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

# APPLICATION FOR INACTIVE STATUS

A licensee may request **Inactive Status at any time before the annual renewal deadline of October 15.**

Please complete **all pages** of this form. Notify the Board Office if your contact information changes during the licensure year, and please contact us with questions about Inactive Status or completing this form.

| **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**<br>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:* |
| **Date Inactive Status Will Begin:** | |

**Inactive Fee:** ☑ *the appropriate fee.*

| | |
|---|---|
| | **Psychologist Fee - $50.00** |

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|---|---|
| | **Psychological Technician Fee - $35.00** |

**Required Information:** *The following questions must be answered. If "Yes", attach explanation.*

- *Do not report closed investigations in which no probable cause was established; do report ongoing investigations.*
- *Driving while impaired or under the influence of any substance is not a **"minor traffic violation"**.*
- *"Drugs" include any chemical substance **whether legal or illegal, prescribed, or unauthorized.***
- *Provide all responsive information, even if the matter was expunged, dropped, or dismissed, regardless of how much time has passed.*

| ☑ *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 martialed? | | |

**In Case of Emergency Contact Information:** Please identify the individual who would be appropriate to contact regarding your professional practice in the event of an emergency. This person should be able to assist with matters involving your licensure, practice, client records, or implementation of your professional will.

| | |
|---|---|
| ***FULL NAME:*** | |
| ***PHONE:*** | ***EMAIL ADDRESS:*** |

***THEIR RELATIONSHIP TO YOU:***

| | | |
|---|---|---|
| □ Professional Executor | □ Other Qualified Person | □ Practice Partner |
| □ Spouse / Partner | □ Parent | □ Adult Child |

**Certification:** *Your signature and date is required on this form.*

**By submitting this Application, I acknowledge and understand that Alabama law prohibits me from practicing psychology in Alabama unless I hold an active license issued by the Alabama Board of Examiners in Psychology.**

***SIGNED*** _____ ***DATE*** _____

**AFFIDAVIT** I understand that **Inactive Status suspends all privileges associated with licensure** until reinstatement to Active Status is requested and granted by the Board. While my license is Inactive, I may not practice psychology in Alabama or use the title **"Licensed Psychologist"** or **"Licensed Psychological Technician."** Practicing while Inactive may constitute the unlicensed practice of psychology and subject me to disciplinary action. Inactive status does not affect the Board's jurisdiction over conduct occurring during any period of active licensure.

**To maintain Inactive Status**, I must submit the required **Continuation of Inactive Status form and applicable fee by October 15 each year**. Continuing Education is not required to maintain Inactive status but is required for reinstatement to Active Status. **To return to Active Status**, I must satisfy the Board's reinstatement requirements, including submission of the required form and fees and proof of compliance with applicable Continuing Education requirements. The Board may deny reinstatement when grounds for disciplinary action exist under Alabama law.

I affirm that the information provided in this Application for Inactive Status is true and complete; that I have not withheld information that may affect this request; that I will confirm to the **Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association**; and that I have read and understand this Affidavit. A photocopy of this Affidavit may serve as the original.

STATE OF _____ _____
Signature of Licensee

COUNTY OF _____ _____
Typed or Printed Name

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____
Notary Public

**YOUR WELL-BEING MATTERS**

Psychologists and Psychological Technicians sometimes need support, too. If you are experiencing concerns related to substance use, dependence, or another challenge affecting your personal and professional well-being, **confidential support is available** through the **Alabama Psychology Professionals Wellness Program**.

**Reach out for support or information:**
wellness@psychology.alabama.gov | Dr. Michael Garver: (251) 605-2883
Learn more: https://psychology.alabama.gov/licensees/wellness-program

You may submit this information and payment through the Board's website. If submitting the paper form & paying by check, money order, or cashier's check, please make payable to: **Alabama Board of Examiners in Psychology**

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

*Revised August 2026*

***Office Use Only***
Updated by: _____ Date: _____