



August 15, 2021

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PSYCHOLOGIST TECHNICIAN LICENSE RENEWAL NOTICE - FISCAL YEAR 2022

Please read carefully.

Dear Licensee:

Your License Renewal / Continuing Education Fee of **\$180.00** for FY'2022 is due and payable by **end of business October 15, 2021**.

Your \$180.00 Renewal Fee may be paid by check, Money Order, or Cashier's Check. To avoid a Lapse in licensure*, please submit your completed & signed Psychologist License Renewal Notice, Fee, and proof of completion of annual C.E. requirements to the Board Office at the address above by **end of business October 15, 2021**. A postmark of October 15 will not substitute for receipt in the Board Office.

REQUIRED INFORMATION: The following questions must be answered.

If "Yes", attach an explanation; do not report closed investigations where no probable cause was established.

✓ Below: **YES NO**

Are you currently under investigation or is disciplinary action pending against you by the psychology board or other licensing authority in any state, territory, or province, or regulation board, or professional organization, or association?		
In the past five (5) years, have you had, or do you now have, a physical, medical, or mental health problem(s) that may impair, or may have impaired, your ability to provide safe care to clients?		
In the past twelve (12) months, have you entered into a consent agreement or similar agreement or reached an agreement to sign a consent order with any state territory, or province, or regulation board, or professional organization or association, or surrendered your license, certification, or membership as a result of ethical and/ or legal charges?		
Have you been arrested for, been charged with, been convicted of, entered a plea of guilty to, entered a plea of nolo contendere or no contest for, receive deferred prosecution or adjudication for, had judgement withheld for, received pre-trial diversion for, or pleaded not guilty by reason of insanity or mental defect to any crime other than a minor traffic violation in any state, territory, province, or country**?		
Have you attended, been recommended to attend, or been ordered to participate in an intervention, treatment, or rehabilitation program by any health care facility, professional association, regulatory or law enforcement agency, or any other type of governmental agency or board due to real or suspected impairment or incapacity?		
In the past five (5) years, have you abused alcohol, drugs***, and/ or chemical substances or received treatment or been recommended for treatment for dependency to alcohol, drugs***, and/ or any other chemical substances?		
Have you ever been placed on a state, provincial, and/ or federal abuse registry?		
Have you been administratively discharged by any branch of the armed services with any characterization of service other than "Honorable", and/ or court martial?		

CONTACT INFORMATION: Complete information is required.

Name:		License Number:
Last 4 of SS#: XXX – XX –	Email Address:	
Do you practice under another name? If so, list:		
Please list any languages you are proficient in, aside from English:		
Mailing Address	Public/Practice Address	
STREET:	STREET:	
SUITE / UNIT / APT:	SUITE / UNIT / APT:	
CITY, STATE, ZIP CODE:	CITY, STATE, ZIP CODE:	
PHONE:	PHONE:	

CERTIFICATION: ✓ and Sign & Date below. Renewals received in the Board Office after October 15 are delinquent and the license will Lapse. Late penalties apply to reinstate a Lapsed license. Non-Renewals will expire on October 15, 2021.

RENEW for FY 2021-2022; FEE ENCLOSED

DO NOT RENEW for FY 2021-2022

SIGNED _____

DATE _____

Office Use Only
Citizen _____ Immigration Status _____ Fee Paid _____ Date _____

Please be advised:

* Failure to meet and submit all License Renewal requirements by October 15 shall result in a **Lapse** in licensure. Lapsed Status **prohibits a licensee from continuing to practice** unless working in an exempt setting. A postmark of October 15 **will not substitute for receipt in the Board Office**. A Lapsed license may be renewed / reinstated after October 15 upon submission of all delinquent requirements and payment of the late penalty. Late penalties increase by twenty dollars (\$20.00) for each month, or fraction thereof, that Renewal is late.

After a period of two (2) years, a Lapsed license will expire and shall be ineligible for renewal / reinstatement and submission of a new Application shall be required in order to potentially establish licensure in Alabama once again. Please note that licensure requirements and qualifications are subject to change. Applications are reviewed according to statutes governing qualifying educational and training experience and competency requirements in place at the time the Application is submitted ***even if the applicant held a license issued by the Alabama Board of Examiners in Psychology at any time in the past.***

A licensee may designate his or her license as **Inactive** at any time before the annual renewal date of October 15. Please contact the Board Office to request the Inactive Status application form. Fees apply. Inactive Status revokes privileges associated with licensure. An individual holding an Inactive license **shall not practice psychology or use the title “Licensed Psychological Technician”**. Inactive Status does not negate the Board’s jurisdiction over any period of active licensure.

** A crime related to driving while impaired or under the influence of any substance is not a ***“minor traffic violation”***.

*** “Drugs” are classified as any chemical substance ***whether legal or illegal, prescribed or un-authorized.***

Renewal Fees may be paid by check, Money Order, or Cashier’s Check; the Board does not accept Credit or Debit Card payments. Please make check, Money Order, or Cashier’s Check payable to: **Alabama Board of Examiners in Psychology**.

Please notify the Board Office of any changes to contact information during the licensure year.

Misrepresentation on any part of this form may be grounds for disciplinary action by the Board.



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DEMOGRAPHIC DATA PROJECT - FISCAL YEAR 2021

Providing the requested information within this form is voluntary. You are not required to complete this form. Assurance of Confidentiality – The Board and its staff takes your privacy very seriously. All information relating to identifiable characteristics of individuals, a business, or an organization will be used only for statistical purposes. We will not disclose or release responses in identifiable form without the informed consent of the individual. This data will be used to understand the current status of the professional practice of Psychology within Alabama.

Please do not write your name or license number on this document.
You may skip any questions that you do not wish to answer by leaving them blank.

Dear Licensee:

In order to assess the state of Alabama's professional psychological workforce, the Board is expanding information currently requested in the License Application and in annual Renewal forms to collect and analyze pertinent demographic & workforce data from licensees. This data will be used to understand the extent to which different racial, ethnic, gender, and linguistic groups are being represented in the profession of Psychology within Alabama. The information must be collected responsibly, ethically, and sensitively; all individual answers will be voluntarily submitted and kept nonidentifiable.

Collecting, analyzing, and reporting the composition and trends of the psychological workforce in the state is essential to successfully upholding and furthering the Board's Mission Statement,

The Alabama Board of Examiners in Psychology seeks to promote and protect the public's health, welfare, and quality of life by licensing and regulating the practice of psychology and by promoting access to psychological services delivered in a safe, competent, and ethical manner.

DEMOGRAPHIC INFORMATION: Providing the requested demographic information within this section is voluntary.

The Alabama Board of Examiners in Psychology does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of service.

What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	What is your race? (✓ all that apply) <input type="checkbox"/> American Indian, Native American, or Alaskan Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other
What year were you born? YEAR: _____	
Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you fluent in any languages, aside from English? (✓ all that apply) <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Asian and Pacific Island languages <input type="checkbox"/> Indo-European languages (Non-English) <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
Do you reside primarily in Alabama? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION: Providing the requested Employment information is voluntary.

Are you currently practicing as a Psychologist in any states outside of Alabama? If so, please list these U.S. states.

States:

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EMPLOYMENT INFORMATION: CONTINUED

In a typical week, what is the approximate number of hours that you spend providing professional services to individuals located in Alabama?	If you answered zero (0) hours per week, please ✓ all that apply: <input type="checkbox"/> Unemployed, seeking work as a psychologist <input type="checkbox"/> Retired <input type="checkbox"/> Temporarily inactive, planning to return to work as a psychologist in the future <input type="checkbox"/> Providing psychological services exclusively outside Alabama
Approximate Hours per Week: _____	
If supervising individuals who are <u>not</u> licensed (e.g., students, post-docs) who are providing professional psychological services in AL, approximately how many hours per week are they providing?	
Approximate Hours per Week: _____	
Do you see clients in any of the following settings? (✓ all that apply)	Approximately what percentage of the professional services that you provide (or supervise) are compensated via: Private insurance (<i>including managed care</i>): _____ % Medicaid / CHIP: _____ % Self-payment: _____ % Not compensated / pro bono: _____ %
<input type="checkbox"/> Private, solo, or group practice <input type="checkbox"/> Community Health Center <input type="checkbox"/> Federal Facility: _____ <input type="checkbox"/> Health maintenance organization, health system, or other prepaid practice <input type="checkbox"/> Faculty practice plan (academic medical center) <input type="checkbox"/> Hospital	If you reside in AL, please indicate the COUNTY of your primary employment. COUNTY: _____
Comments: 	

Thank you for completing this survey.

Please return this form to the Board Office at:

100 North Union Street, Suite 880,
Montgomery, Alabama 36104
Email: albdpsychology@psychology.alabama.gov

If sent with identifiable information (e.g. mailed back with Annual Renewal form), it will be separated immediately.

You are not required to complete this form and/or return it. Please call the Board Office if you have any questions about how this data will be used. Thank you for your time.