



Texas State Board of Examiners of Psychologists
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Austin, Texas 78701
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For Agency Use Only:

**PROFESSIONAL DEVELOPMENT DECLARATION FORM
FOR THOSE NOT SEEKING RENEWAL OF LICENSE**

Pursuant to Board rule 461.11 and Section 501.304 of the Psychologists' Licensing Act, the following information is required for each year in which you hold a license from this agency. 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. Failure to submit the required professional development hours within 45 days after your renewal date will result in a complaint being filed against you by the Board.

Hours not needed for a 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 then current year's requirements. Hours may not be divided and used for two year's 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).**

Name (Last, First, Middle):			
Address, Phone Number, and Email Address: <input type="checkbox"/> 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:	
Please indicate the license(s) that you do not wish to renew, and list the license number and expiration date.	<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: _____

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 professional development hours, and that my responses set forth herein are true and correct.

Signature:

[Yellow box for signature]

Date:

[Yellow box for date]