



**Government of the District of Columbia
Department of Health**



**HEALTH REGULATION AND LICENSING ADMINISTRATION
BOARD OF PSYCHOLOGY**

RENEWAL APPLICATION FOR PSYCHOLOGY LICENSE

****Deceased:** Return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.

YOU MAY RENEW UNTIL: DECEMBER 31, 2015

SECTION 4. SCREENING QUESTIONS

Please answer questions 1 through 13 by placing X in the appropriate boxes. If you answer "YES" to any of the screening questions below, you must provide complete information and details on a separate sheet of paper, including copies of all relevant court or supporting documents and attach it to this form.

1.	Since your last application, have you been arrested, convicted or charged for a felony or misdemeanor including DUI, OWI, DWI's (other than minor traffic violations for which a fine or ticket is the maximum penalty)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Since your last application: (1) Have you withdrawn an application for licensure/ certification/ registration to practice any health profession in any jurisdiction? (2) Has any authority, health facility or peer review board taken action against any of your health profession licenses or privileges (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension or revocation)? (3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority, health facility or peer review board informed you of any pending charge(s) or investigation(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Since your last application, have you been diagnosed with a physical or mental condition, including alcohol or drug abuse, that currently impairs your ability to practice your profession or that could affect your performance or impact your ability to perform your professional duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are you currently being treated or have you been treated for a physical or mental condition, including alcohol or drug abuse, that, but for the treatment, could impair your ability to practice your profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Since your last application, have you surrendered a license, certification, or registration to practice any health profession in any jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Since your last application, have you been terminated, asked to resign, or resigned in lieu of being terminated from employment or a clinical training/fellowship program for any health profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Since your last application, have you been found by a court to be legally incompetent to practice or by a medical professional to be impaired to practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Since your last application, have you been diagnosed or treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Since your last application, has any authority, health facility or peer review board taken action against any health care facility or agency for which you have an ownership interest in, or serve as manager or director for (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension or revocation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Since your last application, have you been a defendant or respondent to a claim for damages or malpractice action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Will you be mailing in name change documentation for this renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	I certify that I have completed a total of Thirty (30) continuing education credits including three (3) hours in Ethics and three (3) hours in Cultural Competence since my last renewal. I understand that I may be required to document my continued education by the Board via a future audit. (If you answer yes to this question you don't need to submit any supporting documents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Do you currently practice your profession in the District of Columbia? (if you answer yes to this question you don't need to submit any supporting documents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

