



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### PRACTITIONER LICENSING AND INVESTIGATIONS SECTION PSYCHOLOGY AFFIDAVIT

Application for (Please check one)  Waiver  Extension

I, \_\_\_\_\_, being duly sworn, attest that:

- I am a psychologist licensed in the State of Connecticut.
- During the exemption period from \_\_\_\_\_ to \_\_\_\_\_

I did not/will not actively engage in the practice of psychology in the State of Connecticut; **OR**  
I hereby declare my eligibility for a waiver/extension of the continuing education requirements based on a medical disability/illness pursuant to Section 20-191c(d), Connecticut General Statutes. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from \_\_\_\_\_ to \_\_\_\_\_.

- I, therefore, claim an exemption for the above-specified period from the requirements of Section 20-191c(a), Connecticut General Statutes, which specifies that each licensed psychologist shall complete a minimum of ten (10) hours of continuing education during each twelve-month period for which a license is being renewed.
- I understand that, should I resume the practice of psychology in the State of Connecticut, I must complete the requirements listed in Section 20-191c(e), Connecticut General Statutes, which specifies that each licensee actively engaged in the practice of psychology must complete a minimum of five (5) contact hours of continuing education not later than six months after the date on which such licensee returns to active practice. In addition, such licensee shall comply with the certificate of completion requirements prescribed in 20-191c (c).
- The above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Connecticut Psychology License Number

\_\_\_\_\_  
Phone Number/Email Address

*Subscribed and Sworn before me this* \_\_\_\_\_ *day of* \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*



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