



# Board of Examiners of Psychologists

## 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](mailto: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



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