

**REINSTATEMENT APPLICATION FOR LICENSURE** This form is to be used when your license is **NON RENEWED (5 years or less)** and you are applying to reinstate your license.

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 \$700.00 + MHCC \$26.00  
 Total Due: \$726.00.

**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:
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Last Name:	First:	MI:	Maiden:
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Home Address:	Street:	City:	County:	State:	Zip Code:
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Mailing Address (If different than above)	Street:	City:	County:	State:	Zip Code:
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Business Address:	Street:	City:	County:	State:	Zip Code:
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Home Phone:	Work:	Cell:	Email:
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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:  <b>Total hours of continuing education earned:</b> _____
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Insurance Company:	Expiration Date:	
Policy No.		

**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)

16. Explain why there was a break in your license.

**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 REINSTATEMENT**  
**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  
STATE OF MARYLAND

**DHMH** Board of Examiners of Psychologists

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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 **expired**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

I cannot attest to the above because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

410-764-4787 \* Fax 410-358-7896

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.health.maryland.gov/psych](http://www.health.maryland.gov/psych)