



GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

237 Coliseum Drive Macon, Georgia 31217-3858

(404) 424-9966 (Telephone)

[The Georgia State Board of Examiners of Psychologists | Georgia Secretary of State \(ga.gov\)](http://The Georgia State Board of Examiners of Psychologists | Georgia Secretary of State (ga.gov))

APPLICATION for the REACTIVATION OF AN INACTIVE STATUS PSYCHOLOGIST LICENSE

A licensee who wishes to reactivate an inactive status license must submit to the Board:

- This application to request consideration of Reactivation of an Inactive status license.
- NON-REFUNDABLE** Fee: \$260.00* (See Fee Schedule to assure current fee amount).
(*Fee includes a \$10 mail in application processing fee)
- Documentation of 40 hours of Continuing Education activities which were obtained within two calendar years of submission of this Application for Reactivation. See Board Rule 510-8 CE Requirements.
- Registration for a fingerprint background check – see instructions on same web page you found this application.

Please refer to Board Rule Chapter 510-7-.03 for additional information

(Please print or type)

NAME _____
Last First Middle Maiden

*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 (No P.O. Box) City State Zip Code

If you are granted a license, 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.

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

TELEPHONE _____
(HOME) (BUSINESS) (cell)

AFFIDAVIT

I, the above-named licensee, license number PSY_____, do hereby attest that I have not practiced as a psychologist in Georgia since my Application for Inactive Status was approved by the Board, I hereby request that my license be reactivated to a current valid license, and, the appropriate fee is enclosed along with my documentation of obtaining 40 hours of continuing education.

Date Signature of Licensee

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

Notary Public
My Commission Expires _____

NOTARY SEAL

(1) A licensee who wishes to reactivate an inactive license who has an active license in another state and who has been actively practicing psychology there within the past two years must submit to the Board this Application to Reactivate, documentation of 40 hours of continuing education activities, in accordance with the requirements for continuing education hours specified in Board rule 510-8, that were completed within two calendar years of the date the application is received by the Board, and appropriate fee. See Fee Schedule.

(2) For the Board to approve reactivation of the license of a psychologist who has not had an active license in another state and who has not been actively practicing psychology, the licensee must also pass both the Georgia Jurisprudence and Oral Examinations in addition to the requirements set forth in (1) above.

(3) NEW: Complete the registration with Fieldprint/GAPS as required by the Board to cause the submission of a criminal background check as required by O.C.G.A. §§ 43-39-6 and 43-39-8(b)(6). The applicant shall be responsible for all fees associated with the performance of such background check - see instructions on how to register and complete the fingerprint check posted on the Board website - Same webpage you found this application on. Have you registered for this background check: ___ Yes ___ No (Note: Registration will be approved by the administrative staff ONLY after this application is received by the Board)

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. 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: _____

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

APPLICANT SIGNATURE & AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

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 Georgia State Board of Examiners of Psychologist, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 3 & 4 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older 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 3 & 4 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Examiners of Psychologist and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this
_____ day of _____ 20_____

Notary Public Signature

(Notary Seal)

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.

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)]