, AR 72201
Phone (501) 682-6167 | Fax (501) 682-6165
Web Page: www.psychologyboard.arkansas.gov
Email: APBinfo@arkansas.gov

NEUROPSYCHOLOGICAL TECHNICIAN REGISTRATION REQUEST

Please provide a separate request for each technician and/or supervising Psychologist

PLEASE TYPE OR PRINT CLEARLY

Date: _____
Supervising Psychologist Name: _____
Supervising Psychologist License Number: _____

- I would like to request a registration packet for a technician.
- This technician is already registered with the Board. Registration Number: _____

FYI: Even if a Neuropsychological Technician is registered with the Board; then, a new registration form and packet must be completed by each subsequent Supervising Psychologist.

Applicant Neuropsychological Technician Contact Information

Name: _____
Highest Degree: _____
Mailing Address: _____
City: _____ State _____ Zip: _____
Telephone Number: _____ Email Address: _____

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The packet can ONLY be mailed to the Supervising Psychologist.

Supervising Psychologist Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Supervising Psychologist Telephone Number: _____
Supervising Psychologist Email Address: _____

Supervising Psychologist Signature License Number Date

Applicant Neuropsychological Technician Signature Date

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For Board Use Only

Date the request was received in the Board Office: _____ Date packet mailed to Supervising Psychologist: _____

