



**Please state reason/s why you did not renew your license and describe your professional activities for the past two (2) years:**

**PART III - PROFESSIONAL BACKGROUND**

- For the following questions, the terms “license,” “registration” and “certification” are synonymous.
- If your answer is “yes” to any question, please attach a written detailed explanation, relevant documents and a description of the current status. **If you answer “yes” to the arrest or conviction question you must also complete and submit the Background Investigation Consent form (located on same webpage as this application).** Failure to do so will delay the processing of your application. Attach additional pages as necessary.

Yes  No Do you now hold, or have you in the past held a professional license in any state?

Type of License: \_\_\_\_\_

State: \_\_\_\_\_ License# \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License: \_\_\_\_\_

State: \_\_\_\_\_ License# \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Yes  No Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?

Yes  No Have you knowingly failed to renew a license during investigation or disciplinary action?

Yes  No Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order?

Yes  No Have you been subject to disciplinary action or had your membership revoked by any professional organization?

Yes  No Have you been convicted of any criminal offense?

Yes  No Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?

Yes  No Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

Yes  No Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

Yes  No Have you previously applied for the same license for which you are currently applying?  
If “yes” name under which application was submitted: \_\_\_\_\_

**AFFIDAVIT REGARDING CITIZENSHIP**

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: \_\_\_\_\_

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) \_\_\_ I am a United States citizen. Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on pages 4 & 5 of this application.

2) \_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number ( See pages 4 & 5of this application).

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

Notary Seal

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.  
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

License #: **PSY00**\_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

**NAME:** \_\_\_\_\_ **LICENSE # PSY** \_\_\_\_\_ **(PLEASE SEE BOARD RULE: 510-8 FOR MORE INFORMATION)**

**CONTINUING EDUCATION AUDIT REPORT FORM**

AREA	ACTIVITY SPECIFIC DESCRIPTION	SPONSORSHIP FULL NAME	LOCATION CITY/STATE	DATES MONTH/DAY/YEAR	# OF CREDITS
<b>I</b> <b>ACADEMIC</b>  <b>i. COURSES</b> [MAX OF 20]  <b>ii. INSTRUCTION</b> [MAX OF 20]  <b>iii. PUBLICATIONS</b> [MAX OF 10]					
					TOTAL: _____
<b>II</b> <b>ONGOING PEER GROUP CONSULTATION</b> [MIN OF 10] [MAX OF 20]					
					TOTAL: _____
<b>III</b> <b>CONFERENCES/ CONVENTIONS</b> [MAX OF 5]					
					TOTAL: _____

NAME: \_\_\_\_\_

GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

LICENSE #: PSY \_\_\_\_\_

(Submit this reporting form **ONLY** if you are randomly selected for a Continuing Education Hours audit)

**CONTINUING EDUCATION REPORT**

AREA	ACTIVITY	SPONSORSHIP [FULL NAME]	LOCATION CITY/STATE	DATE/S MONTH/DAY/YEAR	# OF CLOCK HOURS /DAYS
<b>IV APPROVED SPONSOR CE</b> [MAX OF 40]					TOTAL: _____
<b>V SELF INSTRUCTIONAL</b>  <b>i. SELF-STUDY</b> [MAX OF 10]  <b>ii. ONLINE CE IN REAL TIME</b> [MAX OF 6]					TOTAL: _____
<b>PROFESSIONAL ETHICS</b> [MIN OF 6] <b>(In Person)</b>					TOTAL: _____
					<b>ALL AREAS GRAND TOTAL: _____</b>

**AFFIDAVIT**

I certify that the above is true and accurate information, as is the required supporting documentation that I have attached/included.

\_\_\_\_\_  
(Signature of Psychologist)

\_\_\_\_\_  
(Date)

Printed/Typed Name of Psychologist: \_\_\_\_\_

License Number: PSY \_\_\_\_\_

Please include your name and license # in the space provided on pages 1 and 2 of this form. If any additional forms are needed, please also assure your name and license # are on each. This page must be signed, dated and returned as well.

**BE SURE TO SUBMIT ALL 3 PAGES OF THIS FORM ALONG WITH YOUR SUPPORTING DOCUMENTS**

***FAX THIS FORM TO 866-888-7127, E-Mail to [ExamBoards-healthcare@sos.state.ga.us](mailto:ExamBoards-healthcare@sos.state.ga.us), OR MAIL TO THE ADDRESS NOTED ON PAGE 1 ABOVE, ALONG WITH ALL SUPPORTING DOCUMENTS REQUIRED OR YOUR RENEWAL MAY BE DELAYED.***