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

PSYCHOLOGICAL TECHNICIAN LICENSE RENEWAL NOTICE - LICENSURE YEAR 2027

It's time to renew your Alabama License. Please read and complete **all pages** of this renewal form, and **sign and date the final page** before submitting it.

October 15, 2026 - $200.00

To avoid a **Lapse in licensure**,* your completed renewal form and fee must be **received by the Board no later than OCTOBER 15, 2026**.

Continuing Education: Report your CE activities online at: https://apps.psychology.alabama.gov/public/login.aspx

Your Full Name:	**License Number:**

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 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 martialed?		

FORM CONTINUES – Please complete and submit ALL pages.

Contact Information: Please notify the Board Office if your contact information changes 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
STREET:	***STREET:***
SUITE / UNIT / APT:	***SUITE / UNIT / APT:***
CITY, STATE, ZIP CODE:	***CITY, STATE, ZIP CODE:***
PHONE:	***PHONE:***

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

DEMOGRAPHIC AND WORKFORCE INFORMATION SURVEY - 2027

Participation in this survey is voluntary, and you may also choose not to answer any question. The Alabama Board of Examiners in Psychology collects demographic and workforce information to better understand the composition, distribution, and trends of Alabama's psychology workforce. This information helps the Board make informed decisions in support of its public protection mission.

Information that could identify an individual, business, or organization will be used **only for statistical purposes**. Please contact the Board Office if you have questions about the information collected or how it will be used.

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

FORM CONTINUES – Please complete and submit ALL pages.

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?

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

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

Make personal checks, money orders, or cashier's checks payable to:

Alabama Board of Examiners in Psychology

Provide your check or money order number:

***LAPSED LICENSURE:** Failure to complete **all renewal requirements by October 15** will result in a **Lapse** in licensure. Materials must be **received by the Board Office by October 15; a postmark is not sufficient**. A licensee with a Lapsed license **may not practice psychology** unless practicing in an exempt setting. A Lapsed license may be reinstated by completing all delinquent requirements and paying applicable late penalties, which increase by **$20 each month**. After **2 years**, a Lapsed license expires and cannot be reinstated. A new application will be required, and the applicant must meet the licensure requirements in effect **at the time of application**, regardless of prior Alabama licensure.

INACTIVE STATUS: A licensee may request **Inactive Status** at any time; applicable fees apply. While Inactive, a licensee **may not practice psychology or use a licensed title** until reinstated to Active status. Inactive Status does not affect the Board's jurisdiction over conduct occurring during any period of active licensure.

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

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.

I understand that all renewal requirements must be received by the Board by October 15, 2026, or my license will lapse and applicable late penalties will apply.

	RENEW for FY 2026 - 2027 *Renewal Fee: $200.00* ***Due October 15, 2026***

	DO NOT RENEW *Licenses designated for Non-Renewal* ***Expire October 15, 2026***

SIGNED _____ ***DATE*** _____

Your Renewal Form is complete and ready to submit to the Board Office.
Thank you for completing your 2026 – 2027 renewal!

Office Use Only
Citizen _____ Immigration Status _____ Fee Paid _____ Date _____