



REQUEST FOR CHANGE IN STATUS OF VIRGINIA PSYCHOLOGY LICENSE (Current Inactive to Current Active at Annual Renewal Time)

IMPORTANT NOTICE:

A Psychologist 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.

REQUIRED DOCUMENTATION

Submit the enclosed status change request form and supporting documentation in **one** package to the address indicated above. Please review this checklist to make certain that **all** the required documents are submitted.

Request for Active Status Form

Fee: the following fee must be paid:

- Licensed Clinical, School or Applied Psychologist will be required to submit a **\$100.00** fee, which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.
- Licensed School Psychologist Limited will be required to submit a **\$50.00** fee, which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.

Continuing Education (CE) Certificates:

- All licensed Psychologists are required to have completed a minimum of **14 hours of continuing education** *for each year the license was lapsed, not to exceed four years*. A minimum of **6** hours must be contact hours and **1.5** of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of Psychology in Virginia.

Please refer to 18VAC125-20-130 of the Regulations Governing the Practice of Psychology for a list of board-approved activities.



**REQUEST FOR CHANGE IN STATUS OF VIRGINIA PSYCHOLOGIST LICENSE
(Current Inactive to Current Active)**

TO BE COMPLETED BY APPLICANT

Part I. Applicant Identification & Contact Information

Applicant's Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Last 4 digits of Social Security Number: XXX-XX-____		Date of Birth: (MM/DD/YYYY) ____ / ____ / ____	
Mailing Address:			
City:	State:	Zip Code:	
Home Number: (____) _____ - _____		Alternate Number: (____) _____ - _____	
Email Address:			
Psychology License Number: _____			

Part II. Continued Competency Requirements: (Check the boxes that apply to you)

- A. I am attesting to the completion of the required Continuing Education for _____ years, which total _____ CE hours (14 total to include 6 hours contact and 1 and ½ Ethics *per year*). I have submitted copies of my CE hours for evaluation with this form.
- B. Have you been inactive for more than four years?
 Yes No

I hereby submit a request for change of status of my Virginia license number referenced on this form. My signature acknowledges that I understand that providing false or misleading information on this form may lead to disciplinary action by the Virginia Board of Psychology and I understand that my fee is non-refundable.

Signature of Licensee

Date