



State of Oregon

BOARD OF PSYCHOLOGY

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Salem, OR 97302-6309
(503) 378-4154 • Fax: (503) 374-1904
Oregon.gov/Psychology

REACTIVATION REQUEST FORM

This form is to be used by inactive status psychologists and psychologist associates who are requesting to be reactivated to active or semi-active status. Do not complete this form more than one month before your requested reactivation date. Please allow up to 2 weeks to process your request. If applicable, you will be notified of the residual licensure fee and continuing education requirements from the date of reinstatement through the end of your renewal period, calculated on a prorated basis.

(1) LICENSEE INFORMATION:

Name: _____ License #: _____

Request to be reactivated to (check one): Active Status
 Semi-Active Status (you must be at least 62 years of age
and have no more than 20 hours of client contact per week)

Date you wish to be reactivated: _____ -or- As soon as possible

(2) PROFESSIONAL ACTIVITIES:

Please briefly describe the professional activities you have engaged in (if any) during the time your license has been on inactive status:

(3) EXAM REQUIREMENT (if applicable):

If this reactivation request is received more than 5 years from the date your license became inactive, then you are required to take and pass the Oregon Jurisprudence Examination:

(a) Requested jurisprudence exam date : _____

(b) Include the required \$155 exam fee with this request. Check or money order payable to OBOP.

Please refer to the Board's online [calendar](http://Oregon.gov/Psychology) (Oregon.gov/Psychology) to see upcoming monthly exam dates. This form and the exam fee must be postmarked at least 30 days prior to the date of your requested exam, otherwise you will be scheduled for the next available exam.

(4) CONTINUING EDUCATION REPORT:

(a) Please summarize the continuing education (CE) that you have completed within the last 24 months of the date of this request:

Type Code	Program Description	Credits
A	Academic Credit. Courses taken at accredited universities and colleges.	
Q	Miscellaneous Qualifying Programs. Includes in-person substantive professional development programs and formally organized workplace educational programs.	
S	Study Group. ¹ My formally organized study group included at least two other mental health professionals. We prepared and preserved a syllabus of meeting dates and study topics in advance.	
H	Home Study. ¹ Internet and tele-courses; reading articles from peer-reviewed journals (limit of 4 credits).	
C	Supervision or Consultation. Must be received from an Oregon Licensed Psychologist for a fee.	
L	Lecturer. ² I served as an instructor, discussion leader, or speaker. First time lecture only.	
P	Published Articles and Books. ² I authored or co-authored published material.	
V	OBOP Service. Board member or committee volunteer.	
	¹ There is a limit of 20 hours of (H) Home Study and (S) Study Group credit combined. ² There is a limit of 20 hours of (L) Lecturer and (P) Published Material credit combined.	TOTAL CREDITS:

The Board conducts a random audit of continuing education compliance each year. Complete rules and guidelines for CE can be found on the Board's website at Oregon.gov/Psychology.

- (b) My education above included _____ credit hours dedicated to professional ethics and/or Oregon State laws and regulations related to the practice of psychology. (Min. 4 req.)**
- (c) My education above included _____ credit hours dedicated to the topic of cultural competency. (Min. 4 req.)**
- (d) I am in compliance with the Pain Management education requirement.**

I hereby request reactivation of my license. I understand that: (1) I am not authorized to provide psychological services in Oregon until I receive Board approval of my reactivation (see ORS 675.090 for exemptions); (2) My CE must comply with the requirements of Oregon Administrative Rule Chapter 858 Division 40; (3) I am required to maintain evidence of completion for each program claimed above for at least two years after my current reporting period ends; and (4) the Board may request further information or documentation to clarify my request.

I swear and affirm by my signature that all information provided in this form is true and correct.

Signature: _____ Date: _____

You may print & mail (address above), fax to (503) 374-1904, or email your signed form to Psychology.Board@Oregon.gov