



# Board of Examiners of Psychologists

## VERIFICATION OF STATE LICENSE REQUEST FORM

Note: If you are licensed in Maryland and seeking licensure in another state which requires verification from the Maryland Board of Examiners of Psychologists complete this request form

1. Download & Save copy of form
2. Complete all required fields & **save copy to be emailed**
3. To pay online a nonrefundable fee of \$20.00 (click link=> [Pay License Verification](#)) **After payment, print a digital copy of the confirmation receipt. Tip: right-click/print as pdf**
4. Email a copy of the completed form, confirmation receipt, and other State's license verification form (if necessary) to [mdh.psychologyboard@maryland.gov](mailto:mdh.psychologyboard@maryland.gov) with **Subject line** "Verification License Request"
5. Requests will not be processed without completed form, copy of confirmation receipt, & other State's form (if required)

Date of Request:

Maryland License #:

First & Last Name as It Appears on Your License:

\_\_\_\_\_

Complete Address as It Appears on Your License:

\_\_\_\_\_

Current Email: \_\_\_\_\_ Primary Telephone #: \_\_\_\_\_

I hereby authorize the Maryland Board of Examiners of Psychologists to release information, favorable or otherwise to the state licensing board/entity/person listed below.

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

Name and Address of Where You Want the License Verification Sent:

State Licensing Board/Entity/Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email (if verification can be sent electronically): \_\_\_\_\_



**OFFICE USE ONLY**

Payment #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date Stamp/Staff Initial:  
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