

**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**

**GENERAL REFERENCE COVERSHEET**  
**PRACTICE DOCTORAL PROGRAMS**

Applicant's Name:
Reference's Name and Degree:
Reference's Title:
Name of program and specialty area:

**To the Reference completing this form:**

The information you provide on the above named applicant will be used to help determine if the candidate meets the requirements for licensure in Maryland. Please write a letter of support pertaining to the applicant's professional education, professional supervised experience, competence, professional conduct, moral character, and any other information that the Psychology Board should consider. Your completed coversheet and letter of reference should be mailed directly to the Board at the address above.

**Attestation for General References:**

I hereby attest that my responses on this endorsement are true, complete, and accurate to the best of my belief.

Reference's Signature:	Date:
Address:	
Telephone Number:	Email: