

PROFESSIONAL DEVELOPMENT DECLARATION FORM (For use if not renewing online)

Print Name: _____ License Expiration Date: _____

Pursuant to Board rule 461.11 and Section 501.304 of the Psychologists' Licensing Act, the following information is required for renewal each year. Failure to submit the required professional development/continuing education hours will result in a complaint being filed against you by the Board. (see Board rule 469.13) This completed and signed form must be returned with any renewal application not renewed online. Your professional development/continuing education must be reported by the 45th day following your license expiration date, even if you are not renewing your license. Hours may not be accumulated for any period other than the 12 months preceding the license expiration date. (The only exception: hours accumulated during the license expiration month, not needed to meet the current year's requirements, may be used for the next year. Hours may not be divided and used for two year's professional development/continuing education requirements.) If you hold more than one license with the Board, send this form with the license you are renewing first. Do not send certificates unless you have been selected for audit. Maintain a copy of this form for your records. Requirements: 12 Hours with at least three hours of ethics , professional responsibility or rules of practice.

EFFECTIVE OCTOBER 1, 2014 THE NUMBER OF HOURS REQUIRED TO MAINTAIN YOUR LICENSE WILL INCREASE TO 20 HOURS PER YEAR. AT LEAST HALF OF THOSE HOURS MUST BE OBTAINED FROM OR ENDORSED BY A NATIONAL, REGIONAL, STATE, OR LOCAL PSYCHOLOGICAL ASSOCIATION, THE PUBLIC SCHOOL SYSTEM, OR A REGIONALLY ACCREDITED INSTITUTION OF HIGHER EDUCATION ALSO EFFECTIVE OCTOBER 1, 2014, AT LEAST 3 OUT OF THE 20 HOURS MUST BE IN ETHICS, PROFESSIONAL RESPONSIBILITY OR RULES OF PRACTICE, AND ANOTHER 3 HOURS IN CULTURAL DIVERSITY

Ethics/Rules of Practice/Professional Responsibility:

<u>Title</u>	<u>Date of Activity</u>	<u>Credit hours</u>	<u>Provider name</u>	<u>Circle Relevancy to Psychology</u>
_____	_____	_____	_____	Ethics/ Rules of Practice/ Professional Responsibility
_____	_____	_____	_____	Ethics/ Rules of Practice/ Professional Responsibility

Cultural Diversity:

<u>Title</u>	<u>Date of Activity</u>	<u>Credit hours</u>	<u>Provider name</u>
_____	_____	_____	_____
_____	_____	_____	_____

Psychological Association or University Hours:

<u>Title</u>	<u>Date of Activity</u>	<u>Credit hours</u>	<u>Provider name</u>	<u>Circle Relevancy to Psychology</u>
_____	_____	_____	_____	consultation, assessment, intervention, research, other
_____	_____	_____	_____	consultation, assessment, intervention, research, other
_____	_____	_____	_____	consultation, assessment, intervention, research, other

Other Continuing Education Activities:

<u>Title</u>	<u>Date of Activity</u>	<u>Credit hours</u>	<u>Provider name</u>	<u>Circle Relevancy to Psychology</u>
_____	_____	_____	_____	consultation, assessment, intervention, research, other
_____	_____	_____	_____	consultation, assessment, intervention, research, other
_____	_____	_____	_____	consultation, assessment, intervention, research, other
_____	_____	_____	_____	consultation, assessment, intervention, research, other
_____	_____	_____	_____	consultation, assessment, intervention, research, other

I certify that the information I have provided above is true and correct to the best of my knowledge and belief.

_____ Licensee Signature _____ License Number(s) _____ Date