

REACTIVATION APPLICATION FOR LICENSURE

This form is ONLY to be used when your license is registered with the Board as INACTIVE and you are applying to reactivate your license.

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

Reactivation Fee: \$400.00 + MHCC \$26.00
Total 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: _____
 Control Number: _____

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

License #		Social Security No.			Date of Birth:	
Last Name:		First:		MI:		Maiden:
Home Address:	Street:	City:	County:	State:	Zip Code:	
Mailing Address (If different than above)	Street:	City:	County:	State:	Zip Code:	
Business Address:	Street:	City:	County:	State:	Zip Code:	

Home Phone:	Work:	Cell:	Email:
-------------	-------	-------	--------

Are you currently working as a psychologist? Yes No If no, last year of practice _____

Employment Status: Full-time (35 Hrs. or More) Part-time Inactive

Primary Work Setting: Private or group practice State or local government Federal military Federal non military
 Educational setting Business/industry Other (specify) _____

If not working as a psychologist describe reason: Retired Student Unemployed Career change Other (specify) _____

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.

Name of Psychology Associate	Work Address of Psychology Associate	Date Supervision Began	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. <input type="checkbox"/> I do not practice in Maryland. <input type="checkbox"/> I do not employ anyone in Maryland. <input type="checkbox"/> I employ one or more persons in Maryland and have the following Worker's Compensation coverage: _____	Number of hours earned in laws, ethics or risk management: Number of hours in independent or home study: Total hours of continuing education earned: _____
Insurance Company: _____	
Policy No. _____ Expiration Date: _____	

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 YES ANSWER.

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 (Explain yes answer)

4. 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)

5. 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)

6. 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)

7. 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)

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. Within the past five years, has anyone filed or settled a malpractice action in which you were named a defendant? Yes No (Explain)

10. 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)

11. 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)

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)

13. 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)

14. Within the past two years, have you engaged in any form of alcohol or substance abuse treatment? Yes No (Explain yes answer)

15. 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)

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 LICENSE REACTIVATION
REPORTING PERIOD: _____

Name: _____
 (Please Print)

License 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. NOTE: The Board may request additional information or documentation to support your renewal application

Signature: _____

Date: _____



STATE OF MARYLAND

DHMH Board of Examiners of Psychologists

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Larry Hogan, Jr., Governor – Boyd Rutherford, Lt. Governor – Van Mitchell, Secretary

ATTESTATION

I hereby certify that I did not provide psychological services, as defined in the *Maryland Psychologists Act §18-101*, in the State of Maryland during the time that my license was **inactive**.

Signature

Date

Name (please print)

I cannot attest to the above because:

Signature

Date

Name (please print)