



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

PSYCHOLOGIST LICENSE RENEWAL NOTICE - LICENSURE YEAR 2026

License Renewal & Continuing Education for 2025-2026 is now DUE.

October 15, 2025 – \$280.00

Your **\$280.00** Renewal Fee may be paid by check, Money Order, or Cashier's Check, or processed via Credit/Debit Card payment at our website. To avoid Lapse in licensure*, submit your **renewal form & fee no later than OCTOBER 15, 2025**. Postmarks will not substitute for receipt. Continuing Education activities must be reported online:
<https://apps.psychology.alabama.gov/public/login.aspx>

Read & complete all pages. Sign & date the last page of the form before submitting it to the Board.
Begin with your Name & License Number:

Your Full Name:	License Number:
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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; do report on-going investigations.
- 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**.
- All responsive information is to be provided even if a matter has been expunged, dropped, or dismissed and regardless of the passage of time.

✓ 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 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 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, received 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 continues on the next page. Complete information is required to process renewal.
Do not skip any fields.

The form continues; please complete and submit ALL pages.

Contact Information: Please notify the Board Office of any changes to contact information during the licensure year.	
Last 4 of SS#: XXX – XX –	Email Address:
Do you practice under another name? If so, what is it:	
Mailing Address	Work/Practice Address Required field; if left blank, will default to Mailing 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>
In Case of Emergency Contact Information:	
<i>FULL NAME:</i>	
<i>PHONE:</i>	<i>EMAIL ADDRESS:</i>
THEIR RELATIONSHIP TO YOU: <input type="checkbox"/> Professional Executor <input type="checkbox"/> Other Qualified Person <input type="checkbox"/> Practice Partner <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Parent <input type="checkbox"/> Adult Child	

DEMOGRAPHIC AND WORKFORCE INFORMATION SURVEY - 2026

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

1. 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: _____

2. Are you currently providing psychological services in any state(s) outside of Alabama?

- ☐ Yes If so, please list the states: _____
☐ No

3. 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: _____

3a. If you answered zero (0) hours per week, please ✓ all that apply:

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

Demographic and Workforce Survey, continued:**Name:****License Number:**

4. If supervising unlicensed individuals (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: _____

5. Do you see clients in any of the following settings?

- | | |
|---------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Academic / Teaching | <input type="checkbox"/> Independent / Private Practice |
| <input type="checkbox"/> Community Mental Health Center | <input type="checkbox"/> Forensic / Justice / Correctional |
| <input type="checkbox"/> College / University Counseling / Mental Health Center | |
| <input type="checkbox"/> VA Medical Center or Outpatient Facility | <input type="checkbox"/> Residential / Group Home |
| <input type="checkbox"/> Inpatient Psychiatric Hospital | <input type="checkbox"/> K-12 School District / System |
| <input type="checkbox"/> Medical Center, Clinic, Hospital | <input type="checkbox"/> Other (describe): _____ |

6. If you reside in AL, please indicate the COUNTY of your primary employment.
COUNTY: _____

Payment of renewal fees must be received in the Board Office by the renewal deadline:

**Make personal checks, Money Orders,
or Cashier's Checks payable to:**

October 15, 2025 – \$280.00

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 \$20.00 each month. After a period of 2 years, a Lapsed license will expire and will not be eligible for renewal or reinstatement; submission of a new Application will be required. Licensure requirements and qualifications are subject to change. Applications are reviewed according to statutes 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. Fees apply. Inactive Status revokes privileges associated with licensure. A licensee **shall not practice psychology or use the title until reinstated**. Inactive Status does not negate the Board's jurisdiction over any period of active licensure.

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

The Alabama Psychology Professionals Wellness and Monitoring Program is available.
Contact us by email at wellness@psychology.alabama.gov or call Dr. Michael Garver at (251) 605-2883. Visit <https://psychology.alabama.gov/licensees/wellness-program/> for more info.

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, 2025.

RENEW for FY 2025-2026

(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!

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Office Use Only

Citizen _____ Immigration Status _____ Fee Paid _____ Date _____