RENEWAL APPLICATION FOR LICENSURE Maryland Board of Examiners of Psychologists 4201 Patterson Avenue * Baltimore, Maryland 21215 410-764-4787 * Fax: 410-358-7896 * <u>www.health.maryland.gov/psych</u> Renewal fee: \$400 MHCC fee: \$26 Total Amount Due: \$426.00				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: Constraint Number							
Control Number: TYPE OR PRINT INFORMATION * MAIL FORM AND FEE TO THE BOARD * INCOMPLETE FORMS WILL BE RETURNED											
					THE BOAR					ETORNED	
License #		Social Security No.				Date of Birth:					
Last Name: Home					MI: Maiden:						
Address:											
Street				City		:	State Zip Code				
Home Phon	e:		Work:		Cell:		En	nail:			
Business											
Address:	Street			City			State Zip Co		ode	County	
Mailing											
Address:	Street	City			State	ate Zip Code			County		
Preferred M	lailing Address: 🔲 Ho	me 🗌 W	Vork 🗌 Mai	iling Are	e you current	tly working	as a psycho	ologist?	Yes 🗌 I	No 🗌	
	t Status: Full-time (Inactiv			-			
Primary Work Private or group practice State or local government Federal military Setting: Educational setting Business/industry Other (specify)											
If not working as a psychologist describe reason: <pre> Category Content (specify) Category Content (specify)</pre>											
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.											
	of Psychology Associate	Work Address of Psychology Associate				te	Date Supe Bega			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.											

I do not practice in Maryland.I do not employ anyone in Maryland.

Compensation coverage: Insurance Company:

Policy No.

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

Expiration Date:

Num	nber o	f hours	in	cu	ltural a	awaren	ess:
	-						

In the following questions, "license" means any occupational or professional license required by law to practice an occupation or profession. Check YES or NO next to each question. PROVIDE A DETAILED EXPLANATION FOR EACH QUESTION YOU ANSWER YES TO.
1. Are you a resident of the State of Maryland? Yes I No
2. Are you licensed, certified, or registered by any governmental agency or government Board in any state, county or jurisdiction? Yes 🗌 No 🗌 (If yes explain)
3. 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)
4. Has any license, certificate, diploma, or privilege in psychology ever been granted to you and subsequently revoked or suspended for any reason, or have you been reprimanded, admonished and/or placed on probation by any disciplinary authority, agency, employer, or institution? Yes ☐ No ☐ (Explain yes answer)
5. Have you ever been investigated or charged with unethical practices or unprofessional conduct, or are you presently being investigated or under charges? Yes No (Explain yes answer)
6. 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)
7. Have you ever been convicted of, or entered a plea of guilty or nolo contendere to any felony or misdemeanor other than a minor traffic violation? 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 -

MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

CONTINUING EDUCATION SUMMARY SHEET FOR RENEWAL

REPORTING PERIOD: _____

License Number: _____

Name: ______ (Please Print)

Authorized Sponsor Course Title/Citation Date(s) Activity Type (course, Documentation CEU's presentation, independent study, etc.) 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: _____

MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS INTENDED AREAS OF PRACTICE FOR RENEWAL

Name: ______ (Please Print)

License Number: _____

Please select the areas in which you intend to practice. This is not intended to involve specialty licensure, is not to be taken as an indication of competence, and is not to be used by the Board in any disciplinary procedures. It is only an indicator of the areas in which you intend to practice. The information is not considered public.

Check all that apply:

Area of Practice	Offered in the last 2 years	Services to be offered in the next 2 years			
Clinical Psychology					
Counseling Psychology					
School Psychology					
Industrial/Organizational Psychology					
Clinical Child Psychology					
Clinical Health Psychology					
Clinical Neuropsychology					
Rehabilitation Psychology					
Forensic Psychology					
Academic/Teaching Psychology					
Correctional Psychology					
Research					