



Board of Examiners of Psychologists

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

ROSTER REQUEST

1. Download & Save copy of form
2. Complete all required fields & **save copy to be emailed**
3. To pay online a nonrefundable fee of \$150.00 (click link=> [pay Roster Request Fee](#)) **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 to mdh.psychologyboard@maryland.gov with **Subject line "Roster Request"**
5. Requests will not be processed without completed form & copy of confirmation receipt

Roster of Licenses and Registered Psychology Associates \$150.00: (credit/debit card only)

Date of Request: _____

Full Name: _____

Organization/Company: _____

EMAIL Address: _____

Primary Telephone #: _____

1. Standard file format Excel
2. Standard data-points: Active License #, First Name, Last Name, Mailing Address, Expiration Date, & Original License Date

4201 Patterson Avenue Baltimore Maryland, 21215-2299
 Telephone: 410-764-4787
 Maryland Relay Service 1-800-735-2258
 Web Site: www.health.maryland.gov/psych
 Email: mdh.psychologyboard@maryland.gov

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