



GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
 237 Coliseum Drive Macon, Georgia 31217-3858
 (478) 207-2440 * www.sos.ga.gov/plb/psych

APPLICATION FOR INACTIVE STATUS

INSTRUCTIONS:

- A licensee who holds a current license, who will **not** use the title “psychologist” in Georgia and **will not** practice psychology in Georgia, may apply for Inactive Status by completing this form and submitting the appropriate **NON-REFUNDABLE** fee (\$25.00) to the Board. A licensee may not use his or her license in the State of Georgia while that license is on Inactive Status. Board Rule Chapter 510-7-.03 (a) RETURN YOUR CURRENT “ACTIVE” POCKET CARD WITH THIS APPLICATION.
- Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.

PERSONAL DATA (Please print or type)

LEGAL NAME _____
Last First Middle

NAME IN WHICH LICENSE WAS ORIGINALLY ISSUED (IF DIFFERENT) _____

*Social Security # _____ **E Mail Address _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A.1001. **Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

PHYSICAL ADDRESS _____
Street (P.O. Box NOT Acceptable) City State Zip

MAILING ADDRESS _____
Street (P.O. Box is Acceptable) City State Zip

Your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

TELEPHONE (_____) _____ (_____) _____ (_____) _____
(HOME) (BUSINESS) (FAX)

AFFIDAVIT

I, the above-named licensee, License Number _____, do hereby attest that I am not practicing as a psychologist in Georgia nor do I intend to practice as a psychologist in Georgia until such time as I have requested and been approved by the Board for reactivation to a current, active license.

 Date
 Sworn to and subscribed before me
 this _____ day of _____, 20____

 Signature of Licensee

 Notary Public
 My Commission Expires _____

NOTARY SEAL