



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

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For Agency Use Only

REQUEST TO EXTEND INACTIVE STATUS

461.7 (b) Inactive Status. The period for inactive status is two years. A license placed on inactive status becomes void at the end of the two year inactive period, unless the license is reactivated or the inactive status is extended. Inactive status may be extended only under the following conditions (*please mark the basis for your request*):

Other Licensure - An initial or subsequent period of inactive status may be extended for an additional two years, if the licensee submits a signed copy of this form to the Board, along with the corresponding fee and proof of continuous licensure by a psychology licensing board in this or another jurisdiction for the past two year period. A licensee may request unlimited extensions under this paragraph.

Medical - An initial period of inactive status may be extended for two additional years, if the licensee submits a signed copy of this form to the Board, along with the corresponding fee and documentation of a catastrophic medical condition suffered by the licensee. Only one extension of inactive status is permitted under this paragraph.

The fee for inactive status is set forth in the Board's *Fee Schedule*, and is non-refundable.

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 continued on inactive status):

Email Address:

Acknowledgment

I have read and understand Board rule 461.7(b), and by my signature hereinbelow, I represent and affirm that my license is eligible for an extension of inactive status. I hereby request that the Board extend the period of inactive status on my license as indicated herein.

I acknowledge that I may not engage in the practice of psychology while my license is inactive. I further acknowledge that during my period of inactive status, I must notify the Board of any name or address change in accordance with Board rule 461.6, as well as any reportable event under Board rule 469.11.

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

Signature:

Date: