

1 BOARDS AND COMMISSIONS

2 KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

3 (Amendment)

4 201 KAR 26:225. Renewal and reinstatement.

5 RELATES TO: 319.071

6 STATUTORY AUTHORITY: KRS 319.032(1)(c), 319.032(2)

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 319.032(1)(c) requires the Board of
8 Examiners of Psychology to promulgate an administrative regulation setting the requirements for
9 issuing and denying an applicant for licensure. KRS 319.032(2) authorizes the board to promul-
10 gate administrative regulations as it deems necessary for the proper administration of KRS Chap-
11 ter 319. This administrative regulation establishes the renewal and reinstatement processes.

12 Section 1. (1) To apply for renewal, a licensed psychologist, certified psychologist with au-
13 tonomous functioning, or licensed psychological practitioner shall:

14 (a) Submit a completed Renewal Application to the board;

15 (b) Pay to the board the appropriate renewal fee established in 201 KAR 26:160, Section 1(5);

16 and

17 (c) Have completed thirty-nine (39) continuing education hours established in 201 KAR 26:175,
18 Section 2(1).

19 (2) After the renewal date but during the three (3) month grace period, a licensed psychologist,
20 certified psychologist with autonomous functioning, or licensed psychological practitioner shall:

21 (a) Submit a completed Renewal Application to the board;

- 1 (b) Pay to the board the appropriate renewal fee established in 201 KAR 26:160, Section 1(5);
- 2 (c) Pay to the board a late fee established in 201 KAR 26:160, Section 2; and
- 3 (d) Have completed thirty-nine (39) continuing education hours established in 201 KAR 26:175,
- 4 Section 2(1).

5 (3) After the three (3) month grace period but less than three (3) years of cancelation, a licensed
6 psychologist, certified psychologist with autonomous functioning, or licensed psychological
7 practitioner shall:

- 8 (a) Submit a completed Renewal Application to the board;
- 9 (b) Pay to the board the appropriate renewal fee established in 201 KAR 26:160, Section 1(5);
- 10 (c) Pay to the board a late fee established in 201 KAR 26:160, Section 2;
- 11 (d) Pay to the board a reinstatement fee established in 201 KAR 26:160, Section 3; and
- 12 (e) Complete thirty-nine (39) continuing education hours obtained within the three (3) years prior
- 13 to the date of application for reinstatement.

14 (4) After three (3) years of cancelation, a licensed psychologist, certified psychologist with au-
15 tonomous functioning, or licensed psychological practitioner shall:

- 16 (a) Submit a new completed application to the board;
- 17 (b) Pay to the board the appropriate fee established in 201 KAR 26:160, Section 1; and
- 18 (c) Successfully complete the oral and structured examinations on Kentucky mental health law,
- 19 ethical principles, and professional practice established in 201 KAR 26:230, Section 3(1)(b) and
- 20 (4).

21 Section 2. (1) To apply for renewal, a certified psychologist or licensed psychological associ-
22 ate shall:

- 23 (a) Submit a completed Renewal Application to the board;

- 1 (b) Pay to the board the appropriate renewal fee established in 201 KAR 26:160, Section 1(6);
2 and
- 3 (c) Have completed thirty-nine (39) continuing education hours established in 201 KAR 26:175,
4 Section 2(1).
- 5 (2) After the renewal date but during the three (3) month grace period, a certified psychologist or
6 licensed psychological associate shall:
- 7 (a) Submit a completed Renewal Application to the board;
- 8 (b) Pay to the board the appropriate renewal fee established in 201 KAR 26:160, Section 1(6);
- 9 (c) Pay to the board a late fee established in 201 KAR 26:160, Section 2; and
- 10 (d) Complete thirty-nine (39) continuing education hours established in 201 KAR 26:175, Sec-
11 tion 2(1).
- 12 (3) After the three (3) month grace period but less than three (3) years of cancelation, a certified
13 psychologist or licensed psychological associate shall:
- 14 (a) Submit a completed Renewal Application to the board;
- 15 (b) Pay to the board the appropriate renewal fee established in 201 KAR 26:160, Section 1(5);
- 16 (c) Pay to the board a late fee established in 201 KAR 26:160, Section 2;
- 17 (d) Pay to the board a reinstatement fee established in 201 KAR 26:160, Section 3; and
- 18 (e) Complete thirty-nine (39) continuing education hours obtained within the three (3) years prior
19 to the date of application for reinstatement.
- 20 (4) After three (3) years of cancelation, a certified psychologist or licensed psychological associ-
21 ate shall:
- 22 (a) Submit a new completed application to the board; and
- 23 (b) Pay to the board the appropriate fee established in 201 KAR 26:160, Section 1.

1 Section 3. A person who previously held a credential issued by the board and applies three (3)
2 years or more beyond the date of cancelation shall be required to meet current initial licensure
3 requirements.

4 Section 4. A credential holder may continue to practice during the grace period.

5 Section 5. A person shall not engage in the practice of psychology after a license has been
6 canceled.

7 Section 6. Incorporation by Reference. (1) "Renewal Application", October 2021~~[March~~
8 ~~2017]~~, is incorporated by reference.

9 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at
10 the Kentucky Board of Examiners of Psychology, 500 Mero Street~~[911 Leawood Drive]~~, Frank-
11 fort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. The material is also available
12 on the Board's website and the address is: <https://psy.ky.gov>.

201 KAR 26:225

A handwritten signature in cursive script that reads "Jean A. Deters, Psy. D.".

Jean A. Deters, Psy. D.

BOARD CHAIR

APPROVED BY AGENCY: November 8, 2021

PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall, if requested, be held on January 31, 2022 at 3:00 pm in Room 133, The Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky 40601. All attendees shall comply with all Executive Orders relating to the State of Emergency as may be in effect on the date of the public hearing, which may be found at:

<https://governor.ky.gov/covid-19>. Members of the public may utilize the following link to attend the meeting by video conference:

Join from PC, Mac, Linux, iOS or Android:

<https://us06web.zoom.us/j/89307082752?pwd=YnRKN3BtaStYNHZZOSSt2ZU5RY3VmZz09>
Password: 889205

Or Telephone:

Dial:

USA 713 353 0212

USA 8888227517 (US Toll Free)

Conference code: 931924

Find local AT&T Numbers:

<https://www.teleconference.att.com/servlet/glbAccess?process=1&accessNumber=8888227517&accessCode=931924>

Or an H.323/SIP room system:

H.323:

162.255.37.11 (US West)

162.255.36.11 (US East)

115.114.131.7 (India Mumbai)

115.114.115.7 (India Hyderabad)

213.19.144.110 (Amsterdam Netherlands)

213.244.140.110 (Germany)

103.122.166.55 (Australia Sydney)

103.122.167.55 (Australia Melbourne)

149.137.40.110 (Singapore)

64.211.144.160 (Brazil)

149.137.68.253 (Mexico)

69.174.57.160 (Canada Toronto)

65.39.152.160 (Canada Vancouver)

207.226.132.110 (Japan Tokyo)

149.137.24.110 (Japan Osaka)

Meeting ID: 893 0708 2752

Password: 889205

SIP: 89307082752@zoomcrc.com

Password: 889205

Individuals interested in attending this hearing shall notify this agency in writing by January 24, 2022, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation until 11:59 pm EST on January 31, 2022. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS 13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

Contact Person: Kevin Winstead
Title: Commissioner, DPL
Address: 500 Mero Street
Phone: (502) 782 - 8805 (office)
Fax: (502) 564-3969
Email: KevinR.Winstead@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation No. 201 KAR 26:225

Contact Person: Kevin Winstead
Title: Commissioner, DPL
Address: 500 Mero Street
Phone: (502) 782 - 8805 (office)
Fax: (502) 564-3969
Email: KevinR.Winstead@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does:

This administrative regulation establishes the renewal and reinstatement processes.

(b) The necessity of this administrative regulation:

This administrative regulation is required by KRS 319.032(1)(c).

(c) How this administrative regulation conforms to the content of the authorizing statutes:

This administrative regulation establishes the renewal and reinstatement processes.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

This regulation assists in the effective administration of the statute by explaining how licenses can be renewed and reinstated.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment only updates the form.

(b) The necessity of the amendment to this administrative regulation: See (1)(b).

(c) How the amendment conforms to the content of the authorizing statutes: See (1)(c).

(d) How the amendment will assist in the effective administration of the statutes: See (1)(d).

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

This regulation will affect 1,772 licensed psychologists practicing in the Commonwealth of Kentucky.

(4) Provide an analysis of how the entities identified in the previous question will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions each of the regulated entities have to take to comply with this regulation or amendment: This amendment only updates the form. No additional action is necessary on the part of the regulated entities.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities: This regulation will add no additional cost to the licensed psychologist.

(c) As a result of compliance, what benefits will accrue to the entities: The entities will have an updated form to use for renewal and reinstatement.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: This administrative regulation does not create a cost for the administrative body.

(b) On a continuing basis: This administrative regulation does not create a cost for the administrative body.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The Kentucky Board of Examiners of Psychology is self-funded through the fees paid by licensees. No additional funding is necessary for the implementation and enforcement of this administrative regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increases in fees or funding are necessary to implement the amendment to this administrative regulation.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: No increases in fees or funding are necessary to implement this administrative regulation.

(9) TIERING: Is tiering applied? Tiering is not applied because similarly situated licensees are treated similarly under this administrative regulation.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation No. 201 KAR 26:225

Contact Person: Kevin Winstead
Title: Commissioner, DPL
Address: 500 Mero Street
Phone: (502) 782 - 8805 (office)
Fax: (502) 564-3969
Email: KevinR.Winstead@ky.gov

(1) What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation?

This administrative regulation impacts the Kentucky Board of Examiners of Psychology.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 319.032(1).

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation does not generate revenue for the Board.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None.

(c) How much will it cost to administer this program for the first year? There are no additional costs.

(d) How much will it cost to administer this program for subsequent years? See 3(c).

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation:

SUMMARY OF CHANGES TO MATERIAL INCORPORATED BY REFERENCE

Regulation No. 201 KAR 26:225

Contact Person: Kevin Winstead
Title: Commissioner, DPL
Address: 500 Mero Street
Phone: (502) 782 - 8805 (office)
Fax: (502) 564-3969
Email: KevinR.Winstead@ky.gov

The “Renewal Application,” October 2021, is a five (5) page form used by licensees seeking to renew their license. It amends the “Renewal Application,” March 2017. The proposed amendments to this form make the following changes: (1) moves the signature block to the end of the document; (2) clarifies the continuing education requirements; 3) changes the number of continuing education hours allowed to be accrued for teaching a course; (4) updates the contact information for the Board; and (5) changes the revision date.



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
500 Mero St., 2 SC 32[911 Leawood Drive], 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 911 Leawood Dr, 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

~~[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]

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~~6 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



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

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- 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