

MARYLAND APPLICATION FOR PSYCHOLOGY ASSOCIATE REGISTRATION

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

REGISTRATION#/DATE: _____
 BCKGRD RESULTS: _____
 LAW SCORE/DATE: _____
 DATE REVIEWED: _____
 REVIEWER: _____
 COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

APPLICATION FEE \$200.00 (NON-REFUNDABLE)

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:	
Province/Country if not U.S.					
Name:	Last:	Maiden:	First:	MI:	
Home Address:	Street:	City:	County:	State:	Zip Code:
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:		

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 SCHOOLS

Highest Degree Earned:	From:	To:	School: Address:	Program
Other Degree Earned:	From:	To:	School: Address:	Program
Other Degree Earned:	From:	To:	School: Address:	Program

EMPLOYMENT *(list most recent first)*

Employer: Address:	From: _____ To: _____
Your Title: Hours worked per week:	Supervisor's Name: Phone #:
Employer: Address:	From: _____ To: _____
Your Title: Hours worked per week:	Supervisor's Name: Phone #:
Employer: Address:	From: _____ To: _____
Your Title: Hours worked per week:	Supervisor's Name: Phone #:

INFORMATION

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

2. Do you intend to work in Maryland? Yes No (If no, explain)

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

4. Have you ever applied for a registration or license 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)

5. Has any registration, 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)

6. 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)

7. 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)

8. 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)

SUPERVISORY INFORMATION (if known)

Supervisor's Name:

Work Address:

Work Phone Number:

Email:

Highest Degree Earned:

Program Specialty:

Practice Specialty:

Number of hours you will work per week:

Number of hours performing testing per week:

Hours of Supervision received per week:

Describe other duties you will perform:

Address where services will be provided:

Address where supervision will occur:

Additional Supervisory Information (if Applicable)

Supervisor's Name:

Work Address:

Work Phone Number:

Email:

Highest Degree Earned:

Program Specialty:

Practice Specialty:

Number of hours you will work per week:

Number of hours performing testing per week:

Hours of Supervision received per week:

Describe other duties you will perform:

Address where services will be provided:

Address where supervision will occur:

SIGNATURE PAGE

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. I assert that the information contained in this application is true to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

The acceptance of your application does not guarantee the award of a registration.

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 \$200.00 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 _____ / _____ / _____.