

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

**REINSTATEMENT APPLICATION for
 2018-2020 to
 Practice Psychology in North Carolina**

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

Fee: **\$350.00** (\$250.00 renewal fee + \$100.00 reinstatement fee) **This form may be used only through December 31, 2018.**

TYPE/PRINT NAME AND LICENSE NUMBER
 Name: _____
 License No: _____

License Level: _____ Psychologist
 _____ provisional Psychologist
 _____ Psychological Associate

- See "**REINSTATEMENT OF LICENSURE INSTRUCTIONS.**"
- **Supervision Reports ARE required at this time for Licensed Psychological Associates and provisionally Licensed Psychologists.**

	COMPLETE THIS COLUMN (Type/Legibly Print)
[1] Home Mailing Address: →	[1] Street/Box _____ City _____ State _____ ZIP Code _____ County (if in NC) _____
[2] Business Mailing Address: →	[2] Business Name _____ Street/Box _____ City _____ State _____ ZIP Code _____ County (if in NC) _____
[3] Preferred Mailing Address: →	[3] <input type="checkbox"/> Home (H) <input type="checkbox"/> Business (B)
[4] E-mail address: →	[4] E-Mail address _____
[5] Daytime telephone #: →	[5] Daytime telephone # _____ (____) _____
[6] Are you currently engaged in the practice of psychology? →	[6] <input type="checkbox"/> Yes <input type="checkbox"/> No Complete Item #7 Complete Item #8
[7] Principal setting of primary activity if active in the practice of psychology: →	[7] Check ONLY one. (30) <input type="checkbox"/> State or local governmental (34) <input type="checkbox"/> Private or group practice (31) <input type="checkbox"/> Federal (35) <input type="checkbox"/> Educational institution (32) <input type="checkbox"/> Public school system (36) <input type="checkbox"/> Business/industry (33) <input type="checkbox"/> Non-gov'n't. health care org. (14) <input type="checkbox"/> Other (specify) _____
[8] Most applicable description of present activity if NOT active in the practice of psychology: →	[8] Check ONLY one. (50) <input type="checkbox"/> Working in other field (52) <input type="checkbox"/> Unemployed (51) <input type="checkbox"/> Retired (53) <input type="checkbox"/> Student (14) <input type="checkbox"/> Other (specify) _____

See Page 2: Items #9 and #10 MUST also be completed 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, 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/renewal application, including any attachments, is in all respects true and correct to the best of my knowledge and belief.

✓ 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)