

September 15, 2009

**PSYCHOLOGIST LICENSE RENEWAL NOTICE**

Please be advised that your license renewal and continuing education fees for fiscal year 2009-2010 are now due and payable. Please remit the renewal/continuing education fees of one hundred fifty dollars (\$150.00) by check or money order clearly identifying your name, address, home and work phone numbers, social security number and license number on the form below. Please return the remittance with this form **before October 15, 2009. Alabama law does not permit "inactive" or "lapsed" licensure status. You must respond to this correspondence.** Remember, it is your responsibility to keep the Board notified of any change of address.

**THE FOLLOWING QUESTIONS MUST BE ANSWERED: YOU DO NOT NEED TO REPORT CLOSED INVESTIGATIONS WHERE NO PROBABLE CAUSE WAS ESTABLISHED. MISREPRESENTATION ON THIS FORM MAY BE GROUNDS FOR DISCIPLINARY ACTION.**

1. Has action been taken against you by any health care facility, professional association, regulatory agency, law enforcement agency or any other type of governmental agency or Board in the past twelve (12) months?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on a separate sheet of paper.

2. Are there any complaints, disciplinary actions or investigations pending against you in any way associated with licensure or your practice as a psychologist?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on a separate sheet of paper.

3. In the past twelve months have you entered into a consent agreement or similar agreement or reached an agreement to sign a consent order with any state or provincial board, or professional association, or surrendered your license or membership as a result of ethical and/or legal charges?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on a separate sheet of paper.

4. Have you been arrested for, indicted for, plead guilty to or been convicted of a felony?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on a separate sheet of paper.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number (request mandated by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) - you may choose to provide the last four digits only): \_\_\_\_\_

License Number: \_\_\_\_\_

**Check one:**

\_\_\_\_\_ **I wish to renew my license. Enclosed is a check in the amount of \$150.00**

\_\_\_\_\_ **I do not wish to renew my Alabama license (please return this form to the Board office).**

**Signature of licensed psychologist: \_\_\_\_\_ Date: \_\_\_\_\_**

**Failure to return this form (renewal or non-renewal) can result in disciplinary action as specified in the Board's Administrative Code**