



State of Oregon

BOARD OF PSYCHOLOGY

OBOP Office Address:

3218 Pringle Road SE, Suite 130
Salem, OR 97302-6309 (503) 378-4154

REV : 0486/0487 (\$325), _____ / 1212 (\$4)

APPLICATION FOR REINSTATEMENT

This form is to be used by those who are past their 30-day renewal grace period such that their license has lapsed. This form, along with the enclosures listed below, must be postmarked or received within 60 days of the renewal due date.

Name: _____ **License #:** _____

INSTRUCTIONS:

On a separate sheet of paper, please provide an explanation that outlines (1) the reason(s) you failed to renew your license; (2) what services, if any, you have provided in Oregon since your license lapsed; and (3) how you have been representing yourself to the public, i.e., clients, insurance providers, etc. Submit the required materials to the office address above.

I hereby request that the Oregon Board of Psychology reinstate my license to practice psychology in the State of Oregon by initiating this new application in accordance with Oregon Revised Statutes, Chapter 675 and Oregon Administrative Rules, Chapter 858.

I have enclosed:

- 1) This form, signed and dated;
- 2) The \$325 application fee, plus
- 3) The appropriate license renewal fee and the \$4 Healthcare Workforce Survey fee (please combine all fees into one check);
- 4) A fully completed and signed *Renewal Notice and Affidavit* form; and
- 5) My explanation (as described above).

I hereby attest that I have not engaged in the unlicensed practice of psychology during the period my license was lapsed. I swear and affirm by my signature that all of the information I have provided in this Application for Reinstatement is true and correct to the best of my knowledge. I understand that the Board may request more information or further documentation, or request that I appear to answer questions.

Signature

Date