

MARYLAND APPLICATION FOR LICENSURE NON - PRACTICE ORIENTED PROGRAMS ONLY

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

FOR OFFICE USE ONLY

LICENSE NUM/DATE: _____
 EPPP SCORE/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

Social Security No:		Date of Birth:		Place of Birth:			
Name:	Last:	Maiden:		First:			MI:
Home Address:	Street:		City:	County:	State:	Zip Code:	
If less than 3 years provide prior Address:	Street:		City:	County:	State:	Zip Code:	
Mailing Address:(If different than above)	Start date:	Street:	City:	County:	State:	Zip Code :	End Date:
Business Name and Address:	Name:	Street:	City:	County:	State:	Zip Code :	
Home Phone:		Work:	Cell:	Email:			
U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		If not U.S. Citizen, are you authorized to work in U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>					

GENDER AND ETHNICITY: *This information is optional and will be used for statistical purposes by authorized personnel.*

Gender: Male Female

Ethnicity: Are you of Hispanic or Latino origin? Yes No

Check all that apply.

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |

EDUCATION				
OFFICIAL TRANSCRIPTS MUST BE SENT FROM ALL GRADUATE SCHOOLS				
Highest Degree Earned:	From:	To:	Institution & Address:	Specialization/Program
Other Degree Earned:	From:	To:	Institution & Address:	Specialization/Program
Other Degree Earned:	From:	To:	Institution & Address:	Specialization/Program

To be eligible for licensure, applicants in non-practice oriented programs, or programs not advertised as clinical, counseling, or school psychology programs, must present evidence of having completed two (2) years of supervised professional experience and complete a minimum of 3,250 hours of supervised experience in professional work (COMAR 10.36.01.04 A & B) using the methods, principles, and procedures of psychology . These experiences may include, but are not limited to, research, teaching, program evaluation, assessment, or organizational training or consultation (COMAR 10.36.01.04-1 A). The hours may be accrued at the pre-doctoral or post-doctoral level, or a combination of the two. The number of hours of experience and supervision must be verified (COMAR 10.36.01.04-1).

A minimum of 75%, or 2,438 hours in no less than a two (2) year period of the applicant’s required supervised pre- and post-doctoral experiences shall be supervised in face-to-face, in-person, on-site supervision by a psychologist qualified to supervise the activities being performed or the services being rendered. Exceptions to face-to-face supervision are rarely permissible but, with appropriate explanation may be credited (COMAR 10.36.01.04-1 C). The supervisor should be licensed to practice psychology in Maryland, exempt from licensure in Maryland, or certified, licensed, or exempt from licensure in the state or county in which the supervised professional experience is obtained (COMAR 10.36.01.04 C). The supervisor shall ensure that any additional supervision is by an individual who has the requisite skills and training to provide supervision (COMAR 10.36.01.04(3)). Additionally, in exceptional circumstances, the Board may waive the requirements for face-to-face supervision for the pre-doctoral experience, if the academic program director attests to the nature of the circumstances and assures the Board that the quality of the supervision was not compromised (10.36.01.04-1 C(1)) or for the post-doctoral experience, if the applicant petitions the Board for a waiver before beginning the supervised experience and offers an alternative modality for supervision, including but not limited to televideo conferencing that does not substantially diminish the adequacy of the supervision (10.36.01.04-1 C(2)(a) & (b)).

INFORMATION

1. Are you a resident of the State of Maryland? Yes No (If no please explain)

2a. Do you intend to practice Psychology in Maryland? Yes No (If no please explain)

2b. Describe in detail the work you plan to perform with your Maryland license

3. Are you licensed, certified, or registered by any governmental agency or government Board in any state, county or jurisdiction?
Yes No (If yes explain)

4. Do you hold a current Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards? Yes No (If yes provide year obtained and send copy with application)

5. Are you credentialed as a Health Service Provider by the National Register? Yes No (provide date and provide proof)

6. Have you ever applied for a psychology license/certificate from a governmental Board and been rejected for any reason including, but not limited to, lack of educational requirements and experience? Yes No (Explain yes answer)

7. 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)

8. 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)

9. 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)

10. Have you ever taken and passed the Examination for Professional Practice In Psychology? Yes No
If "Yes," complete the following : Date _____ State: _____ Score: _____

11. Have you ever failed this examination? Yes No
If "Yes," give date(s) and State(s): _____

WORK EXPERIENCE

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

**PROFESSIONAL SUPERVISED EXPERIENCE
NON - PRACTICE ORIENTED PROGRAMS
PRE- DOCTORAL**

1. Name and Address of Facility:		From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>			
Include the number of pre-doctoral hours that apply to you:		Total # of hours worked:	
(1) Teaching hours:			
(2) Research hours:		Total # of hours supervised:	
(3) Industrial or organizational consultation hours:			
(4) Other hours (please explain):			
Did you receive 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			

2. Name and Address of Facility:		From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>			
Include the number of pre-doctoral hours that apply to you:		Total # of hours worked:	
(1) Teaching hours:			
(2) Research hours:		Total # of hours supervised:	
(3) Industrial or organizational consultation hours:			
(4) Other hours (please explain):			
Did you receive 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			

**PROFESSIONAL SUPERVISED EXPERIENCE
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1. Name and Address of Facility:		From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>			
Include the number of pre-doctoral hours that apply to you:		Total # of hours worked:	
(1) Teaching hours:		Total # of hours supervised:	
(2) Research hours:			
(3) Industrial or organizational consultation hours:			
(4) Other hours (please explain):			
Did you receive 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			

2. Name and Address of Facility:		From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>			
Include the number of pre-doctoral hours that apply to you:		Total # of hours worked:	
(1) Teaching hours:		Total # of hours supervised:	
(2) Research hours:			
(3) Industrial or organizational consultation hours:			
(4) Other hours (please explain):			
Did you receive 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			

**PROFESSIONAL SUPERVISED EXPERIENCE
NON - PRACTICE ORIENTED PROGRAMS
POST- DOCTORAL**

1. Name and Address of Facility:	From:	To:
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Your Title:	Supervisor's Name, Degree, and Title:
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Supervisor is Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> If Licensed, in which State(s)?	Licensed in another discipline? Yes <input type="checkbox"/> No <input type="checkbox"/> Other discipline?
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Supervisor's Address:	Supervisor's Phone Number:
	Supervisor's Email:

Describe the nature and extent of supervised activities and check one: Teaching Research Consultation Other (list below)

Include the number of post-doctoral hours that apply to you:

(1) Teaching hours: _____ Total # of hours worked: _____

(2) Research hours: _____ Total # of hours supervised: _____

(3) Industrial or organizational consultation hours: _____

(4) Other hours (explain below): _____

Did you receive 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities?
Yes No

If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes No

Date Granted: _____

2. Name and Address of Facility:	From:	To:
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Your Title:	Supervisor's Name, Degree, and Title:
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Supervisor is Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> If Licensed, in which State(s)?	Licensed in another discipline? Yes <input type="checkbox"/> No <input type="checkbox"/> Other discipline?
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Supervisor's Address:	Supervisor's Phone Number:
	Supervisor's Email:

Describe the nature and extent of supervised activities and check one: Teaching Research Consultation Other (list below)

Include the number of post-doctoral hours that apply to you:

(1) Teaching hours: _____ Total # of hours worked: _____

(2) Research hours: _____ Total # of hours supervised: _____

(3) Industrial or organizational consultation hours: _____

(4) Other hours (explain below): _____

Did you receive 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities?
Yes No

If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes No

Date Granted: _____

**PROFESSIONAL SUPERVISED EXPERIENCE
NON - PRACTICE ORIENTED PROGRAMS
POST- DOCTORAL**

3. Name and Address of Facility:		From:	To:
Your Title:	Supervisor's Name, Degree, and Title:		
Supervisor is Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> If Licensed, in which State(s)?		Licensed in another discipline? Yes <input type="checkbox"/> No <input type="checkbox"/> Other discipline?	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below)			
Include the number of post-doctoral hours that apply to you:			
(1) Teaching hours:		Total # of hours worked:	
(2) Research hours:		Total # of hours supervised:	
(3) Industrial or organizational consultation hours:			
(4) Other hours (explain below):			
Did you receive 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date Granted			

4. Name and Address of Facility:		From:	To:
Your Title:	Supervisor's Name, Degree, and Title:		
Supervisor is Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> If Licensed, in which State(s)?		Licensed in another discipline? Yes <input type="checkbox"/> No <input type="checkbox"/> Other discipline?	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below)			
Include the number of post-doctoral hours that apply to you:			
(1) Teaching hours:		Total # of hours worked:	
(2) Research hours:		Total # of hours supervised:	
(3) Industrial or organizational consultation hours:			
(4) Other hours (explain below):			
Did you receive 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date Granted:			

(Note: Please use additional sheets if necessary)

Summary of Pre-Doctoral and Post-Doctoral Supervised Experience (from previous pages):

		<u>Pre-Doctoral Experience Hours</u>		<u>Pre-Doctoral Supervision Hours</u>		<u>Total Hours</u>
A.	Number of pre-doctoral hours supervised by a licensed psychologist or one exempted from licensure		+		=	(A)
B.	Number of pre-doctoral face-to-face, in person, supervised hours by someone other than a licensed psychologist		+		=	(B)
C	Total number of pre-doctoral <u>non</u> face-to-face supervised hours		+		=	(C)
		<u>Post-Doctoral Experience Hours</u>		<u>Post-Doctoral Supervision Hours</u>		
D.	Number of post-doctoral hours supervised by a licensed psychologist or one exempted from licensure		+		=	(D)
E.	Number of post-doctoral face-to-face, in person, supervised hours by someone other than a licensed psychologist		+		=	(E)
F	Total number post-doctoral <u>non</u> face-to-face supervised hours		+		=	(F)
G	Total number of hours supervised by a licensed psychologist or one exempted from licensure (Total = Total A + Total D) and must be a minimum of 2,438 supervised hours	Total A	+	Total D	=	<u>Overall Summary</u> (G)
H.	Total number of face-to-face, in person, supervised hours by someone other than a licensed psychologist (Total = Total B + Total E)	Total B	+	Total E	=	(H)
I	Total number of <u>non</u> face-to-face supervised hours (Total = Total C + Total F)	Total C	+	Total F	=	(I)
J.	Total hours accrued (Total = Total G + Total H + Total I) and is a <u>minimum</u> of 3,250 hours	Total G	Total H	Total I	=	(Total)

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

I acknowledge and agree that any person, association or institution listed in this application may be contacted by the Board.

Applicant's Signature: _____ Date: _____

The acceptance of your application to sit for the licensure examination does not guarantee the award of a license.

PHOTOGRAPH

Attach a recent 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, Maryland 21215

Notary

State of _____ County of _____

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

Notary Public Signature _____

Notary Stamp

Expiration date _____ / _____ / _____.