

REACTIVATION APPLICATION FOR LICENSURE

This form is ONLY to be used when your license is registered with the Board as INACTIVE and you are applying to reactivate your license.

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

Reactivation Fee: \$400.00 + MHCC \$26.00 = \$426.00 [PAY FEES ONLINE](#)
Email this 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 to licensee: _____
 Reason: _____
 Date Returned to office: _____
 Date Licensed issued: _____
 Control Number: _____

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

License #		Social Security No.		Date of Birth:	
Last Name:		First:		MI:	Maiden:
Home Address:	Street:	City:	County:	State:	Zip Code:
Mailing Address (If different than above)	Street:	City:	County:	State:	Zip Code:
Business Address:	Street:	City:	County:	State:	Zip Code:
Home Phone:		Work:	Cell:	Email:	
Are you currently working as a psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, last year of practice					
Employment Status: <input type="checkbox"/> Full-time (35 Hrs. or More) <input type="checkbox"/> Part-time <input type="checkbox"/> Inactive					
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 non military <input type="checkbox"/> Educational setting <input type="checkbox"/> Business/industry <input type="checkbox"/> Other (specify)				
If not working as a psychologist 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 states where you hold a psychology license:					
List other professions and states that you hold a license:					
List each psychology associate (an individual approved by the Board for exemption to perform psychological services), who you supervised during the previous licensure period and who you currently supervise. A supervisor shall take full responsibility for all services provided by a psychology associate under the supervisor's supervision. Failure to list any individual practicing as a psychology associate under your supervision may result in disciplinary action against your license, even if the Board previously approved the individual as a psychology associate.					
Name of Psychology Associate	Work Address of Psychology Associate		Date Supervision Began	Date Supervision Terminated	
List other individuals that you supervise that are exempt from licensure below					
The Health Occupations Article §1-202 requires that you verify that you are complying with the Worker's Compensation Law. Check the box that applies. <input type="checkbox"/> I do not practice in Maryland. <input type="checkbox"/> I do not employ anyone in Maryland. <input type="checkbox"/> I employ one or more persons in Maryland and have the following Worker's Compensation coverage:			Number of hours earned in laws, ethics or risk management: Number of hours in independent or home study: Total hours of continuing education earned:		
Insurance Company:					
Policy No.		Expiration Date:			

In the following questions, "license" means any occupational or professional license required by law to practice an occupation or profession. Write Y for YES or N for 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, 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? (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 or other health professional license? Yes ☐ No ☐ (Explain yes answer)

5. Have you surrendered your license 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)

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 LICENSE REACTIVATION
REPORTING PERIOD: _____

Name: _____
(Please Print)

License Number: _____

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: _____



The Board of Examiners of Psychologists

ATTESTATION

I hereby certify that I did not provide psychological services, as defined in the *Maryland Psychologists Act §18-101*, in the State of Maryland during the time that my license was **inactive**.

Signature

Date

Name (please print)

I cannot attest to the above because:

Signature

Date

Name (please print)