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PUBLIC PROTECTION CABINET
Kentucky Board of Examiners of Psychology
500 Mero Street, 2SC32
Frankfort, KY 40601
Phone: (502) 782-8812
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Ray A. Perry
SECRETARY

If you did not earn all of your CEs, including any in-person requirements, prior to your renewal date, you will have to reinstate your license. At this time, you cannot do this online. Please submit the following paper renewal form, your CE documents, and a check or money order for the amount below, depending on your license type:

- Licensed Psychologist, Licensed Psychological Practitioner, and Certified with Autonomous Functioning:
 - **\$625** total (\$450 renewal + \$75 late + \$100 reinstatement)
- Licensed Psychological Associate and Certified Psychologist:
 - **\$475** total (\$300 renewal + \$75 late + \$100 reinstatement)

Once the reinstatement is received, it will be presented to the Board for review. Please understand that this process involves many steps, including mail time and processing by several different parties prior to being sent to the Board. You may hand-deliver your reinstatement to the office, but that will only cut out the mail time; the rest of the process must occur as normal. Everyone involved is working diligently to get these processed as quickly as possible, but please expect some delay due to the manual nature of this paper process.



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>

RENEWAL APPLICATION

To renew your license for the next three years, complete this application form and submit it along with copies of continuing education certificates and the required fee to the **Kentucky State Treasurer**. This completed application and the supporting materials may be submitted to the Kentucky Board of Examiners of Psychology either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 500 Mero St, 2SC32, Frankfort, KY 40601.

Please check which credential you are renewing:

- Certified Psychologist (Renewal Fee is \$300.00)
- Licensed Psychological Associate (Renewal Fee is \$300.00)
- Certified Psychologist with Autonomous Functioning (Renewal Fee is \$450.00)
- Licensed Psychological Practitioner (Renewal Fee is \$450.00)
- Licensed Psychologist (Renewal Fee is \$450.00)

First Name			Middle Name			Last Name				
Social Security Number			Date of Birth			Present Place of Employment				
Mailing Address						Business Address				
Mailing Address						Business Address				
City		State		Zip Code		City		State		Zip Code
Home Telephone Number						Business Telephone Number				
Home Email Address						Business Email Address				

Please complete the following related to your status since **initial licensure or last renewal**:

- | | | |
|---|-----|----|
| 1. Have you been denied licensure/certification in any state/jurisdiction? | Yes | No |
| 2. Has your license/certification been suspended or revoked in any state/jurisdiction? | Yes | No |
| 3. Have you surrendered or allowed you license/certification to lapse in any state/jurisdiction due to an action pending or threatened? | Yes | No |
| 4. Has your license/certification been subject to any disciplinary action by any licensure/regulatory board? | Yes | No |
| 5. Have you entered into a consent or other agreement with any licensure or regulatory board in connection with disciplinary action? | Yes | No |

- | | | |
|--|-----|----|
| 6. Are you aware of any pending disciplinary action against your license or certification in any state/jurisdiction? | Yes | No |
| 7. Have your clinical privileges at any hospital or other health care institution or clinic been denied, limited, suspended, revoked, or not renewed for any reason? | Yes | No |
| 8. Have you been denied professional liability insurance or has your policy been cancelled or restricted? | Yes | No |
| 9. Have you had psychiatric hospitalization in the past five years? | Yes | No |
| 10. Have you been treated for alcohol or drug abuse/dependence in the past five years? | Yes | No |
| 11. Do you suffer from any illness or health condition which limits or impairs your ability to practice in your profession? | Yes | No |
| 12. Have you been convicted of a felony in the past five years? | Yes | No |
| 13. Has any third party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to the quality of your professional practice? | Yes | No |
| 14. Have you been disciplined by a professional organization for a violation of ethical standards? | Yes | No |
| 15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank? | Yes | No |

If you have answered “yes” to any of the above questions, please explain on a supplementary sheet.

CONTINUING EDUCATION REQUIREMENTS – 201 KAR 26:175

- 39 continuing education hours total
- A minimum of 3 hours in ethical practice or risk management (each renewal period)
- A minimum of 3 hours in domestic violence and elder abuse, neglect, and exploitation (first renewal period only)
- Licensed Psychologists Only: A minimum of 3 hours in Basic or Advanced Supervision (only required during renewal periods in which you are providing supervision as a Board-approved supervisor)
- A minimum of 6 hours in suicide assessment, treatment, and management (required within the first year of licensure and every 6 years thereafter)

Suicide Assessment, Treatment, and Management Exemption:

Do you qualify for an exemption under 201 KAR 26:175 Section 2(2)? Yes No
 If yes, please attach proof of meeting the exemption.

Complete the following information for each continuing education activity for which you are claiming credit. You may make additional copies of this form if needed.

Enclose documents to verify each of the below activities. These may include certificates or other proof of attendance, copies of official grade reports or transcripts. Brochures may be helpful as supplementary material. If you taught a course in a university, you should provide documentation from your chair or supervisor. If you taught an approved CE workshop, provide documentation from the sponsoring organization.

TOTAL CONTINUING EDUCATION HOURS EARNED: _____

In-person, internet-based or home study, or interactive webinar trainings

***Note:** A person who completes *home study or internet-based* courses shall not receive more than 12 total continuing education hours in a renewal period. A person who participates in videoconferencing in an *interactive* setting shall not receive more than 24 continuing education hours in a renewal period.

1. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

2. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

3. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

4. Name of Program: _____

Date Offered: _____

Instructor(s): _____

CE Hours: _____

Name and Address of Sponsoring Organization: _____

5. Name of Program: _____
Date Offered: _____
Instructor(s): _____
CE Hours: _____
Name and Address of Sponsoring Organization: _____

6. Name of Program: _____
Date Offered: _____
Instructor(s): _____
CE Hours: _____
Name and Address of Sponsoring Organization: _____

7. Name of Program: _____
Date Offered: _____
Instructor(s): _____
CE Hours: _____
Name and Address of Sponsoring Organization: _____

8. Name of Program: _____
Date Offered: _____
Instructor(s): _____
CE Hours: _____
Name and Address of Sponsoring Organization: _____

Completing a graduate-level psychology course in an accredited academic institution

***Note:** One semester hour is equivalent to 15 continuing education hours. One quarter hour is equivalent to 9 continuing education hours.

1. Course Name: _____

Institution: _____

CE Hours: _____ Date Offered: _____

Teaching a graduate-level psychology course in an accredited academic institution

***Note:** A 3 semester or quarter hour course is equivalent to 6 continuing education hours. No more than 9 continuing education hours can be obtained by this method in a renewal period.

1. Course Name: _____

Institution: _____

CE Hours: _____ Date Offered: _____

Teaching an approved continuing education workshop

***Note:** Continuing education hours are on a one-to-one basis. No more than 9 continuing education hours can be obtained through this method in a renewal period.

1. Course Name: _____

Sponsoring Organization: _____

CE Hours: _____ Date Offered: _____

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board.

Signature

Date