



Arkansas Psychology Board

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*NOTE—The Board will accept
only legible, signed, original
forms without corrections.*

—Statement of Intent to Practice as a Licensed Psychological Examiner—

This form is to describe all your competencies to practice as a Licensed Psychological Examiner, regardless of whether you use them in your current work situation.

Name (PRINTED): _____

License Number: _____

All areas of practice and populations indicated must be supported by coursework and supervised training.

1. Indicate whether you are competent to provide psychoeducational assessment independently.

- Yes No

2. Indicate all types of psychological services you are competent to provide under supervision.

A. Areas of practice:

- | | |
|--|--|
| <input type="checkbox"/> Psychoeducational Testing | <input type="checkbox"/> Individual Therapy |
| <input type="checkbox"/> Objective Personality Testing | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Projective Tests | <input type="checkbox"/> Couples/Marital Therapy |
| <input type="checkbox"/> Diagnostic Interviewing | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Biofeedback |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Other (specify) _____ | |

B. Populations to be served:

- Child Adolescent Adult Geriatric

3. I have read, understood, and agree to abide by:

- Yes No: American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct
- Yes No: ACA §17-97-101 et. Seq., the law that governs the practice of Psychology in Arkansas
- Yes No: Rules and Regulations of the Arkansas Psychology Board

The Board cautions all licensees to confine practice to areas in which you have demonstrated competence through experience and supervised training. The Statement of Intent form MUST be amended anytime you wish to expand your areas of practice. All revisions to the Statement of Intent must be approved by the Board.

Signature: _____

Date: _____