



MINNESOTA BOARD OF PSYCHOLOGY  
Phone (612) 617-2230; Fax (612) 617-2240  
MN Relay Service 1(800) 627-3529 Email:  
psychology.board@state.mn.us

## Continuing Education Variance Complete LICENSED PSYCHOLOGIST

Complete this form if you have a Board approved six-month time limited variance and have completed your continuing education requirements.

*Pursuant to Minnesota Statutes, section 13.41, subdivision 2(b), a licensee who is subject to a health-related licensing board, must designate to the Board a residence or business address and telephone number at which the licensee can be contacted in connection with the license. The data below are to be maintained in the Board's records as public data. Therefore, the address and phone number you designate below is the address and phone number we will release in response to public inquiries, and is the address & phone number the Board will use for all contacts to you regarding your license. Please notify the Board of any address change within 30 days of the change.*

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>		<b>Degree</b>	
<b>Public Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>	
<b>Public Phone</b>			<b>Public Email</b>				
<b>License Number</b>			<b>YOUR VARIANCE EXPIRATION DATE IS:</b>				

### Section A

**DO NOT SEND CERTIFICATES OF ATTENDANCE OR OTHER DOCUMENTATION TO THE BOARD FOR PROOF OF CONTINUING EDUCATION UNLESS YOU ARE CONTACTED BY THE BOARD FOR A CONTINUING EDUCATION AUDIT. The Board will notify you by email during the first ten days of the month following your variance expiration date if you have been selected for an audit of continuing education hours. Should you be selected for an audit, you may continue to practice while under review by the Board (Minn. R., parts 7200.3850 and 7200.3860).**

**All licensees shall retain original documentation of attendance and completion of continuing education hours for a period of eight years after the renewal date (Minn. R., part 7200.3850 Subp. 2).**

**Continuing Education requirement for this renewal period is 40 continuing education credits.**

**By checking this box, I certify that I have completed the required continuing education credits according to Minnesota Rules, part 7200.3820. For the complete rule please refer to the [Minnesota Board of Psychology Practice Act](#).**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please fax or email this form to (612) 617-2240 or psychology.board@state.mn.us**