Arkansas Psychology Board

101 East Capitol Avenue, Suite 415, Little Rock, AR, 72201
Phone (501) 682-6167; *Fax* (501) 682-6165
www.accessarkansas.org/abep

QUESTIONNAIRE
2005-2006

Please answer the following questions as related to your licensure status. If yes to any questions, please give details on the back of this form. This questionnaire must be completed and returned with your renewal fee.

1. Have you ever been convicted of a felony or had any disciplinary action taken against your psychology license in any state?

   Yes ☐ No ☐

2. Has any action, including disciplinary action or limitation or restriction, or any type of agreement for any reason including rehabilitation been initiated or entered?

   Yes ☐ No ☐

3. Have you ever had any professional license and/or certification denied or revoked in any state?

   Yes ☐ No ☐

4. Have you ever surrendered any professional license/certificate in any state?

   Yes ☐ No ☐

I certify that all of the above information is true and correct to the best of my knowledge on this date.

_____ _____

Signature (do not type) *License #*

_____ _____

(Please type or print clearly name) *Date*

Print Form