

NORTH CAROLINA PSYCHOLOGY BOARD

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

License Applied For On Basis of:
 ASPPB CPQ holder
 National Register of Health Services Providers
in Psychology Registrant
 ABPP Diplomate

Application for Licensure Fee: \$100.00

APPLICATION FOR LICENSURE

Based on Mobility Credential

Read the enclosed Information/Instructions carefully.

Type or legibly print except for signature.

To **make application**, a completed, signed, notarized **Application For Licensure Based on Mobility Credential, Supervision Contract Form**, and the **Application Fee** must be **received** in the Board office. Persons qualified by education to practice psychology in North Carolina must **make application** 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. All fees are non-refundable.

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) on Instruction sheet.

Jurisdiction	Date of Licensure	Expiration Date	License Number

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

09. 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? Yes No **If yes, provide details on an attached sheet.**

10. Have you ever withdrawn an application for licensure, or an application to take a professional licensing examination, in North Carolina or elsewhere? Yes No **If yes, provide details on an attached sheet.**
11. 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? Yes No **If yes, provide details on an attached sheet and include a copy of any final judgment/order.**
12. 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)(6) on instruction sheet.

Field	Source	Issue Date	Expiration Date	Lic/Cert #

13. Do you hold a CPQ issued by the Association of State and Provincial Psychology Boards (ASPPB)? Yes No **If yes, have ASPPB send written verification of your CPQ status directly to the Board** and give the following information:

Date CPQ issued _____

14. Are you a registrant in the National Register of Health Service Providers in Psychology (NRHSPP)? Yes No **If yes, have NRHSPP send written verification of your registration directly to the Board** and give the following information:

Date listed in the National Register _____

15. Do you hold a diploma from the American Board of Professional Psychology (ABPP)? Yes No **If yes, have ABPP send written verification of your ABPP status directly to the Board** and give the following information:

Date diplomate status awarded _____ Specialty _____

16. Education. List full name of institution and location, beginning with most recent. **Arrange to have transcripts sent directly to the Board from any institution of higher education from which you received a graduate degree or otherwise completed graduate course work in psychology; or if applicable, from ASPPB, NRHSPP, or ABPP. 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	Degree Awarded	Major area of specialization (e.g., clinical, counseling, etc.)

17. References. Give the names **and complete mailing addresses** of three **professional** references, 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 instructions for further information).

Name	Mailing Address

18. Briefly describe why you are applying or reapplying for licensure in North Carolina at this time.

19. 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.

20. **Health Services Provider (HSP) Certification:** This certification is in addition to licensure and is mandatory for **permanently licensed psychologists** who render health services in North Carolina. You **must** apply for HSP **unless** you will **not** render health services in North Carolina.

Do you wish to apply for Health Services Provider Certification?

Yes. Complete the Application for Health Services Provider Psychologist (HSP-P) Based on Mobility Credential and remit the \$50.00 HSP-P application fee.

No. I will not render health services in North Carolina.

21. 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]**

22. **Affidavit.** After completing all parts of this application, have the following Affidavit completed by a Notary Public.

_____ personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

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)

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____ .

Notary Public

My commission expires _____ 20____ .

SEAL

The Board suggests that you keep a copy of the completed Application For Licensure and Supervision Contract Form for your records.

APPLICATION FOR LICENSURE IS MADE ON THE DATE ON WHICH ALL OF THE FOLLOWING ARE RECEIVED IN THE BOARD OFFICE: (1) COMPLETED, SIGNED, NOTARIZED APPLICATION FOR LICENSURE; (2) COMPLETED, SIGNED, NOTARIZED SUPERVISION CONTRACT FORM; AND (3) APPLICATION FEE.