



Reinstatement Fee Payment Form

1200 New York Avenue NW Ste 800

Washington, DC 20005

Phone: 202-783-7663

Fax: 202-347-0550

www.nationalregister.org

Please complete this form and return to the National Register with the **\$300 reinstatement fee**:

- By Fax: 202-347-0550
- By Mail: National Register of Health Service Psychologists
1200 New York Ave NW, Ste 800
Washington, DC 20005

Contact Information:

Name:		Degree:
Primary Address: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Do Not Publish Contact Information		
City:	State:	Zip Code:
Phone Number:		Fax Number:
Email Address:		

Payment Information:

<input type="checkbox"/> I have enclosed a check payable to NATIONAL REGISTER			
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Amount to Charge:			
<input checked="" type="checkbox"/> \$300 Reinstatement Fee (non-refundable)			
<input type="checkbox"/> (Optional) Tax-deductible donation in the amount of \$_____ to benefit:			
<input type="checkbox"/> APF/National Register Internship Travel Scholarship			
<input type="checkbox"/> Early Career Psychologist Credentialing Scholarships			
<input type="checkbox"/> Doctoral Student Credentialing Scholarships			
<input type="checkbox"/> Doctoral Student and Early Career Annual Awards			
Please visit www.NationalRegister.org for more information about these and other opportunities for charitable giving			
TOTAL AMOUNT: \$_____			
Credit Card Number:			
Cardholder Name:		Expiration Date:	Security Code:
Street Address (if different than above):		City/State	Zip Code:

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

REINSTATEMENT ATTESTATION FORM

All applicants must complete and submit the following attestation form at the time of reinstatement.

By virtue of reinstating the National Register credential, I agree that I shall advise the National Register in writing within thirty days of the occurrence of any of the following events. This reporting obligation exists regardless of the pendency of any appeal or other proceedings related to the triggering event, and regardless of whether any such condition or sanction has already expired.

- (1) Credentialing criteria are no longer satisfied and/or psychology license in any jurisdiction is revoked, suspended, restricted, placed on probation, subject to material conditions, or voluntarily relinquished or withdrawn;
- (2) Professional misconduct or violation of the material rules of a professional body described in Section II.B. of the Guidelines;
- (3) Conviction of a serious crime as defined in Section II.C of the Guidelines;
- (4) Found by a court or arbitral body to have committed malpractice or another professional tort as described in Section II.D. of the Guidelines;
- (5) Determination to be professionally incapacitated or disabled by reason of mental or physical causes by a court, professional body or other governmental body as described in Section II.E. of the Guidelines.

By virtue of reinstating the National Register credential, I agree that permission is granted to contact all supervisors, educational and training institutions, licensing boards, and other relevant organizations (including their respective officers, directors, employees, and agents) that may possess information and documentation both favorable and unfavorable needed to verify and/or clarify information concerning this reinstatement.

I agree that there is no pending proceeding that may jeopardize my unrestricted psychology (or other mental health professional) license/certificate/registration in any jurisdiction. I agree to be bound by and comply with the National Register's Guidelines Concerning Withdrawal of the National Register Credential Due to Professional Misconduct (see <https://www.nationalregister.org/public-information/guidelines-for-credential-withdrawal/>).

TO REINSTATE, CHECK ONE BOX, SIGN AND DATE

☐ There have been **NO** occurrences since my last attestation that (a) are subject to the reporting requirements described above, or (b) mean that I no longer meet the criteria for continued recognition by the National Register (such as non-renewal of only license).

OR

☐ All applicable matters have previously been reported as required within 30 days of the final action or are described in the attached information. Attached is a copy of the final result or a description of its current status **and** copies of key documents.

I hereby attest that my response to the applicable preceding statement is true, complete and accurate to the best of my knowledge and belief.

Note: If you have had any disciplinary actions against any of your psychology licenses, you may not qualify for reinstatement. Reinstatement fees are nonrefundable.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____