



# ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY

100 N Union Street, Suite 880, Montgomery, AL 36104  
334) 242-4127 Phone | (334) 242-4411 Fax  
Email: [psychology.board@psychology.alabama.gov](mailto:psychology.board@psychology.alabama.gov)  
[www.psychology.alabama.gov](http://www.psychology.alabama.gov)

August 15, 2023

## PSYCHOLOGIST LICENSE RENEWAL NOTICE - LICENSURE YEAR 2024

Dear Licensee,

**October 15, 2023 – \$280.00**

License Renewal & Continuing Education for 2023-2024 is DUE.

Your **\$280.00** Renewal Fee may be paid by check, Money Order, or Cashier's Check. The Board will now accept Renewal Forms & process payments via Credit/Debit Card or Electronic Check at our website. To avoid Lapse in licensure\*, submit your **renewal form & fee no later than 10/15/2023**. Postmarks will not be accepted as substitution for receipt. Continuing Education must be reported online: <https://apps.psychology.alabama.gov/public/login.aspx>

**Please carefully read and complete all four (4) pages of this form.** Sign & date the last page before submitting it to the Board. Begin with your Name & License Number:

<b>Name:</b>	<b>License Number:</b>
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**Required Information. The following questions must be answered. If 'Yes', attach 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 martialled?		

**Contact Information. Complete information is required to process renewal. Do not skip any fields.**

<b>Last 4 of SS#: XXX – XX –</b>	<b>Email Address:</b>
<b>Do you practice under another name? If so, what is it:</b>	

The form continues; please complete and submit ALL Pages of the Renewal Form.

<b>Contact Information, continued.</b>	
<b>Name:</b>	<b>License Number:</b>
<b>Mailing Address</b>	<b>Work/Practice Address</b> <small>Required field; if left blank, will default to Mailing Address</small>
<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>

### **DEMOGRAPHIC AND WORKFORCE INFORMATION SURVEY - 2024**

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.

All information relating to identifiable characteristics of individuals, a business, or an organization will be used only for statistical purposes. This data will be used to understand the current status of the professional practice of Psychology to understand the extent to which different racial, ethnic, gender, and linguistic groups are being represented in the profession of Psychology within Alabama. 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, above.

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

**What is your gender?**

- Male
- Female
- Other

**What year were you born?**

YEAR: \_\_\_\_\_

**Are you of Hispanic or Latino ethnicity?**

- Yes
- No

**What is your race? (Please ✓ all that apply)**

- American Indian, Native American, or Alaskan Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other

**Are you fluent in any languages, aside from English? (Please ✓ all that apply)**

- American Sign Language (ASL)
- Asian and Pacific Island languages
- Indo-European languages (Non-English)
- Spanish
- Other: \_\_\_\_\_

The form continues; please complete and submit ALL Pages of the Renewal Form.

**Demographic and Workforce Survey, continued:**

<b>Name:</b>	<b>License Number:</b>
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**Are you currently providing psychological services in any state(s) outside of Alabama?**

- Yes
- No

If so, please list the states: \_\_\_\_\_

**In a typical week, what is the approximate number of hours that you spend providing professional psychological services to individuals located in Alabama?**

Approximate Hours per Week: \_\_\_\_\_

**If you answered zero (0) hours per week, please ✓ all that apply:**

- Unemployed, seeking work as a provider of psychological services
- Retired
- Temporarily inactive, planning to return to work to provide psychological services in the future
- Providing psychological services exclusively outside Alabama

**If supervising individuals who are not licensed (e.g., students, post-docs who are providing professional psychological services in AL), approximately how many hours per week of supervision are you providing?**

Approximate Hours per Week: \_\_\_\_\_

**Do you see clients in any of the following settings?**

- Private, solo, or group practice
- Community Health Center
- Federal Facility: \_\_\_\_\_
- Health maintenance organization, health system, or other prepaid practice
- Faculty practice plan (academic medical center)
- Hospital

**Based upon 100%, please provide the approximate compensation breakdown of the professional psychological services that you provide (or supervise) via:**

Private insurance (including managed care): \_\_\_\_\_%      Medicaid / CHIP: \_\_\_\_\_%  
Self-payment: \_\_\_\_\_%      Not compensated / pro bono: \_\_\_\_\_%

**If you reside in AL, please indicate the COUNTY of your primary employment.**

COUNTY: \_\_\_\_\_

**COMMENTS:**

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*Please contact the Board Office if you have questions about how this data will be used.*

<b>Renewal Form, continued:</b>	
<b>Name:</b>	<b>License Number:</b>

You may respond by email to: [psychology.board@psychology.alabama.gov](mailto:psychology.board@psychology.alabama.gov), but payment of renewal fees **must be received** in the Board Office by the renewal deadline:

**October 15, 2023 – \$280.00**

Please make your personal check, Money Order, or Cashier's Check payable to:

**Alabama Board of Examiners in Psychology**  
**100 N Union Street**  
**Suite 880**  
**Montgomery, AL 36104**

Provide your Check or Money Order No:

***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) each month.

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 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 their license as **Inactive** at any time before the annual renewal date. 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 Psychologist" or "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**.

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

**ARE YOU STRUGGLING WITH ADDICTION OR DEPENDENCE & IN NEED OF HELP?**

The Alabama Psychology Professionals Wellness and Monitoring Program is available, and you are encouraged to reach out if you are in need. Contact the Alabama Psychology Professionals Wellness Committee at [wellness@psychology.alabama.gov](mailto:wellness@psychology.alabama.gov) or call Dr. Michael Garver at (251) 605-2883.

You can find more information about the Wellness Program at the Board's website at <https://psychology.alabama.gov/licensees/wellness-program/>.

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

**Certification.**  **the appropriate box.** **Your signature and date is required on this form.**

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 expire on October 15, 2023.

**RENEW for FY 2023-2024**  
 (Accept my payment of \$280.00)

**DO NOT RENEW**  
 (Retiring my Alabama License)

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

Your Renewal Form is now complete and ready to submit to the Board Office. Thank you!

**Office Use Only**

Citizen \_\_\_\_\_ Immigration Status \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date \_\_\_\_\_