



### TEMPORARY EXCEPTION TO PRACTICE APPLICATION \$100.00: (credit card only)

1. Download & Save a copy of the form
2. Complete all required fields & save a copy to be emailed
3. **Pay online a nonrefundable fee of \$100.00 (click link=> [Pay Temp Exception Fee](#)).**
4. After payment, print a digital copy of the confirmation receipt. Tip: right-click/print as pdf.
5. **Email a copy of the completed form, confirmation receipt, a copy of your active psychology license, and any supporting documentation to [mdh.psychologyboard@maryland.gov](mailto:mdh.psychologyboard@maryland.gov) with the Subject line "Temp Exception."**
6. The application must be received at least 20 working days before the requested service date. A decision will be sent by email.
7. The request will only be considered for a specific day/s (three (3) consecutive days max) listed on your application. You must apply for a Maryland license if you intend to practice beyond the requested date. The application for licensure and Maryland's laws and regulations can be found at [the Board's website](#).
8. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

1. Full Name: \_\_\_\_\_
2. SSN #: \_\_\_\_\_
3. Degree: \_\_\_\_\_
4. Full Home Address: \_\_\_\_\_
5. \_\_\_\_\_
6. Business Name: \_\_\_\_\_
7. Full Business Address: \_\_\_\_\_
8. \_\_\_\_\_
9. Cell Number: \_\_\_\_\_
10. Email Address: \_\_\_\_\_

Indicate all current jurisdictions where you hold an active psychology license. Arrange to have a written statement sent directly from the jurisdiction verifying that your license is in good standing, that there is no pending disciplinary action against your license and describing any supervision requirements under which you must practice in that jurisdiction.

State/Province: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_ License #: \_\_\_\_\_

State/Province: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_ License #: \_\_\_\_\_

Have you previously applied for a license to practice psychology in Maryland? Yes ☐ No ☐

Have you ever had a professional license or permit disciplined in any way (e.g., denied, suspended, reprimanded, censured, restricted, limited, placed on probation, revoked, etc.) by any licensing board in Maryland or elsewhere, or are you aware of any pending charges or investigations against a professional license or permit which you hold?

Yes ☐ If yes, provide details on an attached sheet. No ☐

Excluding minor traffic violations, are there any current or pending charges against you in any court of law, or are you currently released on bond? Yes ☐ If yes, provide details on an attached sheet. No ☐

**Specific Date/s** of service (mm/dd/yy) (maximum of 3 consecutive days) \_\_\_\_\_

Check the type of service that will be provided. (check all that apply)

- ☐ Individual psychotherapy      ☐ Expert testimony in field
- ☐ Psychological Evaluation      ☐ Forensic Evaluation
- ☐ Other: \_\_\_\_\_

Provide the following information about the person that will receive the service.

First and Last Name: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Are these services requested by a court?

Yes ☐ (if yes provide court order)      No ☐

Have you made a request to provide services in Maryland in the past?

Yes ☐ (provide date/s) \_\_\_\_\_ No ☐

Person who asked you to provide the service.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Affidavit.** After completing all parts of this application, have the following Affidavit completed by a Notary Public.

\_\_\_\_\_ Personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

I have read the Maryland Psychology Practice Act stipulating the requirements for licensure and practice as a psychologist and agree to abide by the laws and regulations. The standards under which I was licensed in the jurisdiction indicated on this application form are substantially equivalent to or higher than Title 18 and COMAR 10.36 requirements. The signature hereto is my signature, and every statement made in this application was made by me and is in all respects true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of  
Applicant

Notary Seal

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_