

**MARYLAND APPLICATION FOR LICENSURE
PRACTICE ORIENTED PROGRAMS ONLY**

**Maryland Board of Examiners of Psychologists
4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-4787
Fax: 410-358-7896
www.health.maryland.gov/psych**

FOR OFFICE USE ONLY

LICENSE NUM/DATE: _____
 EPPP SCORE/DATE: _____
 LAW SCORE/DATE: _____
 BCKGRD RESULTS: _____
 REVIEWER: _____
 DATE REVIEWED: _____
 COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

APPLICATION FEE \$300.00 (NON-REFUNDABLE)

Veterans and Spousal Preference

1) Are you an active service member or the spouse of an active service member? Yes No

2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes No

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:			
Name:	Last:	Maiden:	First:			MI:	
Home Address:	Street:	City:	County:	State:	Zip Code:		
If less than 3 years provide prior address.	Start Date:	Street:	City:	County:	State:	Zip Code:	End Date:
Mailing Address:(If different than above)	Street:	City:	County:	State:	Zip Code:		
Business Name and Address:	Name:	Street:	City:	County:	State:	Zip Code:	
Home Phone:	Work:	Cell:	Email:				

Province/Country if not U.S.

GENDER AND ETHNICITY: This information is optional and will be used for statistical purposes by authorized personnel.

Gender: Male Female

Ethnicity: Are you of Hispanic or Latino origin? Yes No

Check all that apply.

American Indian or Alaska Native

Black or African American White

Asian

Native Hawaiian or other Pacific Islander

EDUCATION				
OFFICIAL TRANSCRIPTS MUST BE SENT FROM ALL GRADUATE SCHOOLS				
Highest Degree Earned:	<i>From:</i>	<i>To:</i>	<i>Institution & Address:</i>	Specialization/Program
Other Degree Earned:	<i>From:</i>	<i>To:</i>	<i>Institution & Address:</i>	Specialization/Program
Other Degree Earned:	<i>From:</i>	<i>To:</i>	<i>Institution & Address:</i>	Specialization/Program

To be eligible for licensure, applicants in practice oriented programs (programs advertised as clinical, counseling, or school psychology), must have a minimum of 3,250 hours of supervised experience in professional work using the methods, principles, and procedures of psychology (COMAR 10.36.01.04 B). The hours may be accrued through: 1) Pre-internship; 2) Internship; 3) Pre-doctoral, post-internship; or 4) Post-doctoral experiences (COMAR 10.36.01.04-2 A). The hours must be accrued after the first year of the doctoral program, and may be accrued at the pre-doctoral or post-doctoral level, or a combination of the two. More specifically, a minimum of 1750 hours must be accrued through an internship within a 24 month time period; the remaining 1500 hours may be accrued through a combination of pre-internship, pre-doctoral, post-internship, or post-doctoral experiences (COMAR 10.36.01.04-2). The academic training program director or the post-doctoral training supervisor shall attest to the hours accrued (COMAR 10.36.01.04-2 B).

During the pre-internship and pre-doctoral post-internship experiences, applicants must engage in service related activities such as treatment, assessment, interviews, report writing, case presentations, supervision, and consultation for at least 50% of the training experience. And at least 25% of the training experience must be devoted to face-to-face client contact (COMAR 10.36.01.04-2 D(5) & (6)).

A minimum of 75%, or 2,438 hours in no less than a two (2) year period of the applicant's supervised pre- and post-doctoral experiences, shall be supervised in face-to-face, in-person, on-site supervision by a psychologist qualified to supervise the activities being performed or the services being rendered (COMAR 10.36.01.04 C). Exceptions to face-to-face, in-person, pre-internship and pre-doctoral, post-internship supervision are rarely permissible but, with appropriate explanation may be credited (COMAR 10.36.01.04-2 F(2)). The supervisor should be licensed to practice psychology in Maryland, exempt from licensure in Maryland, or certified, licensed, or exempt from licensure in the state or county in which the supervised professional experience is obtained (COMAR 10.36.01.04 C(2)). Regarding post-doctoral non face-to-face supervision, under exceptional circumstances, and before beginning a supervised professional experience, an applicant for licensure may petition the Board to waive the requirement for face-to-face supervision or to receive supervision from a psychologist not on site. Additionally, the Board may waive the requirement for face-to-face supervision only when the alternative modality for supervision, including but not limited to televideo conferencing, does not substantially diminish the adequacy of the supervision (COMAR 10.36.01.04-3 H & I).

INFORMATION

1. Are you a resident of the State of Maryland? Yes No (If no please explain)

2. Do you intend to practice Psychology in Maryland? Yes No (If no please explain)

3. Are you licensed, certified, or registered by any governmental agency or government Board in any state, county or jurisdiction?
Yes No (If yes explain)

4. Do you hold a current Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards? Yes No (If yes provide year obtained and send copy with application)

5. Are you credentialed as a Health Service Provider by the National Register? Yes No (provide date and provide proof)

6. Have you ever applied for a psychology license/certificate from a governmental Board and been rejected for any reason including, but not limited to, lack of educational requirements and experience? Yes No (Explain yes answer)

7. 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)

8. 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)

9. 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)

10. Have you ever taken and passed the Examination for Professional Practice In Psychology? Yes No
If "Yes," complete the following : Date _____ State: _____ Score: _____

11. Have you ever failed this examination? Yes No
If "Yes," give date(s) and State(s): (Explain yes answer)

12. 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)

WORK EXPERIENCE

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

**PROFESSIONAL TRAINING EXPERIENCE
PRE-INTERNSHIP OR PRE-DOCTORAL POST-INTERNSHIP**

1. Name and Address of Facility:	Supervisor's Name and Title:
	Supervisor's Highest Degree:
	Supervisor Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/>
This was a: Pre-Internship experience <input type="checkbox"/> Pre-doctoral Post-internship experience <input type="checkbox"/> This was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Supervisor's Address:
	Supervisor's Phone Number:
	Supervisor's email:

Describe the nature and extent of supervised activities (check all that apply):

Group A - (includes individual/group/family psychotherapy, assessment/evaluation):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:
Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:
Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):
Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

Group B - (includes initial interview, report writing, case presentations):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:
Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:
Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):
Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

Group C - (includes consultation, supervision of others, other): If other, please explain:

a. Number supervised hours by a licensed psychologist or one exempted from licensure:
Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:
Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):
Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes No If no, explain:

Did you receive at least 1 hour of individual face-to-face supervision per week? Yes No
If no, please explain:

**PROFESSIONAL TRAINING EXPERIENCE
PRE-INTERNSHIP OR PRE-DOCTORAL POST-INTERNSHIP**

2. Name and Address of Facility:

Supervisor's Name and Title:

Supervisor's Highest Degree:

Supervisor Licensed: Yes No

This was a:

Pre-Internship experience

Pre-doctoral Post-internship experience

This was: Full Time Part Time

Supervisor's Address:

Supervisor's Phone Number:

Supervisor's email:

Describe the nature and extent of supervised activities (check all that apply):

Group A - (includes individual/group/family psychotherapy, assessment/evaluation):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

Group B - (includes initial interview, report writing, case presentations):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

Group C - (includes consultation, supervision of others, other): If other, please explain:

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes No If no, explain:

Did you receive at least 1 hour of individual face-to-face supervision per week? Yes No

If no, please explain:

**PROFESSIONAL TRAINING EXPERIENCE
PRE-INTERNSHIP OR PRE-DOCTORAL POST-INTERNSHIP**

3. Name and Address of Facility:

Supervisor's Name and Title:

Supervisor's Highest Degree:

Supervisor Licensed: Yes No

This was a:

Pre-Internship experience

Pre-doctoral Post-internship experience

This was: Full Time Part Time

Supervisor's Address:

Supervisor's Phone Number:

Supervisor's email:

Describe the nature and extent of supervised activities (check all that apply):

Group A - (includes individual/group/family psychotherapy, assessment/evaluation):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

Group B - (includes initial interview, report writing, case presentations):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

Group C - (includes consultation, supervision of others, other): If other, please explain:

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes No If no, explain:

Did you receive at least 1 hour of individual face-to-face supervision per week? Yes No

If no, please explain:

**PROFESSIONAL TRAINING EXPERIENCE
PRACTICE ORIENTED PROGRAMS ONLY
INTERNSHIP****

I attest that this Internship is APA, CPA and APPIC approved or part of an academic program that is approved or designated by the APA, CPA, or Association of State and Provincial Psychology Boards/National Register or includes an internship that is approved by the program's academic training/program director as meeting its criteria for an internship (COMAR 10.3604-2 H). Yes No

1. Name and Address of Facility:		From:	To:
Internship Title:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Number of hours worked per week:	
		Total number of hours worked:	
Internship Director's Name and Title:		Internship Director's Highest Degree:	
Internship Director's Address:		Phone Number:	
		Email Address:	
Describe the nature and extent of supervised activities:			
2. Name and Address of Facility:		From:	To:
Internship Title:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Number of hours worked per week: _____	
		Total number of hours worked: _____	
Internship Director's Name and Title:		Internship Director's Highest Degree:	
Internship Director's Address:		Phone Number:	
		Email Address:	
Describe the nature and extent of supervised activities:			

** Note: An internship must consist of a minimum of 1,750 hours of supervised experience and be completed within 24 months (COMAR 10.36.01.04-2 G(1) & (2)).

(Note: Please use additional sheets if necessary)

**PROFESSIONAL TRAINING EXPERIENCE
PRACTICE ORIENTED PROGRAMS ONLY
POST-DOCTORAL**

1. Name and Address of Facility:			From:	To:
Title:	Full-time <input type="checkbox"/>	Number of hours worked per week:		
	Part-time <input type="checkbox"/>	Total number of hours worked:		
Supervisor's Name and Title:			Total # of Supervised hours(20 hours = 1 hour of supervision):	
Supervisor's Highest Degree:			Phone Number:	
Supervisor's Address:			Email Address:	
Describe the nature and extent of supervised activities:				
Did you receive 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, did you petition the Board and receive a waiver of the requirement for face-to-facesupervision? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date Granted:				
2. Name and Address of Facility:			From:	To:
Title:	Full-time <input type="checkbox"/>	Number of hours worked per week:		
	Part-time <input type="checkbox"/>	Total number of hours worked:		
Supervisor's Name and Title:			Supervisor's Highest Degree:	
Supervisor's Address:			Phone Number:	
			Email Address:	
Describe the nature and extent of supervised activities:				
Did you receive 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, did you petition the Board and receive a waiver of the requirement for face-to-facesupervision? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date Granted:				

3. Name and Address of Facility:		From:	To:
Title:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Number of hours worked per week:	
Supervisor's Name and Title:		Total number of hours worked:	
Supervisor's Address:		Supervisor's Highest Degree:	
		Phone Number:	
		Email Address:	
Describe the nature and extent of supervised activities:			
<p>Did you receive at least 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date Granted:</p>			

(Note: Please use additional sheets if necessary)

Pre-Internship and Pre-Doctoral Post-Internship supervised training experience (from previous pages):

An applicant may utilize pre-internship and pre-doctoral post-internship supervised training experience to accrue up to 1,500 hours toward the supervised professional experience required for licensure that occurs following the completion of the first year of the doctoral program (COMAR 10.36.01.04-2 C(1) & (2)). Additionally, the pre-internship and pre-doctoral post-internship experience shall be in service-related activities such as treatment, assessment, interviews, report writing, case presentations, supervision, and consultation for at least 50% of the training experience (COMAR 10.36.01.04-2 D(5)) and be devoted to face-to-face client contact for at least 25% of the training experience (COMAR 10.36.01.04-2 D(6)).

	<u>Hours of Service Related Experience</u>	<u>Hours of Face to Face Supervision</u>	<u>Total Hours</u>
Number of pre-internship and pre-doctoral, post-internship hours (Qualified Supervisor)	+	=	
Number of pre-internship and pre-doctoral, post-internship hours (Other Qualified Supervisor)	+	=	
Number of hours accrued (Total)	+	=	

Internship supervised training experience (from previous pages):

An applicant may utilize an internship supervised training experience to accrue a minimum of 1,750 in 24 months toward the supervised professional experience required for licensure (COMAR 10.36.01.04-2 G(1) & (2)).

Number of internship hours (Qualified Supervisor)	_____
Number of internship hours (Other Qualified Supervisor)	_____
Total number of internship hours	_____

Post-Doctoral supervised training experience (from previous pages):

An applicant may utilize a post-doctoral supervised training experience to accrue a maximum of 1,500 toward the supervised professional experience required for licensure. A post-doctoral supervised experience shall be completed if an applicant does not have 3,250 hours of pre-doctoral supervised experience (COMAR 10.36.01.04-2 I(1) & (2)). Post-doctoral supervision shall be face-to-face with an on-site supervisor (COMAR 10.36.01.04-3 G). Under exceptional circumstances and before beginning a supervised professional experience, an applicant for licensure may petition the Board to waive the requirement for face-to-face supervision or to receive supervision from a psychologist not on site (COMAR 10.36.01.04-3 H). The Board may waive the requirement for face-to-face supervision only when the alternative modality for supervision, including but not limited to televideo conferencing, does not substantially diminish the adequacy of the supervision (COMAR 10.36.01.04-3 I).

	<u>Hours of Service Related Experience</u>	<u>Hours of Face to Face Supervision</u>	<u>Total Hours</u>
Number of post-doctoral hours (Qualified Supervisor)	+	=	
Number of post-doctoral hours (Other Qualified Supervisor)	+	=	
Number of post-doctoral hours (Total)	+	=	

Total Hours of supervised training experience (from previous pages):

A minimum of 75%, or 2,438 hours, of the applicants supervised pre- and post-doctoral experiences shall be in supervised face-to-face supervision by a psychologist qualified to supervise the activities being performed or the services being rendered (COMAR 10.36.01.04 C(1)). Exceptions to face-to-face, in-person, supervision are rarely permissible but, with appropriate explanation may be credited (COMAR 10.36.01.04-2 F(2)). The supervisor should be licensed to practice psychology in Maryland, exempt from licensure in Maryland, or certified, licensed, or exempt from licensure in the state or county in which the supervised professional experience is obtained (COMAR 10.36.01.04 C(2)).

	<u>Hours of Service Related Experience</u>	<u>Hours of Face to Face Supervision</u>	<u>Total Hours</u>
Supervised training experience hours (2,438 minimum) (Qualified Supervisor)	+	=	
Supervised training experience hours (Other Qualified Supervisor)	+	=	
Supervised training experience hours (Total = 3,250 minimum)	+	=	

The Board may request additional information or may request that the applicant appear before the Board.

I acknowledge and agree that any person, association or institution listed in this application may be contacted by the Board.

Applicant's Signature: _____ Date: _____

The acceptance of your application to sit for the licensure examination does not guarantee the award of a license.

PHOTOGRAPH

Attach a recent passport type photograph (2"x2")
Applicant must sign the back of the photograph.

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, Maryland 21215

Notary

State of _____ County of _____

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

Notary Public Signature _____

Notary Stamp

Expiration date _____ / _____ / _____.