Arkansas Psychology Board

101 East Capitol Avenue, Suite 415, Little Rock, AR, 72201
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www.arkansas.gov/abep APBinfo@arkansas.gov

Statement of Intent Psychologist

This form must be signed and submitted to the Board office. Only original copies will be accepted.
Please type or print.

Applicant's Name:

License Number (if issued):

Note: Intended areas of practice must be supported by the coursework and supervised training documented in this application.

1. Check the categories of practice that you believe you are competent to provide independently, without supervision.

   ☐ Individual Therapy ☐ Group Therapy ☐ Psychoeducational Assessment
   ☐ Neuropsychological Assessment ☐ Rorschach ☐ TAT
   ☐ Personality Assessment: Objective Tests
   ☐ Personality Assessment: Projective Tests (except the Rorschach and Thematic Apperception Tests)
   ☐ Other

2. Check those categories of practice that you believe you are competent to provide only under supervision.

   ☐ Individual Therapy ☐ Group Therapy ☐ Psychoeducational Assessment
   ☐ Neuropsychological Assessment ☐ Rorschach ☐ TAT
   ☐ Personality Assessment: Objective Tests
   ☐ Personality Assessment: Projective Tests (except the Rorschach and Thematic Apperception Tests)
   ☐ Other _____

3. If applicable, list any restrictions that should be placed on your practice: _____

   _____

4. List the clinical populations are you competent to provide services to: _____

   _____

5. List arrangements made to ensure effective communication with other professionals: _____

   _____

6. I have read:

   ☐ Yes ☐ No American Psychological Association's Ethical Principles of Psychologists and Code of Conduct.
   ☐ Yes ☐ No ACA §17-97-101 et seq., the law that governs the practice of Psychology in Arkansas.
   ☐ Yes ☐ No Rules and Regulations of the Arkansas Psychology Board.

*****Please provide each reference contacted with a COPY of your Statement of Intent. *****
*****Please inform the Board if/when the information you have provided above changes substantively. *****

Signature *Date*

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Print Form