

**REINSTATEMENT APPLICATION
REGISTERED PSYCHOLOGY ASSOCIATES**

**Maryland Board of Examiners of Psychologists
4201 Patterson Avenue * Baltimore, Maryland 21215
410-764-4787 * Fax: 410-358-7896 ***

[Board of Examiners of Psychologists Website Home Page](#)

**Reinstatement Fee: \$600.00 (reinstate \$300 + renew \$300)
[PAY FEE ONLINE](#)**

**Email reinstatement application, payment receipt, and copies of ceu's to
mdh.psychologyboard@maryland.gov**

FOR BOARD USE ONLY

Date application received: _____

Fee enclosed: Yes No

Date processed: _____

Date returned : _____

Reason: _____

Date Returned to office: _____

Date Registration issued: _____

Control Number: _____

TYPE OR PRINT INFORMATION * MAIL FORM AND FEE TO THE BOARD * INCOMPLETE FORMS WILL BE RETURNED

Registration #		Social Security #		Date of Birth:	
Last Name:		First:		MI:	Maiden:
Home Address:					
Street		City		State	Zip Code
Home Phone:		Work:	Cell:		Email:
Business Address:					
Street		City		State	Zip Code
Mailing Address:					
Street		City		State	Zip Code
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mailing		Are you currently working as a psychology associate? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Employment Status: <input type="checkbox"/> Full-time (35 Hrs. or More) <input type="checkbox"/> Part-time					
Primary Work Setting:	<input type="checkbox"/> Private or group practice <input type="checkbox"/> State or local government <input type="checkbox"/> Federal military <input type="checkbox"/> Federal nonmilitary <input type="checkbox"/> Educational setting <input type="checkbox"/> Business/industry <input type="checkbox"/> Other (specify)				
If not working as an associate describe reason:	<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Career change <input type="checkbox"/> Other (specify)				
List other professions and states that you hold a license:					
SUPERVISORY INFORMATION Supervisor's Name: Supervisor's Name:			License # License #		

CONTINUING EDUCATION

Number of hours earned in laws, ethics or risk management:

Number of hours in cultural awareness:

Number of hours in independent or home study:

Total hours of continuing education earned:

Number of hours you work per week:

Number of hours testing per week:

Hours of supervision per week:

In the following questions, "license" means any occupational or professional license required by law to practice an occupation or profession. Check YES or NO next to each question. PROVIDE A DETAILED EXPLANATION FOR EACH YES ANSWER.

1. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland and the District of Columbia), or a comparable body in the armed services, denied your application for licensure, registration, reinstatement or renewal? Yes No (Explain yes answer)

2. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland and the District of Columbia), or a comparable body in the armed services, taken action against your license or registration? (Such actions include, but are not limited to, limitations of practice, required education, admonishment, reprimand, probation, suspension, or revocation.) Yes No (Explain yes answer)

3. Has any state, federal, or foreign licensing or disciplinary board or agency in any jurisdiction (including Maryland and the District of Columbia), or a comparable body in the armed services, filed any complaints or charges against you, or investigated you for any reason? Yes No (Explain yes answer)

4. Have you withdrawn your application for a psychology license, registration, or other health professional license? Yes No (Explain yes answer)

5. Have you surrendered your license or registration, or allowed it to lapse while you were under investigation by any state, federal, or foreign licensing or disciplinary board or agency (including Maryland and the District of Columbia) of any jurisdiction or any entity of the armed services? Yes No (Explain yes answer)

6. Excluding minor traffic violations, have you committed a criminal act to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgement? Yes No (Explain yes answer)

7. Excluding minor traffic violations are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law? Yes No (Explain yes answer)

8. Within the past five years, has anyone filed or settled a malpractice action in which you were named a defendant? Yes No (Explain yes answer)

9. Has your employment by any hospital, HMO, other health care facility, institution, practice, or military entity, been terminated for disciplinary reasons? Yes No (Explain yes answer)

10. Have you voluntarily resigned from any hospital, HMO, other health care facility, institution, practice, or military entity, while under investigation by that institution for disciplinary reasons? Yes No (Explain yes answer)

11. 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)

12. Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgment? (Such offenses include, but are not limited to, driving while under the influence of alcohol and/or controlled dangerous substances.) Yes No (Explain yes answer)

13. Within the past two years, have you engaged in any form of alcohol or substance abuse treatment? Yes No (Explain yes answer)

Explain why there was a break in your registration. _____

I attest that the information I have given on this application are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

**MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS CONTINUING
EDUCATION SUMMARY SHEET FOR REGISTRATION REINSTATEMENT
REPORTING PERIOD: _____**

Name: _____ Registration Number: _____
(Please Print)

Date(s)	Authorized Sponsor	Course Title/Citation	Activity Type (course, presentation, independent study, etc.)	Documentation	CEU's Awarded

I hereby attest that the activities listed on this form are true, and accurate of my continuing education. NOTE: The Board may request additional information or documentation to support your renewal application

Signature: _____

Date: _____