

RENEWAL APPLICATION FOR LICENSURE

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

Renewal fee: \$400 MHCC fee: \$26 Total Amount 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	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 psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employment Status: <input type="checkbox"/> Full-time (35 Hrs. or More) <input type="checkbox"/> Part-time <input type="checkbox"/> Inactive					
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 non military <input type="checkbox"/> Educational setting <input type="checkbox"/> Business/industry <input type="checkbox"/> Other (specify)			
If not working as a psychologist 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 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: Insurance Company: Policy No. _____				Number of hours earned in laws, ethics or risk management: Number of hours in cultural awareness: Number of hours in independent or home study: Total hours of continuing education earned:	
Expiration Date: _____					

In the following questions, "license" means any occupational or professional license required by law to practice an occupation or profession. Check YES or 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 licensed, certified, or registered by any governmental agency or government Board in any 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. 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)

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

9. 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)

10. 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)

11. 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)

12. 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)

13. 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 RENEWAL
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: _____

**MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
INTENDED AREAS OF PRACTICE FOR RENEWAL**

REPORTING PERIOD: _____

Name: _____
(Please Print)

License Number: _____

Please select the areas in which you intend to practice. This is not intended to involve specialty licensure, is not to be taken as an indication of competence, and is not to be used by the Board in any disciplinary procedures. It is only an indicator of the areas in which you intend to practice. The information is not considered public.

Check all that apply:

Area of Practice	Offered in the last 2 years	Services to be offered in the next 2 years
Clinical Psychology		
Counseling Psychology		
School Psychology		
Industrial/Organizational Psychology		
Clinical Child Psychology		
Clinical Health Psychology		
Clinical Neuropsychology		
Rehabilitation Psychology		
Forensic Psychology		
Academic/Teaching Psychology		
Correctional Psychology		
Research		