



Texas State Board of Examiners of Psychologists
333 Guadalupe St., Ste. 2-450
Austin, Texas 78701
Tel. 512-305-7700
Fax 512-305-7701

For Agency Use Only:

RENEWAL FORM

Name (Last, First, Middle):

Check here if your name has changed. Please note your previous name in the space provided, and enclose the supporting documentation required by Board rule 461.6.

Previous Name:

**Address, Phone Number,
and Email Address:**

Check this box if you wish to change your address of record to the address listed on this form.

Street:

Apt./Suite/Unit No.:

City:

State/Province:

Zip Code:

Telephone No.:

Email Address:

List all other jurisdictions where you hold a license to practice psychology:

Please select the license(s) you are renewing, and list the license number and expiration date. You may renew more than one license with this form	<input type="checkbox"/> Licensed Psychologist License No. _____ Expiration Date: _____	<input type="checkbox"/> Provisionally Licensed Psychologist License No. _____ Expiration Date: _____
	<input type="checkbox"/> Licensed Specialist in School Psychology License No. _____ Expiration Date: _____	<input type="checkbox"/> Licensed Psychological Associate License No. _____ Expiration Date: _____
	In the event you are submitting this renewal after your expiration date, please indicate whether you have been engaged in the practice of psychology since your expiration date. Failure to answer this question will delay your renewal.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RENEWAL FEES			
<i>Please select the applicable renewal fee for the license(s) to be renewed.</i>	Renew by expiration date	1 – 90 days past expiration date	91 days – 1 yr. past expiration date
Licensed Psychologist – Without Health Service Provider (HSP)	<input type="checkbox"/> \$212	<input type="checkbox"/> \$512	<input type="checkbox"/> \$812
Licensed Psychologist – With Health Service Provider (HSP)	<input type="checkbox"/> \$232	<input type="checkbox"/> \$532	<input type="checkbox"/> \$832
Licensed Psychologist – Over 70	<input type="checkbox"/> \$16	<input type="checkbox"/> \$316	<input type="checkbox"/> \$616
Licensed Psychologist – Over 70, with HSP	<input type="checkbox"/> \$36	<input type="checkbox"/> \$336	<input type="checkbox"/> \$636
Provisionally Licensed Psychologist	<input type="checkbox"/> \$116	<input type="checkbox"/> \$416	<input type="checkbox"/> \$716
Provisionally Licensed Psychologist – Over 70	<input type="checkbox"/> \$16	<input type="checkbox"/> \$316	<input type="checkbox"/> \$616
Licensed Psychological Associate	<input type="checkbox"/> \$121	<input type="checkbox"/> \$421	<input type="checkbox"/> \$721
Licensed Psychological Associate – Over 70	<input type="checkbox"/> \$16	<input type="checkbox"/> \$316	<input type="checkbox"/> \$616
Licensed Specialist in School Psychology	<input type="checkbox"/> \$64	<input type="checkbox"/> \$169	<input type="checkbox"/> \$274
Licensed Specialist in School Psychology – Over 70	<input type="checkbox"/> \$14	<input type="checkbox"/> \$119	<input type="checkbox"/> \$224

LICENSEES MAY NOT RENEW THEIR LICENSE PRIOR TO THE 60TH DAY PRECEDING THEIR LICENSE EXPIRATION DATE. THE ONLINE RENEWAL SYSTEM WILL NOT PERMIT RENEWALS PRIOR TO THE 60TH DAY, AND ANY ATTEMPT TO RENEW A LICENSE UTILIZING THIS FORM PRIOR TO THE 60TH DAY WILL RESULT IN A RETURNED RENEWAL.

To renew online, licensees should go to <http://www.tsbep.texas.gov>, and click on [Renewals/Online Renewals and Professional Development](#).

BOARD RULE 471.5 REQUIREMENTS

Have you reviewed and updated your Online Profile as required by Board rule 471.2? (Licensed Psychologists only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted, sentenced, placed on community supervision or pretrial diversion, or entered into any dispositive agreement in a criminal proceeding which you have not previously reported to the Board? If yes, attach or submit an explanation and documentation reflecting the case number, court, and county where the matter is filed, together with a description of the matter being reported. Do not submit documentation of previously reported offenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a party (plaintiff or defendant) to any civil lawsuit concerning the delivery of psychological services or billing practices which you have not previously reported to the Board? If so, provide copies of the pleadings, as well as documentation reflecting any final disposition of the lawsuit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a party to any administrative or disciplinary action initiated by another health regulatory agency or any agency or office within the federal government which you have not previously reported to the Board? If so, provide copies of the complaint, notice of violation, or other documentation received from the initiating entity which describes the factual basis for the action, as well as a copy of any order, letter, or determination setting forth the final disposition of the matter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in default on a student loan guaranteed by the Texas Guaranteed Student Loan Corporation (TGSLC), or a repayment agreement with TGSLC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in default on any court-ordered child support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you obtained the required professional development hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT

Current Employer:

Address:

Street:

Apt./Suite/Unit:

City:

State:

Zip Code:

Telephone No.:

I am currently employed in an exempt agency, and my practice is limited to providing services solely within the course and scope of my employment with that agency. I do not provide services outside the course and scope of my employment with the exempt agency.

Yes

No

Title Used in Exempt Agency: _____

I am not employed in a psychological setting or engaged in the practice of psychology.

SUPERVISION

<input type="checkbox"/>	I am a Licensed Psychologist and have no supervisees.		
<input type="checkbox"/>	I am a Licensed Psychologist and supervise the delivery of psychological services by the following supervisee(s) (attach additional sheets if necessary):		
Name:		Credential:	
Name:		Credential:	
Name:		Credential:	
<input type="checkbox"/>	I am a Licensed Specialist in School Psychology and have no supervisees.		
<input type="checkbox"/>	I am a Licensed Specialist in School Psychology and supervise the delivery of school psychological services by the following supervisee(s) (attach additional sheets if necessary):		
Name:		Credential:	
Name:		Credential:	
Name:		Credential:	
<input type="checkbox"/>	I am a Licensed Psychological Associate or Provisionally Licensed Psychologist under the supervision of the following supervisor(s) (attach additional sheets if necessary):		
Name:		License No.:	
Name:		License No.:	

PROFESSIONAL DEVELOPMENT

Pursuant to Board rules 461.11 and 471.5, and Section 501.304 of the Psychologists' Licensing Act, the following information is required for renewal each year.

You must show the required professional development hours for the year preceding your renewal date, even if you do not intend to renew your license. Hours not needed for the current renewal year, may not be carried over to a subsequent renewal year, unless the hours are accumulated during your renewal month and are not needed to meet the current year's requirements. Hours may not be divided and used for two years' professional development requirements.

Please do not send certificates or documentation of hours unless you have been selected for audit. Maintain a copy of this form for your records

Professional Development Requirements:

- 1. A minimum of 20 hours of professional development directly related to the practice of psychology.**
- 2. Out of the 20 hours, a minimum of 3 hours must be in the area(s) of ethics, Board Rules of Conduct, or professional responsibility.**
- 3. Out of the 20 hours, a minimum of 3 hours must be in the area of cultural diversity. Areas of cultural diversity include, but are not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.**
- 4. Out of the 20 hours, a minimum of 10 hours must be obtained from or endorsed by a provider listed in Board rule 461.11(c)(3).**

DATE	PROVIDER	TITLE OF COURSE/ACTIVITY	CREDIT HOURS	SPECIAL AREAS
		<input type="checkbox"/> Consultation <input type="checkbox"/> Assessment <input type="checkbox"/> Intervention <input type="checkbox"/> Research <input type="checkbox"/> Other		<input type="checkbox"/> Ethics <input type="checkbox"/> Cultural Diversity <input type="checkbox"/> Approved Provider Hours (i.e. 10 hour requirement)
		<input type="checkbox"/> Consultation <input type="checkbox"/> Assessment <input type="checkbox"/> Intervention <input type="checkbox"/> Research <input type="checkbox"/> Other		<input type="checkbox"/> Ethics <input type="checkbox"/> Cultural Diversity <input type="checkbox"/> Approved Provider Hours (i.e. 10 hour requirement)
		<input type="checkbox"/> Consultation <input type="checkbox"/> Assessment <input type="checkbox"/> Intervention <input type="checkbox"/> Research <input type="checkbox"/> Other		<input type="checkbox"/> Ethics <input type="checkbox"/> Cultural Diversity <input type="checkbox"/> Approved Provider Hours (i.e. 10 hour requirement)

ACKNOWLEDGMENT

I acknowledge that I have read and understand the Board's rules regarding renewal of licensure and professional development hours, and that my responses set forth herein are true and correct.

Signature:

[Yellow box for signature]

Date:

[Yellow box for date]

**Amount
Enclosed:**

\$ [Yellow box for amount]