

MARYLAND MOBILITY APPLICATION FOR LICENSURE

Maryland Board of Examiners of Psychologists

4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-4787
Fax: 410-358-7896
www.health.maryland.gov/psych

FOR OFFICE USE ONLY

LICENSE NUM/DATE: _____
NPDB DATE: _____
LAW SCORE/DATE: _____
BCKGRD RESULTS: _____
REVIEWER: _____
DATE REVIEWED: _____
COMMENTS _____

TYPE OR PRINT ALL INFORMATION

APPLICATION FEE \$300.00 (NON-REFUNDABLE)

VETERANS AND SPOUSAL PREFERENCE

- 1) Are you an active service member or the spouse of an active service member? Yes No
- 2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes No

DEMOGRAPHIC INFORMATION

Name:

Last: First: Maiden:

Home Address:

Street: City: State: Zip Code:

Mailing Address:

Street: City: State: Zip Code:

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Social Security #: _____ Date of Birth: _____ Place of Birth: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

If no explain: _____

Gender: Male: Female:

Ethnicity: Hispanic or Latino origin? Yes No

American Indian or Alaska Native Black or African American White Asian

Native Hawaiian or other Pacific Islander

EDUCATION

Degree: _____ University/College: _____ Address: _____ From: _____ To: _____ Specialty: _____

Other Degree: _____ University/College: _____ Address: _____ From: _____ To: _____ Specialty: _____

Certification: _____ Sponsor: _____ Address: _____ Year Completed: _____ Specialty: _____

EMPLOYMENT

Current Company Name: _____ Job Title: _____

Address: _____ Phone: _____

From: _____ To: _____ Supervisor: _____

Reason for Leaving: _____

Previous Company: _____ Job Title: _____

Address: _____ Phone: _____

From: _____ To: _____ Supervisor: _____

Reason for Leaving: _____

INFORMATION

1. List jurisdiction/s or Canadian Province where you hold an active psychology license. (*Primary verification of license is required*)

Jurisdiction/Province: _____ Date Licensed: _____ Expiration Date: _____ License Number: _____

Jurisdiction/Province: _____ Date Licensed: _____ Expiration Date: _____ License Number: _____

2. Are you a resident of Maryland? Yes No

3. Do you intend to practice Psychology in Maryland? Yes No (If no explain)

4. Have you ever held a Maryland psychology license? Yes No

5. Explain why you are applying for a Maryland license.

6. Have you ever withdrawn an application for licensure, or an application to take a licensing examination in Maryland or another jurisdiction? Yes No (If yes explain)
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7. Have you ever applied for a psychology license/certificate from a governmental Board and was rejected for any reason including, but not limited to, lack of educational requirements and experience? Yes No (Explain yes answer)
-
8. Has any license, certificate, diploma, or privilege in psychology ever been granted to you and subsequently revoked or suspended for any reason, or have you been reprimanded, admonished and/or placed on probation by any disciplinary authority, agency, employer, or institution? Yes No (Explain yes answer)
-
9. Have you ever been convicted of, or entered a plea of guilty or nolo contendere to any felony or misdemeanor other than a minor traffic violation? Yes No (Explain yes answer)
-
10. Have you ever been investigated or charged with unethical practices or unprofessional conduct, or are you presently being investigated or under charges? Yes No (Explain yes answer)
-
11. Have you ever taken and passed the Examination for Professional Practice in Psychology (EPPP)?
 Yes No If Yes, Date: _____ State: _____ Score: _____
12. Do you have any physical or mental condition that currently impairs your ability to practice psychology or that would cause reasonable questions to be raised about your physical, mental, or professional competency?
 Yes No (Explain yes answer)
-

COMPLETE ALL THAT APPLY:

13. Are you credentialed as a Health Service Psychologist by the National Register of Health Service Psychologists (HSP)? Yes No
 Original HSP Date _____ Expiration date _____
 (Proof of credentials as a Health Service Psychologist by the National Register of Health Service Psychologists required)
-
14. Are you currently certified by the American Board of Professional Psychology (ABPP)? Yes No
 Date of original board certification _____ Expiration date _____
 (Proof of current certification by the American Board of Professional Psychology required)
 Do you participate in ABPP Maintenance of Certification (MOC) program? Yes No
 If no, explain why not:
-

PROFESSIONAL REFERENCES

Full Name: _____ Relationship: _____

Company: _____ Telephone Number: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Telephone Number: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Telephone Number: _____

Address: _____

The Board may request additional information or may request that the applicant appear before the Board.

ATTESTATION

I acknowledge and agree that any person, association or institution listed in this application may be contacted by the Maryland Board of Examiners of Psychologists. Furthermore, I attest that the answers provided in this application are true, complete and correct. I understand that any misleading or false information in this application may cause my application for licensure to be denied as well as may result in criminal prosecution.

Applicant Signature: _____ Date: _____

PHOTOGRAPH

Attach a current original passport type photograph (2"x2")
Applicant must sign the back of the photograph.

AFFIDAVIT

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has not suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit. I certify that the attached photograph is a true likeness of the applicant.

APPLICANT'S SIGNATURE: _____ DATE: _____

Mail completed application and \$300.00 fee, payable to: The Board of Examiners of Psychologists, 4201 Patterson Avenue, Baltimore, MD 21215

NOTARY

State of _____ County of _____

Sworn before me this _____ day of _____, 20__.

Notary Public Signature _____

Notary Stamp

Expiration date _____ / _____ / _____.