

**STATE OF OREGON**  
**BOARD OF PSYCHOLOGIST EXAMINERS**  
**Replacement RENEWAL NOTICE and AFFIDAVIT**

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Renewal for the period of:

Birth Month: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Payment Amount:

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Send this signed form and your payment in the envelope provided. Please mail this form with payment to: 3218 Pringle Road SE, Suite 130, Salem, OR 97302. If postmarked after the last day of your birth month, include the \$200 delinquent fee.

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**Change in Status:**

*Only check if your status is changing.*

- Change my status to ACTIVE.\* I have included a payment of \$750.
- Change my status to SEMI-ACTIVE.\* I have included a payment of \$375.
- Change my status to INACTIVE. I have included a payment of \$100.
- Change my status to RETIRED. No payment is required.

*\*A change from Inactive to Active or Semi-Active requires Board approval. The Reactivation Form is available on the Board's website.*

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**CONTINUING EDUCATION REPORT**

Please do not submit a CE audit report or any CE documentation at this time. OBPE will only require this information if you are selected for a random CE audit. For now, please sign and date this affidavit verifying that you have completed the required hours of CE:

I have completed \_\_\_\_\_ total CE credits. (If none, indicate none)

My CE coursework included the mandatory 4 hours of ethics. \_\_\_\_\_ (initial)

Either during this renewal period or a previous period, I completed the pain management requirement. \_\_\_\_\_ (initial)

Please answer the following required questions:

- (1) Since your initial licensure, have you been convicted of a felony? YES  NO   
[If yes, please attach explanation on separate sheet of paper]
- (2) Do you have any adjudications pending? YES  NO
- (3) Have you ever been disciplined by any other regulatory body? If yes, which body? YES  NO

**I swear, and affirm by my signature that all information provided above is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date