AFFIDAVIT

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has not suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit. I certify that the attached photograph is a true likeness of the applicant.

APPLICANT'S SIGNATURE: _____ DATE: _____

Mail completed application and $300.00 fee, payable to: The Board of Examiners of Psychologists, 4201 Patterson Avenue, Baltimore, MD 21215

NOTARY

State of _____ County of _____

Sworn before me this _____ day of _____, 20__ __.

Notary Public Signature_____ Notary Stamp

Expiration date _____ / _____/ _____.