

**NORTH CAROLINA PSYCHOLOGY BOARD**  
**895 STATE FARM ROAD, SUITE 101**  
**BOONE, NC 28607**  
**(828) 262-2258**

**APPLICATION FOR HEALTH SERVICES PROVIDER**  
**Application Fee: \$50.00**

**Use typewriter or legibly print except for signatures. Return this form, any specified documentation, and \$50.00 check/money order (non-refundable) to the Board at the above address. You will be notified if additional documentation materials are required. The \$50.00 application fee must be remitted with each application or reapplication for HSP certification.**

**Name** \_\_\_\_\_ **Certification Applied For: (Check one)**

**Mailing Address** \_\_\_\_\_ **Psychologist (permanent)**

\_\_\_\_\_ **Psychologist (provisional)**

**E-Mail Address** \_\_\_\_\_ **Psychological Associate**

**Daytime Telephone #:** \_\_\_\_\_ **License Number (if licensed)** \_\_\_\_\_

**Check the option under which you are making application for HSP Certification (check only one):**

- A. I am currently approved for listing, or am currently listed, in the National Register of Health Services Providers in Psychology. Enclose a letter from the National Register as documentation of such.
- B. I attest that I qualify for listing in the National Register of Health Services Providers in Psychology. I will forward a letter from the Register as documentation of such within sixty (60) days of the date of this application (or within 60 days of licensure as a permanently Licensed Psychologist if not yet licensed, but applying for licensure and certification, at that level).
- C. I received a doctoral degree from an American Psychological Association accredited program in Clinical Psychology, Counseling Psychology, School Psychology, or Combined Professional-Scientific Psychology which included an American Psychological Association accredited internship in a health services setting, and completed an additional year of supervised experience which meets requirements in 21 NCAC 54 .2704(d).
- D. I received a doctoral degree from an American Psychological Association accredited program in Clinical Psychology, Counseling Psychology, School Psychology, or Combined Professional-Scientific Psychology, completed one year of supervised experience in an organized health services training program which meets the requirements in 21 NCAC 54 .2704(c) [complete HSP Form #1, which is hyperlinked in Item #7 of the Instructions for Making Application for Licensure], and completed an additional year of supervised experience which meets requirements in 21 NCAC 54 .2704(d).
- E. I have an academic foundation in the provision of health services, completed an internship accredited by the American Psychological Association, and completed an additional year of supervised experience which meets requirements in 21 NCAC 54 .2704(d).
- F. I have an academic foundation in the provision of health services, completed one year of supervised experience which meets the requirements in 21 NCAC 54 .2704(c) for an organized health services training program [complete HSP Form #1, which is hyperlinked in Item #7 of the Instructions for Making Application for Licensure], and completed an additional year of supervised experience which meets requirements in 21 NCAC 54 .2704(d).

- G. I received a doctoral degree from an American Psychological Association accredited program in School Psychology which included an internship meeting the guidelines of the Council of Directors of School Psychology Programs, and completed an additional year of supervised experience which meets requirements in 21 NCAC 54 .2704(d). Enclose letters from your doctoral program head and internship site training director which verify such.
- H. I received a doctoral degree prior to 1979 from a program which included course work which demonstrates an academic foundation in the provision of health services and which included the equivalent of a one year supervised internship in an American Psychological Association accredited program providing health services, in a Veterans Administration setting providing health services, or at a site providing health services which was specifically acceptable to my doctoral training program, and completed an additional year of supervised experience which meets requirements in 21 NCAC 54 .2704(d). Enclose letters from your doctoral program head and internship site training director which verify such.
- I. I am a diplomate in good standing of the American Board of Professional Psychology in Clinical Psychology, Counseling Psychology, or School Psychology. Enclose a letter from the ABPP as documentation of such.
- J. I am applying, or have been approved, for licensure under senior psychologist requirements specified in 21 NCAC 54 .1707 and attest that at least 25% of my qualifying practice has been in the provision of direct health services. A description of experience is listed on my application for licensure.
- K. I am applying for HSP-PA (health services provider psychological associate) certification, and received a master's, specialist, or doctoral degree which provides an academic foundation in the provision of health services.
- L. I am applying for HSP-PP [health services provider psychologist (provisional)] certification, and I received a doctoral degree from an American Psychological Association accredited program in Clinical Psychology, Counseling Psychology, School Psychology, or Combined Professional-Scientific Psychology
- M. I am applying for HSP-PP [health services provider psychologist (provisional)] certification, and I have an academic foundation in the provision of health services.
- O. Other. (Attach explanation, citing applicable statutes and rules. You will be notified if additional documentation is required.)

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 this application. I understand that engaging in fraud or deceit in attempting to secure health services provider certification or concealing material information in application for health services provider certification is a violation of G.S. 90-270.15 and could result in denial of my application, revocation of the HSP certificate, and other disciplinary action.

\_\_\_\_\_  
Signature of Applicant

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.