



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 Psychologist—

The purpose of this form is to describe your competencies to practice as a Licensed Psychologist, regardless of whether you use them in your current work situation.

Name (PRINTED): _____ License Number: _____

1. Indicate all types of psychological services you are competent to provide independently. All areas of practice and populations indicated must be supported by coursework and supervised training.

- Psychoeducational Testing
- Objective Personality Testing
- Projective Tests
- Diagnostic Interviewing
- Hypnosis
- Consultation
- Individual Therapy
- Group Therapy
- Couples/Marital Therapy
- Family Therapy
- Biofeedback
- Other (specify)

Neuropsychology (Psychologists applying for licensure for the first time or adding neuropsychology to their Statement of Intent must have the equivalent of two years of formal, full-time training in neuropsychology, supervised by a neuropsychologist, with at least one of those being postdoctoral.)

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

- Psychoeducational Testing
- Objective Personality Testing
- Projective Tests
- Diagnostic Interviewing
- Hypnosis
- Consultation
- Other (specify)
- Individual Therapy
- Group Therapy
- Couples/Marital Therapy
- Family Therapy
- Biofeedback
- Neuropsychology

3. Populations to be served:

- Child
- Adolescent
- Adult
- Geriatric

4. 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: _____