


North Carolina Psychology Board
895 State Farm Road, Suite 101, Boone, N.C. 28607
Telephone (828) 262-2258

SENIOR PSYCHOLOGIST ATTESTATION FORM

APPLICANT'S NAME: _____

A. I attest that I meet the requirements specified below:

1. I have been licensed for twelve (12) continuous years at the doctoral/masters level (***circle applicable level***) in the following jurisdictions during the time periods noted, and during which time, and in which jurisdiction(s), I have practiced psychology for a minimum of ten (10) years on at least a half-time (i.e., 20 hours per week) basis:

JURISDICTION

DATES OF LICENSURE
(from mm/dd/yy to mm/dd/yy)

2. I have had no disciplinary sanction during my entire period of licensure in any jurisdiction.
3. I have no unresolved complaint in any jurisdiction at the time of application in North Carolina.

B. I attest that at least 25% of my qualifying practice has been in the provision of direct health services.

Yes No

I, the undersigned, verify that the statements and information contained herein are true, complete, and accurate to the best of my knowledge and belief, and that I have not withheld any information which might affect my application for licensure.

Signature