

**REINSTATEMENT APPLICATION  
REGISTERED PSYCHOLOGY ASSOCIATES**

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

**Reinstatement: \$600.00 (reinstate \$300. Renew \$300.)**

**FOR BOARD USE ONLY**

Date application received \_\_\_\_\_  
 Fee enclosed: Yes  No   
 Date processed: \_\_\_\_\_  
 Date returned : \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Date Returned to office: \_\_\_\_\_  
 Date Registration issued: \_\_\_\_\_  
 Control Number: \_\_\_\_\_

**TYPE OR PRINT INFORMATION \* MAIL FORM AND FEE TO THE BOARD \* INCOMPLETE FORMS WILL BE RETURNED**

Registration #		Social Security #		Date of Birth:	
Last Name:		First:		MI:	Maiden:
Home Address:					
Street		City		State	Zip Code
Home Phone:		Work:	Cell:	Email:	
Business Address:					
Street		City		State	Zip Code County
Mailing Address:					
Street		City		State	Zip Code County
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mailing			Are you currently working as a psychology associate Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employment Status: <input type="checkbox"/> Full-time (35 Hrs. or More) <input type="checkbox"/> Part-time					
Primary Work Setting:		<input type="checkbox"/> Private or group practice <input type="checkbox"/> State or local government <input type="checkbox"/> Federal military <input type="checkbox"/> Federal nonmilitary <input type="checkbox"/> Educational setting <input type="checkbox"/> Business/industry <input type="checkbox"/> Other (specify)			
If not working as an associate describe reason:		<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Career change <input type="checkbox"/> Other (specify)			
List other professions and states that you hold a license:					
SUPERVISORY INFORMATION		Supervisor's Name:		License #	
		Supervisor's Name:		License #	
<b>CONTINUING EDUCATION</b>					
Number of hours earned in laws, ethics or risk management:					
Number of hours in cultural awareness:					
Number of hours in independent or home study:					
<b>Total hours of continuing education earned:</b>					
Number of hours you work per week:					
Number of hours testing per week:					
Hours of supervision per week:					

**In the following questions, "license" means any occupational or professional license required by law to practice an occupation or profession. Write Y for YES or N for 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  No

2. Are you registered, licensed, or certified by any governmental agency or government Board in any other 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. 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)

8. 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)

9. 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 \_\_\_\_\_

Date: \_\_\_\_\_

**MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS  
CONTINUING EDUCATION SUMMARY SHEET FOR  
REINSTATEMENT**

**REPORTING PERIOD:** \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Registration Number: \_\_\_\_\_

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

I hereby attest that the activities listed on this form are true, and accurate of my continuing education.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_