

MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS
4201 Patterson Avenue * Baltimore, MD 21215-2299
www.health.maryland.gov/psych 410-764-4787

CORONAVIRUS (COVID-19)
TEMPORARY EXCEPTION TO PRACTICE APPLICATION

APPLICATION FEE - \$100.00 (NON-REFUNDABLE)

This application is to be used during the COVID -19 pandemic by psychologists who are not licensed in Maryland. Psychologists must hold an active and in good standing license in another jurisdiction and want to provide services to their client who is temporarily residing in Maryland due to the pandemic. The application asks for the exception date/s; however, the Board reserves the right to determine the length of time of the exception. If the client does not plan to return to the jurisdiction where you are licensed, you will need to apply for a Maryland license to continue serving that client. If you wish to provide services to NEW clients, you will need to apply for a Maryland license. The application for licensure as well as Maryland laws and regulations are at www.health.maryland.gov/psych.

TYPE OR LEGIBLY PRINT (except for signature) the application. Be sure to provide an email address. All correspondences from the Board will be by email. All questions on the form MUST be answered. Mail your completed application, the \$100.00 application fee payable to the Board of Psychology, and a copy of your active psychology license from another jurisdiction (faxes and emails will not be accepted). We will not review incomplete applications.

1. Full Name: _____ Degree: _____

2. Home Mailing Address: _____ Telephone: _____

3. Business Name and Address: _____ Telephone: _____

Email: _____ Social Security No: _____

4. Preferred Mailing Address: Home Business

5. Indicate where you hold an active psychology license. Provide proof that your license is in good standing and there is no pending disciplinary action against your license.
State: _____ License Expiration Date: _____ License #: _____

6. Have you previously applied for a license to practice psychology in Maryland? Yes No

7. Have you ever had a professional license or permit disciplined in any way (e.g., denied, suspended, reprimanded, censured, restricted, limited, placed on probation, revoked, etc.) by any licensing board in Maryland or elsewhere, or are you aware of any pending charges or investigations against a professional license or permit which you hold? Yes No if yes, provide details on an attached sheet.

- 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 if yes, provide details on an attached sheet.
- 9. Excluding minor traffic violations, are there any current or pending charges against you in any court of law, or are you currently released on bond? Yes No if yes, provide details on an attached sheet.

10. Number of current clients to serve

11. Name/s of client/s (optional)

12. Address of at least 1 client client(s)

13. Dates service will be provided (mm/dd/yy) _____

14. Check the type of service that will be provided. (check all that apply)

Individual psychotherapy

Psychological Evaluation

Other:

15. Have you made a request to provide services in Maryland in the past?
Yes (provide date/s) No

Affidavit: After completing all parts of this application, have the following Affidavit completed by a Notary Public.

_____ Personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

I have reviewed a copy of the Maryland Psychology Practice Act which stipulates the requirements for licensure and practice as a psychologist and agree to abide by the laws and regulations. The standards under which I was licensed in the jurisdiction indicated on this application form are substantially equivalent to or higher than the requirements of Title 18 and COMAR 10.36. The signature hereto is my own signature and each and every statement made in this application was made by me, and is in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant

Notary Seal

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

_____ My commission expires _____, 20____

Notary Public