

Office Use Only:

Renewal For: ___

Renewal is done on an annual basis and requires a current license to practice, attestation to ethical questions, and a renewal fee.

Kindly complete the application below and return it to the address above. Please print legibly.

| ANNUAL RENEWAL APPLICATION | | | | | | | |
|---|--|--------------|--------------|----|--|---------------------------|--|
| | | | | | | | |
| Name | | plo | ease print | | | | |
| My license is: Current/Acti | : Current/Active with no discipline Current/Active with discipline | | | | Expired. (We would love to keep you on the Registry as a Fellow Emeritus which does not require a current license) | | |
| ETHICS & PROFESSIONAL CONDUCT | | | | | | | |
| (a). Have you ever been the subject of a complaint, charge, inquiry, investigation, review, administrative or regulatory proceeding or any other proceeding that resulted in a determination that your conduct violated a code of professional ethics, standard of professional conduct or other standards governing your professional conduct, regardless of whether the consequence was in the nature of a cautionary or warning letter, admonition, reprimand, tensure, license suspension, license revocation, or limitation, denial or revocation of privileges, injunction, order or any other form sanction? YES NO | | | | | | | |
| 1(b). If your answer to the forgoing question is yes, for each case or instance, attach (i) a complete explanation of the underlying facts and circumstances, as well as of the outcome, disposition, discipline, order or sanction by each and every agency, authority, professional society, or professional association that considered the matter; and (ii) copies of the pertinent documentation showing the nature of the alleged violation(s) and the final disposition(s); and (iii) the name and contact information of your attorney, representative, regulatory official or other person(s) who may be contacted for additional information. | | | | | | | |
| 2(a). Are you currently the subject of a complaint, charge, inquiry, investigation, review or any other proceeding alleging that your conduct violated a code of professional ethics, standard of professional conduct or other standard governing your professional conduct? YES NO | | | | | | | |
| 2(b). If your answer to the forgoing question is yes, for each case or instance, attach a statement explaining: (i) the nature of the alleged violation(s), (ii) the underlying facts and circumstances to the extent you are able to do so after consultation with your attorney, if any; and (iii) the status of the proceedings and the anticipated date of a final resolution. | | | | | | | |
| HAS ANY OF YOUR CONT | ACT INFORMATION | CHANGED SINC | E LAST YEAR? | No | YES, PLEASE | COMPLETE BELOW | |
| | | | | | | J 0.00 | |
| Address | | City | City State | | Zip | Home or Office circle one | |
| Home Number | Cell Phone | Work Phone | | | Email | | |
| ATTESTATION | | | | | | | |
| I hereby certify and affirm to the best of my knowledge, after diligent review of my professional history that the information contained in this application is correct and complete, including without limitations that there are no material omissions. | | | | | | | |
| Fellow's Signature | | | | | e | | |
| FEES | | | | | | | |
| Checks may be payable to the American Board of Psychoanalysis (ABPsa) Mail to: 501 S. Cherry Street, Suite 1100, Denver, CO 80246 | | | | | nnual renewal fee | \$ 150.00 \$ | |
| You may update your profile and pay with a credit card online. | | | | Т | otal Enclosed | \$ | |
| Please consider updating your registry listing online or by completing the Registry Profile Update Form | | | | | | | |

License Check: ___

Check # / Credit Card: ____

Certified in: Adult C/A Adult & C/A