



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 Have you ever withdrawn an application for licensure, or an application to take a professional licensing examination, in North Carolina or elsewhere?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 <sup>1</sup>	Degree Awarded <sup>2</sup>	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. **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; (3) APPLICATION FEE; (4) FINGERPRINT CARD; (5) BACKGROUND CHECK FEE; AND (6) AUTHORITY FOR RELEASE FORM.**