



REQUEST FOR CHANGE IN STATUS OF VIRGINIA CLINICAL, SCHOOL OR APPLIED PSYCHOLOGIST LICENSE and SCHOOL PSYCHOLOGIST LIMITED LICENSE (Current Active to Current Inactive)

IMPORTANT NOTICE:

All inactive status requests are completed in approximately 7-10 business days following receipt of the request. You will receive an email notification when the status of your license has been changed from current active to current inactive. This form may be faxed, emailed, or mailed to the board office. **If emailing this form to the Board, please use the subject line (Request for Inactive Status).**

LICENSEE INFORMATION

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Street Address:			
City:	State:	Zip Code: _ _ _ _ _	
Psychology License Number: (10 digit number) _ _ _ _ _		Last 4 digits of Social Security Number: XXX-XX- _ _ _ _	
Phone Number: (_ _ _) _ _ _ - _ _ _ _		Email Address:	

I acknowledge with my signature that by placing my license in an inactive status, I cannot practice Psychology in the Commonwealth of Virginia except in an exempt setting as defined in § [54.1-3601](#) of the Code of Virginia until my license has been reactivated to current active status by the Virginia Board of Psychology. In addition, you must renew your inactive license each year in order to remain in current inactive status.

I acknowledge with my signature that I have read and understand the requirements for fulfilling the reactivation requirements as set forth in 18VAC125-20-130 of the [Regulations Governing the Practice of Psychology](#), which states that “LCP, LSP, LAP OR LSPLTD. wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

Signature of Licensee

Date

FOR OFFICE USE ONLY (BSU Staff)

Date Processed

Processed By