

NORTH CAROLINA PSYCHOLOGY BOARD
895 State Farm Road, Suite 101 • Boone, North Carolina 28607
Telephone: (828) 262-2258
Website: www.ncpsychologyboard.org



**APPLICATION FOR LICENSURE
LICENSED PSYCHOLOGIST PERMANENT LEVEL**

INSTRUCTIONS: Type or print. Supply all requested information.

Full Name: _____ License No. _____

Address: _____

Change in mailing address Yes No

Daytime Telephone: (____) _____

E-mail _____

Change in e-mail address Yes No

Complete the reverse side of this form. Once the application is returned, supervisors will be contacted by the Board's office. It is imperative that complete, current addresses (including zip codes) be provided in order that the application not be delayed. The Board will review credentials for permanent status only after *all* requested responses have been received. It is the applicant's responsibility to check on the status of the application to see that deadlines are met. An applicant must continue to receive supervision until permanent status is awarded by the Board. *A current supervisor's final report cannot be accepted until the two-year supervision requirement is met. The report cannot verify supervision which has not yet occurred.*

[**NOTE:** Pursuant to G.S. § 90-270.20(b) "After January 1, 1995, any licensed psychologist who is qualified by education, who holds permanent licensure and a doctoral degree, and who provides or offers to provide health services to the public must be certified as a health services provider psychologist (HSP-P) by the Board." Therefore, you must either submit an application for HSP certification or an attestation verifying that HSP certification is not required. Please contact the Board office if you need an HSP application or attestation form.]

Name: _____

Current License Number _____

In chronological order, **beginning with present position**, list all supervised practice which supports your application for permanent licensure. Provide such information **even** if the supervisor has previously reported to the Board regarding the supervision. Attach additional sheets, if necessary, **using the same format**.

Dates	Total Hours*	Supervisor (Name/Address/E-mail)	License Number
[Hatched pattern]			
from / / to / /			
from / / to / /			
from / / to / /			
from / / to / /			
from / / to / /			

Grand Total _____ (sum of the "TOTAL Hours" column; a minimum of 3,000 hours is required for permanent licensure)

* List the TOTAL number of hours in which you engaged in the practice of psychology under the listed supervisor during the specified time period. DO NOT list hours practiced per week or per month.