



# 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~~ 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