

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 www.psychology.alabama.gov

August 15, 2024

PSYCHOLOGICAL TECHNICIAN LICENSE RENEWAL NOTICE - LICENSURE YEAR 2025

Dear Licensee,	October 15, 2024 - \$2	00.00
License Renewal & Continuing Education for 2024-2025 is DUE.	(
Your \$200.00 Renewal Fee may be paid by check, Money Order, or Cas processed via Credit/Debit Card payment at our website. To avoid Lapse form & fee no later than October 15, 2024. Postmarks will not substitut must be reported online: https://apps.psychology.alabama.gov/public/log Please carefully read and complete all four (4) pages of this form. S to the Board. Begin with your Name & License Number:	e in licensure*, please submit your rene te for receipt. Continuing Education acti <u>in.aspx</u>	vities
Name:	License Number:	
Required Information. The following questions must be an	swered. If 'Yes', attach expla	anation.
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 licensing authority in any state, territory, or province, or regulation board, or p		
In the past five (5) years, have you had, or do you now have, a physical, med 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 of agreement to sign a consent order with any state territory, or province, or region organization or association, or surrendered your license, certification, or members legal charges?	ulation board, or professional	
Have you been arrested for, been charged with, been convicted of, entered a contendere or no contest for, receive deferred prosecution or adjudication for pre-trial diversion for, or pleaded not guilty by reason of insanity or mental detraffic violation in any state, territory, province, or country**?	, had judgement withheld for, received	
Have you attended, been recommended to attend, or been ordered to participe rehabilitation program by any health care facility, professional association, required any other type of governmental agency or board due to real or suspected important processions.	gulatory or law enforcement agency, or	
In the past five (5) years, have you abused alcohol, drugs***, and/ or chemical been recommended for treatment for dependency to alcohol, drugs***, and/ or		
Have you ever been placed on a state, provincial, and/ or federal abuse regis	try?	
Have you been administratively discharged by any branch of the armed service other than "Honorable", and/ or court martialed?	ces with any characterization of service	
Contact Information. Complete information is required to pro	ocess renewal. Do not skip any	fields.
Last 4 of SS#: XXX – XX – Email Address:		

Contact Information, continued.	
Name:	License Number:
Mailing Address	Work/Practice Address Required field; if left blank, will default to Mailing Address
STREET:	STREET:
SUITE / UNIT / APT:	SUITE / UNIT / APT:
CITY, STATE, ZIP CODE:	CITY, STATE, ZIP CODE:
PHONE:	PHONE:

DEMOGRAPHIC AND WORKFORCE INFORMATION SURVEY - 2025

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.

Wha	t is your gender?	What year were you born?
	Male	
	Female	YEAR:
	Other	
Are y	you of Hispanic or Latino ethnicity?	
	Yes	
	No	
What	t is your race? (Please ✓ all that apply)	
	American Indian, Native American, or Alaskan Na	ative
П	Asian or Asian American	11110
П	Black or African American	
П	Native Hawaiian or Other Pacific Islander	
П	White or Caucasian	
П	Other	
Ш	Othor	
Are y	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:	

emographic and Workforce Survey, continued:	
ame:	License Number:
Are you currently providing psychological services in any s Yes No If so, please list the states:	state(s) outside of Alabama?
In a typical week, what is the approximate number of hours professional psychological services to individuals located	
Approximate Hours per Week:	
If you answered zero (0) hours per week, please ✓ all that a □ Unemployed, seeking work as a provider of psychological Retired □ Temporarily inactive, planning to return to work to provide Providing psychological services exclusively outside Ala	al services le psychological services in the future
If supervising individuals who are not licensed (e.g., studer professional psychological services in AL), approximately 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 Faculty practice plan (academic medical center) Hospital	er prepaid practice
Based upon 100%, please provide the approximate compensational psychological services that you provide (or surprivate insurance (including managed care):% Medicaid / Call Self-payment:% Not compensations of the provide the approximate compensations of the provide that you provide (or surprivate insurance (including managed care):% Medicaid / Call Call Call Call Call Call Call Ca	ıpervise) via:
If you reside in AL, please indicate the COUNTY of your prin	
COUNTY:	mary employment.
COMMENTS:	

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

Name:				License Number:
ou may respond by email to:				gov, but payment of renewal
n ust be received in the Board				1
L	October 15, 2024	-	\$200.00	_
Please make your personal che Alabama Board of 100 N Union Street Suite 880	eck, Money Order, or C Examiners in Psycho		s Check pay	/able to:
Montgomery, AL 361	04	Prov	vide your Ch	neck or Money Order No:
	Please be a	dvised:	•	
Failure to meet and submit all License rohibits a licensee from continuir ubstitute for receipt in the Board (fall delinquent requirements and pay fter a period of two (2) years, a Lapse	ng to practice unless working to practice unless working the license may ment of the late penalty. Lated license will expire and sh	ng in an ly be ren te penalt all be ine	exempt settin newed / reinsta nies increase by eligible for rene	g. A postmark of October 15 <u>will</u> ted after October 15 upon submiss y twenty dollars (\$20.00) each morewal / reinstatement and submissio
new Application shall be required equirements and qualifications are significational and training experience as pplicant held a license issued by the second second in the second second in the second second in the second	subject to change. Application and competency requirement	ons are i s in plac	reviewed acco e at the time th	rding to statutes governing qualified Application is submitted even if
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Citizen _____ Immigration Status _____ Fee Paid _____ Date ____