

NORTH CAROLINA PSYCHOLOGY BOARD

895 State Farm Road, Suite 101
 Boone, NC 28607
 (828) 262-2258

License Applied For (check one):
 Psychologist
 Psychological Associate

APPLICATION FOR REINSTATEMENT OF LICENSURE

Type or legibly print except for signature.

To **make application**, a completed, signed, notarized **Application For Reinstatement of Licensure and Supervision Contract Form**, and documentation of required continuing education hours must be **received** in the Board office. Application must be made with 30 days of offering to practice or undertaking the practice of psychology in North Carolina. Persons who fail to do so may not subsequently practice or offer to practice psychology without first becoming licensed. A current application form must be completed. No application material may be faxed to the Board. Call the Board office if you have any questions. Failure to complete the process by established deadlines and in the required format will cause a delay in application review and may affect your privilege to practice psychology.

01. Legal Name _____ | _____ | _____ | _____
First Middle Last Jr., II, etc.

02. Home Mailing Address _____
 County _____ Telephone (____) _____

03. Business Name and Mailing Address _____
 County _____ Telephone (____) _____

04. Preferred Mailing Address Home Business Social Security No. _____

05. E-mail Address _____ Daytime Fax (____) _____

06. Date of Birth _____ Place of Birth (City/Town and State) _____ | _____

07. Have you been licensed or certified by a psychology regulatory board, **or made application** to such a board, in another jurisdiction?
 Yes No If yes, indicate the jurisdiction, date of licensure (or status of application), expiration date, and license number.
If yes, whether an applicant or a licensee, have verification sent; see Item # 1(c)(1) of the instructions.

Jurisdiction	Date of Licensure	Expiration Date	License Number

08. Have you taken the Examination for Professional Practice in Psychology? Yes No
 If yes, in which jurisdiction(s)? _____

09. Have you previously applied for a license to practice psychology in North Carolina? Yes No

10. Have you ever been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit ever disciplined in any way (e.g., denied, suspended, reprimanded, censured, restricted, limited, placed on probation, revoked, etc) by any licensing authority in North Carolina or elsewhere, or are you aware of any pending charges against a professional license or permit which you hold? **If yes, provide details on an attached sheet.** Yes No

11. Have you ever withdrawn an application for licensure, or an application to take a professional licensing examination, in North Carolina or elsewhere? **If yes, provide details on an attached sheet.** Yes No
12. 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? **If yes, provide details on an attached sheet and attach a copy of any final judgment/order.** Yes No
13. List **other fields** of work for which you are, or have been, licensed or certified; or made application for licensure or certification; giving dates and sources of such (e.g., board, association, agency). **Have verification sent;** see Item #1(c)(8) of the instructions.

Field	Source	Issue Date	Expiration Date	Lic/Cert #

14. Do you hold a diploma from the American Board of Professional Psychology? Yes No
If yes, have verification sent; see Item #1(c)(2) of the instructions and give the following information:

Date Awarded _____ Number _____ Specialty _____

15. If applying on the basis of a doctoral degree, was your doctoral program APA accredited at the time of your graduation?
 Yes No Specialty _____ Date granted APA approval _____

16. Education. List full name of institution and location, beginning with most recent. **Arrange to have all graduate college transcripts sent directly from your school(s) to the Board, and notify the Board in writing if transcripts will be received in a last name other than that provided under Item 01 on this application form.**

College or University and Location (city & state)	Enrollment Date	Date of Graduation ¹	Degree Awarded ²	Major area of specialization (e.g., clinical, counseling, etc.)

17. References. Give the names **and complete mailing addresses** of three **professional** references, other than supervisors listed under Item #18, who are **most familiar with your current work** (i.e. will have knowledge of you **professionally within the last year**). At least one reference must be from a doctoral level psychologist; two references may be from other professionals. Send a copy of the REFERENCE form to each reference (see Item #4 of the instructions for further information).

Name	Mailing Address

18. Experience. List all work experience (including volunteer) in reverse chronological order, beginning with present position, to cover the **complete** time from the date on which your license was suspended due to nonrenewal or was relinquished. Also include any periods of unemployment, employment in fields other than psychology, etc. (i.e., do not leave any gaps in time). Print additional copies of this page if necessary. Send a copy of the SUPERVISOR form to each individual listed below. **Note that your current supervisor may be completing both a Supervision Contract Form and a SUPERVISOR Form.** Each Direct Supervisor listed, whether administrative or clinical, must complete a SUPERVISOR Form, **even if supervision was not related to the practice of psychology.** [See Item #8 of the instructions if applying under the Senior Psychologist provision.]

- If applying at the Psychologist (*doctoral*) level, have you received one year of supervised experience which meets the criteria for a training program in psychology as defined in 21 NCAC 54 .2009(i)? Yes No
- If Yes, check the way in which this requirement was met: internship* practicum field experience laboratory training
 *Was the internship APA accredited? Yes No

DATE (descending order)	Hours Per Week	INSTITUTION (Name & Address)	POSITION/ TITLE	DUTIES	DIRECT SUPERVISOR (Name & Address)
from _____ to _____					
from _____ to _____					
from _____ to _____					
from _____ to _____					
from _____ to _____					
from _____ to _____					

19. Briefly describe why you are applying or reapplying for licensure in North Carolina at this time.
20. Do you have a disability which may require some special accommodation in taking the examination(s)? Yes No
If yes, submit the following: (1) a letter describing the accommodations you are requesting; (2) documentation from a medical or mental health professional, who is qualified to administer tests for diagnosing and validating the identified disability, which confirms the disability and provides information that validates the accommodations you are requesting; and (3) if applicable, a letter from your graduate degree psychology program indicating the accommodations granted during graduate school. A request for special accommodations must be made at the time of application unless the disability develops after the time of application.
21. **Health Services Provider Certification:** This certification is in addition to licensure and is mandatory for **permanently licensed psychologists** who render health services in North Carolina; certification is optional at the licensed psychological associate and provisional licensed psychologist levels of licensure. HSP certification does NOT transfer between levels of licensure. Did you previously hold Health Services Provider Certification? Yes No
If no, and you wish to apply for such at this time, contact the Board office for further instructions and forms.
22. Employee Misclassification Certification: I certify that I have read and understand the “public notice statement” maintained by the N.C. Psychology Board on its website. Further, I have I have not ever been investigated for employee misclassification. **[YOU MUST CHECK A BOX]**
23. I have reviewed a copy of the North Carolina Psychology Practice Act which stipulates the requirements for licensure and practice as a psychologist, including the requirement that, pursuant to G.S. § 90-270.15(a)(13), I must practice psychology within the boundaries of demonstrated competence or the limitations of education, training, or supervised experience. Further, I have reviewed the instructions describing the application process. I am of good moral character, the signature hereto is my own signature and each and every statement made in this application (including the several parts hereto attached and which form a part hereof) was made by me, and is in all respects true and correct to the best of my knowledge and belief.

(Signature of Applicant)

The Board shall consider the following factors in reviewing an applicant's criminal background:

- 1) the level and seriousness of the crime.
 - 2) The date of the crime.
 - 3) the age of the person at the time of the crime.
 - 4) The circumstances surrounding the commission of the crime, if known.
 - 5) The nexus between the criminal conduct and the prospective duties of the applicant when licensed, registered or certified.
 - 6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
 - 7) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
 - 8) A Certificate of Relief granted pursuant to G.S. 15A-173.2
 - 9) The subsequent commission of a crime by the applicant.
 - 10) Any affidavits or other written documents, including character references.
- If your application is denied in whole or in part because of a criminal conviction, you may request a hearing before the Board under N.C. Gen. Stat §§ 150B-38 through 41.