



# APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

*(Please type or print clearly in blue ink)*

**Application Fee: \$40.00 (Non Refundable)**

## SECTION I. (Personal Data)

Last	First	Middle Initial	Jr., Sr., I, II
<b>ALIASES</b> – Please list all other names by which you have been known. (If more than two, use an additional sheet of paper.)			
Last	First	Middle Initial	Jr., Sr., I, II
Last	First	Middle Initial	Jr., Sr., I, II
<b>RESIDENCE ADDRESS</b> – (This address will be used for all correspondence throughout the application process.)			
Number and Street			
City	State	Zip Code	
Email Address			
Message/Day Phone Number	Residence Phone Number	Social Security No. <sup>1</sup>	/ / Date of Birth
<b>This application is based upon:</b> (Check one response only)			
<input type="checkbox"/> A doctorate degree in psychology, educational psychology, or in education with a field of specialization in counseling psychology or educational psychology from an acceptable accredited or approved educational institution			
<input type="checkbox"/> A doctoral degree that has been granted by a foreign university, college, or professional school			
<input type="checkbox"/> Possession of Certificate of Professional Qualification (CPQ)			
<input type="checkbox"/> Possession of a credential as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP)			
<input type="checkbox"/> Possession of a certificate by the American Board of Professional Psychology (ABPP)			

<sup>1</sup> Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**SECTION II. PROFESSIONAL DATA**

Yes  No

Are you now registered, or have you ever applied to become registered as a psychological assistant in California? If yes, when? \_\_\_\_\_

Yes  No

Are you now registered, or have you ever applied to become a registered psychologist in California? If yes, when? \_\_\_\_\_

Yes  No

Prior to this application, have you ever submitted an application for licensure as a psychologist in California? If yes, when? \_\_\_\_\_

**SECTION III. EDUCATIONAL DATA**

**MASTER'S DEGREE**

Granting Institution \_\_\_\_\_

Dates Attended \_\_\_\_\_

Major Field of Degree \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date Awarded / Met Requirements \_\_\_\_\_

**DOCTORAL DEGREE**

Granting Institution \_\_\_\_\_

Dates Attended \_\_\_\_\_

Major Field of Degree \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date Awarded / Met Requirements \_\_\_\_\_

**SECTION IV. EXAMINATION DATA**

Yes  No

Have you ever taken the ASPPB Examination for Professional Practice in Psychology (EPPP)?  
*If yes, you must arrange to have your score reported to the board by the Association of State and Provincial Psychology Boards, P.O. Box 241245, Montgomery, AL 36124-1245.*

PLEASE NOTE: If your score is documented and the score you received meets or exceeds the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.

**SECTION IV. EXAMINATION DATA, *continued***

Yes     No

Are you requesting a waiver of the EPPP? *If yes, indicate the basis for the waiver below.*  
(See Instructions, page 3)

Yes     No

Previously licensed in California

Yes     No

Licensure in another state, Canadian Province, or U.S. Territory for at least five years.

Yes     No

Certificate of Professional Qualification (CPQ)

Yes     No

Credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP)

Yes     No

Certified by the American Board of Professional Psychology (ABPP)

Yes     No

Abandoned a previous application for licensure as a psychologist pursuant to Section 1381.5 of the California Code of Regulations

Yes     No

Pursuant to Section 1798.61 of the Civil Code, an applicant's name and address are available to anyone for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list. *Do you wish to have your name and address withheld?*

**SECTION V. SUPERVISED PROFESSIONAL EXPERIENCE**

List below the names of every **primary** supervisor who you are asking to verify a portion of the required 3,000 hours of supervised professional experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.

The date is posted on my doctoral transcript.

A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.

## SECTION VI. FITNESS FOR PRACTICE

Yes

No

Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? *If yes, explain on a separate sheet of paper.*

Yes

No

Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? *If yes, please explain on a separate sheet of paper.*

Yes

No

Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist? *If yes, please explain on a separate sheet of paper.*

## SECTION VII. CONVICTION / LICENSE DISCIPLINARY ACTION

Yes

No

Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes All misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.) *If yes, complete the Conviction/License Disciplinary Action Form.*

Yes

No

Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the Conviction/License Disciplinary Action Form.*

Yes

No

Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? *If yes, complete the Conviction/License Disciplinary Action Form.*

Yes

No

Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the Conviction/License Disciplinary Action Form.*

Yes

No

Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? *If yes, complete the Conviction/License Disciplinary Action Form.*

Yes

No

Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? *If yes, complete the Conviction/License Disciplinary Action Form.*

## SECTION VIII. REQUIRED COURSEWORK AND TRAINING

### Part A. Human Sexuality Requirement

Yes

No

Have you satisfied the requirement for training in human sexuality as described in Section 25 of the Business and Professions Code and Section 1382 of Title 16 of the California Code of Regulations?

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to Licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

### Part B. Child Abuse Assessment and Reporting

Yes

No

Have you satisfied the requirement for training in child abuse assessment and reporting as described in Section 28 of the Business and Professions Code and Section 1382.4 of Title 16 of the California Code of Regulations?

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to Licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

**Part C. Detection and Treatment of Alcohol and Other Chemical Substance Dependency Requirement**

Yes

No

N/A

Have you satisfied the requirement for coursework in the detection and treatment of alcohol and other chemical substance dependency as described in Section 2914(e) of the Business and Professions Code and Section 1382.3 of Title 16 of the California Code of Regulations? (This requirement applies to applicants who began graduate training on or after September 1, 1985.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

**Part D. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements**

Yes

No

N/A

Have you satisfied the requirement for the spousal or partner abuse assessment, detection, and intervention training required by Section 2914(f) of the Business and Professions Code and Section 1382.5 of Title 16 of the California Code of Regulations?

(For applicants who began graduate training between January 1, 1995 and December 31, 2003, a minimum of two hours of coursework is required. For applicants who began graduate training on or after January 1, 2004, a minimum of 15 hours of coursework is required. For applicants who began graduate training prior to January 1, 1995, this coursework is not required.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

**Part E. Aging and Long-Term Care Training Requirements**

Yes

No

N/A

Have you satisfied the requirement for the aging and long-term care training required by Section 2915.5 of the Business and Professions Code? (This requirement applies to applicants who began graduate training on or after January 1, 2004.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: \_\_\_\_\_

Date(s) of Coursework: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Number of Course hours: \_\_\_\_\_

NOTE: The above must be documented by a transcript or certificate that clearly indicates training meeting Board requirements.

**NOTICE TO APPLICANT**

**Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.**

**SECTION IX. STATEMENT OF APPLICANT**

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date