



**TEXAS STATE BOARD OF
EXAMINERS OF
PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450
Austin, Texas 78701
Tel. (512) 305-7700
Fax (512) 305-7701

For Agency Use Only

REQUEST TO RETURN TO ACTIVE STATUS

Licensee Information

**Name (Last, First,
Middle):**

**Mailing
Address:**

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

Telephone No.:

License No. (List only the license(s) to be returned to active status):

Email Address:

Reactivation Fee

The fee for reactivating a license is the same as the fee required to renew the license. Renewal fees are set forth in the Board's *Fee Schedule*.

All requests for reactivation must be accompanied by payment in the correct amount. Requests for reactivation accompanied by an incorrect payment amount will not be processed, and will be returned to the licensee.

Payment may be made by cash, personal check, cashier's check, or money order. The Board does not accept credit cards. Please make your payment payable to "TSBEP."

Have you enclosed the correct reactivation fee?

Yes No

Professional Development

Have you obtained the 40 hours of professional development required for reactivation and were those hours obtained within the prior 24 months?

Yes No

If so, please enclose proof of completion of the 40 hours of professional development.

Jurisprudence Examination

A licensee wishing to reactive his or her license that has been on inactive status for four years or more will need to take and pass the Jurisprudence Examination before reactivation can occur, unless the licensee holds another license on active status.

If you are required to take and pass the Jurisprudence Examination you will receive a letter from the Board approving you to sit for the exam. Once you receive this letter, you may download and submit the *Exam Request Form* along with the exam fee to the Board's office.

Acknowledgment

I have read and understand Board rule 461.7 and by my signature below I am requesting that the Board reactivate my license.

I acknowledge and affirm the statements and information contained in this form are true and correct.

Signature:

Date: