



**ALABAMA BOARD OF EXAMINERS
IN PSYCHOLOGY**

www.psychology.alabama.gov

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APPLICATION FOR INACTIVE STATUS

Revised 2023

A licensee may request that the Board designate their licensure status as Inactive at any time *before the annual date of renewal – October 15.*

The questions contained in this form are continuing in nature; should your answers to any of these questions change during the licensure year, you are instructed to advise the Board accordingly. Please contact the Board Office with questions.

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:		
Mailing Address		Work/Practice Address
<i>STREET:</i>		<i>STREET:</i>
<i>SUITE / UNIT / APT:</i>		<i>SUITE / UNIT / APT:</i>
<i>CITY, STATE, ZIP CODE:</i>		<i>CITY, STATE, ZIP CODE:</i>
<i>PHONE:</i>		<i>PHONE:</i>
Date Inactive Status Will Begin:		

INACTIVE FEE: the appropriate fee below.

<input type="checkbox"/>	Psychologist Fee - \$50.00
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<input type="checkbox"/>	Psychological Technician Fee - \$35.00
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REQUIRED INFORMATION: The following questions must be answered. If your answer to any item is “Yes”, please attach an explanation. Do not report closed investigations where no probable cause was established.

boxes 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 martialled?		

CERTIFICATION: Sign & Date below.

By submission of this Application for Inactive Status form, I acknowledge that Alabama Law prohibits the practice of psychology in Alabama without an active license issued by the Alabama Board of Examiners in Psychology.

SIGNED _____

DATE _____

AFFIDAVIT

Inactive status revokes all privileges associated with licensure under the law until reactivation is requested by the licensee and granted by the Board. Any individual whose license is inactive shall not practice psychology or use the title "Licensed Psychologist" or "Licensed Psychological Technician" in the State of Alabama. Any person violating this rule shall be considered practicing without a license and shall be subject to disciplinary action by the Board. Inactive status does not negate the jurisdiction of the Board over actions of a licensee during any period of active licensure.

An executed *Continuation of Inactive Status* form & payment of the applicable Inactive Fee must be submitted each year henceforth prior to the date of renewal (October 15) or the license shall lapse. Annual notices will be mailed to the licensee's address of record on August 15 of each year with responses due by October 15. Completion of Continuing Education is not required for continuation of Inactive status, but it is required to reinstate an Inactive license.

A licensee may have his/her Inactive license reinstated to Active status by satisfying the following criteria: submission of the executed *Reinstatement of Active Status* form; payment of the current annual renewal and continuing education fee; and submission of proof of compliance with Continuing Education requirements for the previous year. If a licensee is alleged to have violated any prohibition on professional conduct as referenced in the law, the Board, upon a hearing and proof of the violation, may deny reinstatement of the license or prohibit the licensee from applying for reinstatement of licensure.

A photocopy of this Affidavit may serve as the original.

STATE OF _____

COUNTY OF _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this request; that the statements contained herein are true in every respect that he/she has not suppressed any information that might affect this request for reinstatement; that he/she will confirm to the Code of Ethics of the American Psychological Association and that he/she has read and understands this affidavit.

Signature of Licensee

Typed or Printed Name

Address

City, State, Zip

Sworn before me this _____ day of _____, 20_____.

Notary Public

Please be advised:

* 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.**

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.**

STRUGGLING AND NEED HELP? Contact the Alabama Psychology Professionals Wellness Committee at: wellness@psychology.alabama.gov or call Dr. Michael Garver at (251) 605-2883.

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

Office Use Only

Updated by: _____ Date: _____