



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

REQUEST FOR CHANGE OF LICENSE STATUS

Licensee Name	Phone	Email	License Number
Mailing Address: Street	City	State	Zip Code

Effective Date: _____

CHECK WHICH STATUS YOU ARE REQUESTING

- Not Practicing (during your current renewal cycle)
- Return to Active (from Not Practicing)
- Inactive (during your next renewal cycle) – 201 KAR 26:165

EXPLAIN WHY YOU ARE REQUESTING THE ABOVE STATUS CHANGE

SUPERVISION

- My license type does not require supervision (Licensed Psychologist, Licensed Psychological Practitioner, Certified Psychologist with Autonomous Functioning); or
- My license type requires supervision (Licensed Psychological Associate, Certified Psychologist, Temporary License) and (check one below):
 - I will no longer be practicing so I have attached a final Supervisory Report
 - I will now be practicing so I have attached a Supervisory Plans and Goals

_____	_____
Licensee Signature	Date

Reviewed by:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Deferred	<input type="checkbox"/> Denied
Comments:				