

REINSTATEMENT APPLICATION FOR LICENSURE

This form is to be used when your license is NON RENEWED (5 years or less)
and you are applying to reinstate your license.

Maryland Board of Examiners of Psychologists
4201 Patterson Avenue * Baltimore, Maryland 21215
410-764-4787 * Fax: 410-358-7896 *
[Board of Examiners of Psychologists Home Page](#)

Reinstatement \$700.00 + MHCC \$26.00 = \$726.00 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 No If no, last year of practice

Employment Status: Full-time (35 Hrs. or More) Part-time Inactive

Primary Work Setting:

Private or group practice State or local government Federal military Federal non military
 Educational setting Business/industry Other (specify) _____

If not working as a psychologist describe reason:

Retired Student Unemployed Career change 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.

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

I do not practice in Maryland.

Number of hours in independent or home study:

I do not employ anyone in Maryland.

Total hours of continuing education earned:

I employ one or more persons in Maryland and have the following Worker's Compensation coverage:

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)

Explain why there was a break in your license. _____

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 REINSTATEMENT
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 **expired**.

Signature

Date

Name (please print)

I cannot attest to the above because:

Signature

Date

Name (please print)