

MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS
4201 Patterson Avenue * Baltimore, MD 21215-2299
410-764-4787 * Fax: 410-358-7896
www.health.maryland.gov/psych

TEMPORARY EXCEPTION TO PRACTICE APPLICATION

APPLICATION FEE - \$100.00 (NON-REFUNDABLE) PER REQUEST

Type or legibly print (except for signature) the application. Respond to all application items. A completed application; the **\$100.00 application fee** payable to the Board of Psychology; a copy of an active psychology license; and any supporting documentation must be received in the Board's office a minimum of **30 working days** of the requested service date. Applicants will be notified of the Board's decision.

Approval to provide psychology in Maryland will only be considered for the specific date listed on your application (one application per request). If you intend to continue to provide services in Maryland, you will need to complete an application for licensure. An application for licensure as well as a complete listing of Maryland laws and regulations can be found at www.health.maryland.gov/psych. **INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.** Request must be **MAILED** to the Board, faxes and emails are not accepted.

1. Full Name:	Degree:
2. Home Mailing Address:	Telephone:
3. Business Name and Address:	Telephone: E-mail:
4. Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	Social Security No.

5. Indicate all current jurisdictions where you hold an active psychology license. Arrange to have a written statement sent directly from the jurisdiction verifying that your license is in good standing, that there is no pending disciplinary action against your license, and describing any supervision requirements under which you must practice in that jurisdiction.

State of Province:	License Expiration Date:	License #:
State of Province:	License Expiration Date:	License #:

6. Have you previously applied for a license to practice psychology in Maryland? Yes No
7. Have you ever had a professional license or permit disciplined in any way (e.g., denied, suspended, reprimanded, censured, restricted, limited, placed on probation, revoked, etc.) by any licensing board in Maryland or elsewhere, or are you aware of any pending charges or investigations against a professional license or permit which you hold? Yes No If yes, provide details on an attached sheet.

- 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 If yes, provide details on an attached sheet.
- 9. Excluding minor traffic violations, are there any current or pending charges against you in any court of law, or are you currently released on bond? Yes No If yes, provide details on an attached sheet.

10. **Specific Dates** of service (mm/dd/yy) _____

11. Check the type of service that will be provided. (check all that apply)

- Individual psychotherapy Expert testimony in field
- Psychological Evaluation Forensic Evaluation
- Other: _____

Provide the following information about the person that will receive the service.

First and Last Name: _____

Address: _____
Street City Zip code

12. Are these services requested by a court?
Yes (if yes provide court order) No

13. Have you made a request to provide services in Maryland in the past?
Yes (provide date/s) _____ No

14. Person who asked you to provide the service.

Name: _____ Title: _____

Address: _____ Telephone No. _____

Affidavit. After completing all parts of this application, have the following Affidavit completed by a Notary Public.

_____ personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

I have reviewed a copy of the Maryland Psychology Practice Act which stipulates the requirements for licensure and practice as a psychologist and agree to abide by the laws and regulations. The standards under which I was licensed in the jurisdiction indicated on this application form are substantially equivalent to or higher than the requirements of Title 18 and COMAR 10.36. The signature hereto is my own signature and each and every statement made in this application was made by me, and is in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant

Notary Seal

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

_____ My commission expires _____, 20_____
Notary Public