

REINSTATEMENT APPLICATION for 2020-2022

NORTH CAROLINA PSYCHOLOGY BOARD
895 State Farm Road, Suite 101, Boone, NC 28607
Telephone (828) 262-2258 • E-mail: info@ncpsychologyboard.org
Web Site: www.ncpsychologyboard.org

All requested information must be provided below; otherwise, application will be returned for completion, and license renewal will be delayed/denied.

Fee: \$350.00 (\$250.00 renewal fee + \$100.00 reinstatement fee)

This form may only be used through February 19, 2021.

TYPE/PRINT NAME AND LICENSE NO.

Name:

License No: _____

- See **REINSTATEMENT OF LICENSE INSTRUCTIONS** for further information about completing this form.
- **Supervision Reports ARE required at this time for Licensed Psychological Associates and provisionally Licensed Psychologists.**

COMPLETE ALL ITEMS BELOW

You may check your address on file with the Board by logging into the Licensee System -

<https://app.ncpsychologyboard.org/licensee/#/#/>

[1] Home Mailing Address:

Has your Home Address Changed? **NO**, go to Item #2 below, **Yes**, update your Home address below:

Street/Box : _____

City: _____ State: _____

ZIP Code: _____ County (if in NC): _____

[2] Business Mailing Address:

Has your Business Address Changed? **NO**, go to Item #3, **Yes**, update your Business address below:

Business Name: _____

Street Address1: _____

City: _____ State: _____

ZIP Code: _____ County (if in NC): _____

[3] Preferred Mailing Address: Select One Home (**H**) Business (**B**)

[4] E-mail address: _____

[5] Daytime telephone #: (_____) _____ ext. _____

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[6] Are you currently engaged in the practice of psychology? Yes No

If "Yes", complete Item #7

If "No", complete Item #8

[7] Principal setting of primary activity if active in the practice of psychiatry

Check ONLY one.

(30) State or local governmental

(31) Federal

(32) Public school system

(34) Private or group practice

(35) Educational institution

(36) Business/industry

(33) Non-gov't. health care org.

(14) Other (specify): _____

[8] Most applicable description of present activity if NOT active in the practice of psychology

Check ONLY one.

(50) Working in another field

(51) Retired

(52) Unemployed

(53) Student

(14) Other (specify): _____

Items #9 and #10 MUST be checked (answered) to renew your license.

[9] Have you--

- a.** had a malpractice lawsuit filed against you where a judgment was entered against you or the matter was settled out of court; or
- b.** been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit ever disciplined in any way (e.g., denied, suspended, reprimanded, censured, restricted, limited, placed on probation, revoked, etc.) by any licensing authority in North Carolina (other than the Psychology Board) or any other jurisdiction, or are you aware of any pending charges against a professional license or permit which you hold, or
- c.** been convicted of a felony or entered a plea of guilty or *nolo contendere* to any felony charges, or
- d.** been convicted of or entered a plea of guilty or *nolo contendere* to any misdemeanor involving moral turpitude, misrepresentation or fraud in dealing with the public, or conduct otherwise relevant to fitness to practice psychology, or a misdemeanor charge reflecting the inability to practice psychology with due regard to the health and safety of clients or patients?

Yes (if not previously provided to the Board, attach explanation and a copy of judgment/settlement agreement in a civil/administrative matter or certified copy of criminal conviction in a criminal matter, if applicable)

No

[10] Continuing Education Attestation--Attach the Reinstatement Application - Continuing Education Attestation (complete list of activities/programs) and an individual Continuing Education Attestation Form for each program/activity you list on the Reinstatement Application - Continuing Education Attestation.

I completed the required CE hours during the period of time from:

_____ to _____
(insert date -- mm/dd/yyyy) (insert date -- mm/dd/yyyy)

By submission of this form, I certify that every statement made in this reinstatement application, including any attachments, is in all respects true and correct to the best of my knowledge and belief. I acknowledge that making any fraudulent, misleading or false statements on this renewal application could be considered a violation of the Code of Conduct and could subject me to discipline by the Board pursuant to N.C.G.S. § 90-270.15(a)(5).

Before mailing, check to make sure that:

(1) appropriate fee enclosed (**\$350.00**) in the form of an official bank check or money order made payable to the NC Psychology Board; a personal check will not be accepted; write your license number & name on official bank check/money order;

(2) Items 1-10 checked/completed; and,

(3) completed Supervision Report(s) enclosed (*if a Licensed Psychological Associate or provisionally Licensed Psychologist*)