

REQUEST FOR CHANGE IN STATUS AT RENEWAL

Current Inactive to Current Active

This application is for a psychologist wishing to reactivate an inactive license at renewal. To reactivate an inactive license during renewal, the psychologist must pay the fee, complete and provide documentation of continued competency hours, and submit the application.

APPLICATION INSTRUCTIONS

Follow these steps to request a change in status from Current Inactive to Current Active at renewal:

1. Review the [Regulations Governing the Practice of Psychology](#) for detailed information on the continuing education requirements.
2. Gather copies for submittal of Continuing Education (CE) Certificates or official transcripts as evidence of having met all applicable continuing education requirements. For each year your license was lapsed, not to exceed four (4) years, you must complete:
 - 14 hours of Board-approved continuing education courses.
 - A minimum of 1.5 hours must emphasize the ethics, laws, and regulations governing the procession of psychology from an approved provider or official transcripts(s) showing credit hours.
 - At least 6 of the 14 hours must be in face-to-face or real-time interactive education experiences. Real-time interactive means a course in which the learner can interact with the presenter during the time of the presentation.
3. Complete the Request for Change in Status Form
4. Obtain a check or money order for the non-refundable fee made payable to the "Treasurer of Virginia" in the amount of:
 - \$140.00 for Licensed Clinical, School, or Applied Psychologists
 - \$70.00 for Licensed School Psychologist-Limited
5. Mail the form, non-refundable fee, and copies of CE certificates to:

Department of Health Professions
Attn: Board of Psychology
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
6. Wait for the Board to review your application and reply to any correspondence from the Board.
 - Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Psychology](#) will be reviewed within **30 days** of receipt of a **complete** application.
 - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
 - Your [online checklist](#) will be your primary source of application status.
 - As documentation is receive and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.



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Part I. Applicant Identification & Contact Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Psychology License Number: (10-digit number) ____ _		Last 4 digits of Social Security Number: XXX-XX-____ _	
Published Address: The address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than residence, such as a Post Office Box or practice location if you wish.			
Street Address:			
City:	State:	Zip Code:	
Address of Record: The address information you provide below is your Address of Record with the Board. Please be advised that all notices from the Board, to include licenses and other legal documents, will be sent to the Address of Record provided. If you provided a different Published Address above, the Address of Record is <u>not</u> subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.			
Street Address:			
City:	State:	Zip Code:	
Home Phone Number:	Alternate Phone Number:		
Email Address:			

Part II. Continued Competency Requirements:

- 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.

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