

STATE BOARD OF PSYCHOLOGY

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-7155
Fax: (717) 787-7769
Website: www.dos.pa.gov/psych
E-Mail: st-psychology@pa.gov

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

Reactivation Checklist

- Fully completed Reactivation Application.
- Check or money order made payable to the "Commonwealth of PA" for the biennial renewal fee(s) and applicable late fees if necessary.
FEES ARE NOT REFUNDABLE. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
- Fully completed Verification of Practice/Non-Practice.
- Copies of certificates of attendance for the required number of continuing education contact hours, completed within the 2 years prior to the Board's receipt of this reactivation application, must be submitted with this reactivation application. Please review the attached Continuing Education Information for assistance in providing acceptable continuing education documentation.
- The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for reactivation of a license shall be required to complete 2 hours of Department of State/Board training in child abuse recognition and reporting requirements as a condition of reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)
- Provide a Self-Query from the National Practitioner Data Bank completed within 90 days of submission of this application to the Board. A Self-Query can be requested online at www.npdb.hrsa.gov by choosing "Place a Self-Query Order". When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)

Effective September 1, 2017, licensees submitting for reactivation must complete at least 1 hour of continuing education in suicide prevention. Please see "Suicide Prevention Continuing Education" within the attached "Continuing Education Information" for specific requirements.

PLEASE NOTE: Licenses expire on November 30th of the odd numbered year, regardless of reinstatement date.

STATE BOARD OF PSYCHOLOGY

Reactivation Application

Licenses expire on November 30th of the odd numbered year, regardless of reinstatement date.

PLEASE PRINT					
Full Name	Last	First	Middle	Send to: State Board of Psychology P.O. Box 2649 Harrisburg, PA 17105-2649 <i>Courier address for mailing services requiring a street address:</i> State Board of Psychology 2601 North Third Street Harrisburg, PA 17110	
Address					
Address					
Address	City	State	Zip		
Email					
License No.	PS				

Name Change

For a name change, indicate new name below and attach and 8 ½ x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, court order, etc.).

New Name	Last	First	Middle
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THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to questions 2 through 10 – provide details AND attach certified copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered YES to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, include any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		8. Since your initial application or last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	If YES to questions 2 through 10 – provide details AND attach certified copies of legal document(s).
		9. Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		10. Since your initial application or last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

Check one applicable statement.

- YES**, I have practiced as a psychologist in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee(s) (\$300.00 per biennial renewal period) and applicable late renewal fees (\$5.00 per month or part of the month after the expiration date).
- NO**, I have not practiced as a psychologist in Pennsylvania at any time after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee of \$300.00.

FEE – Check/money order payable to “COMMONWEALTH OF PENNSYLVANIA”. Write your license number on your payment. **FEES ARE NOT REFUNDABLE**. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Verification of Continuing Education: Copies of certificates of attendance for the required number of continuing education contact hours, completed within the 2 years prior to the Board’s receipt of this reactivation application, must be submitted with this reactivation application. Please review the attached Continuing Education Information for assistance in providing acceptable continuing education documentation.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature (**Mandatory**): _____

Date: _____

Social Security Number: _____

Date of Birth: _____

(02/2017)

State Board of Psychology
P. O. Box 2649
Harrisburg, PA 17105-2649

Verification of Practice/Non-Practice

*** Your reactivation cannot be processed unless this page is completed ***

Name	
License No.	PS
Profession	Psychologist

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

(Signature of Licensee)

(Date)

Continuing Education Information

→ Hours Required

*The Board must receive verification of a total of 30 hours of acceptable continuing education (includes 3 hours in ethics, 2 hours in child abuse recognition and reporting, and, **on or after 9/1/17**, 1 hour of suicide prevention continuing education), completed within the 2 years prior to the Board's receipt of this reactivation application.*

→ Certificates of Attendance/Completion

Please be sure to review your certificates of attendance/completion. Certificates of attendance/completion **must** contain the following:

- your name
- date of the course/program
- number of continuing education hours earned
- a statement that the course/program was offered by an approved sponsor (see listing below)

→ Approved Sponsors

Section 41.59(d)(3) of the Board's regulations provides the following list of sponsors approved by the Board:

- (i) Accredited colleges or universities as long as the course/program corresponds to the scope of practice of psychology and generates semester/quarter hour credit.
- (ii) The American Psychological Association (APA) and APA-approved sponsors.
- (iii) Sponsors approved by the American Medical Association (AMA) that offer programs that relate to the practice of psychology.

→ Ethics Continuing Education

Completion of at least 3 hours of continuing education in ethics is required. If the word "ethics" or a derivative of the word "ethics" is contained in the title of a course/program taken through an approved sponsor, the continuing education earned can be used towards satisfying the ethics continuing education requirement. If the course/program pertains to ethics and the title of the course/program does not contain the word "ethics" or a derivative of the word "ethics", the provider of the course/program must indicate on the certification of attendance/completion the number of hours of ethics earned. If the certificate does not designate a specific number of ethics hours, no ethics credit will be awarded.

→ Suicide Prevention Continuing Education (*required for reactivation applications received on or after 9/1/17*)

Completion of at least 1 hour of continuing education in suicide prevention is required. If the word "suicide" or a derivative of the word "suicide" is contained in the title of a suicide prevention course/program taken through an approved sponsor, the continuing education earned can be used towards satisfying the suicide prevention continuing education requirement. If the course/program pertains to suicide prevention and the title of the course/program does not contain the word "suicide", the provider of the course/program must indicate on the certification of attendance/completion the number of hours of suicide prevention continuing education earned.

PLEASE NOTE: The 1 hour of continuing education in suicide prevention may NOT be used towards satisfying the 3 hours of continuing education in ethics.

→ Home Study

A maximum of 15 of the required 30 hours may be accrued via home study courses offered by approved sponsors. *The Board considers webinars to be home study unless the participants are able to interact with the instructor in real time.*

→ Acceptable Proof of Completion

- * Attendance at a College or University course/program--Continuing education is earned for completion of a college or university course/program that has a PSY Prefix and generates semester/quarter hour credit. 1 college/university credit=15 hours of continuing education. A transcript is required to prove course/program completion.
- * Teaching – A psychologist may obtain up to 15 hours of continuing education either by: (1) teaching a course in psychology for a regionally accredited college or university if the course generates semester/quarter hour credit or (2) teaching a workshop for an approved sponsor. The Board will only accept courses with PSY in the prefix or "psychology" in the title of the course as a "course in psychology". Acceptable documentation, which must be maintained in the event of an audit, is:

College/university course – A letter from the department chair identifying the course prefix, number and title; the dates, time and place of teaching; and the number of credits. A course syllabus may also be requested.

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Workshop – A letter from the approved sponsor of the workshop stating that the psychologist successfully conducted the workshop and indicating the dates and locations of the workshop.

PLEASE NOTE: A psychologist may only be awarded credit for teaching the same course/workshop once every 4 years. Credit for workshops with multiple instructors will be determined by dividing the number of continuing education hours granted for the workshop by the number of instructors participating in the workshop.

* Professional Writing – A maximum of 10 hours of continuing education may be obtained by authoring an article published in a journal abstracted in PsycINFO or a chapter(s) in a text or trade book for psychologists. Credit is only awarded for the year in which the article/chapter was published. Acceptable documentation, which must be maintained in the event of an audit, is:

Journal article – Copies of the page or pages of the article that show the title of the article, author(s), journal title and date of publication of the article.

Chapter(s) in a text or trade book for psychologists – Copy of the title page of the book, the table of contents, the title page of the chapter indicating authorship and the date of publication.

PLEASE NOTE: Book reviews and test reviews are not acceptable. Ten hours per publication, divided by the number of authors, will result in the number of contact hours granted (e.g., an article that has two authors will result in five contact hours for each author).

→ **Act 31 Child Abuse Recognition and Reporting Continuing Education**

Verification of completion of 2 hours of child abuse recognition and reporting continuing education, completed within the 2 years prior to the Board's receipt of this reactivation application, must be received electronically from an approved provider in order to reactivate a license. A certificate of attendance/completion cannot be accepted in lieu of the required electronic verification.