



North Carolina Psychology Board

895 State Farm Road, Suite 101, Boone, NC 28607

Telephone: (828) 262-2258 Fax: (828) 265-8611

www.ncpsychologyboard.org

INFORMATION FOR APPLICANTS TAKING THE EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

If applicable, see separate set of instructions for registering for the State Examination.

FEES AND REGISTERING TO TAKE THE EPPP

1. Submit a completed ***EPPP Candidate Data Form*** and a check or money order directly to the Board at the above address in the amount of \$50.00, made payable to the North Carolina Psychology Board.
2. Following receipt of the completed ***EPPP Candidate Data Form*** and payment, the Board will submit your name and information to Certemy to indicate that you are eligible to sit for the EPPP. You will receive information directly from Certemy via email that will include instructions about creating a user account and registering online for the EPPP. Please make sure to check your spam folder. At the time of registration, the examination fee may be paid electronically to Certemy.

You are advised not to delay in submitting your data form and fee to take the EPPP to the Board so that you can meet the time periods and deadlines established in Board rules for sitting for the EPPP. Also, note the information provided below under the headings of **FAILURE TO APPEAR** and **RETAKING THE EPPP**. Time periods and deadlines established by the examination contractor and/or testing vendor do not supersede those specified in Board rules.

3. Please note if you need special accommodations you are required to request them prior to scheduling the exam.

PASSING POINTS:

| | |
|--|---------------------|
| Licensed Psychologist level: | scaled score of 500 |
| Licensed Psychologist (provisional) level: | scaled score of 500 |
| Psychological Associate level: | scaled score of 440 |

REPORTING OF SCORES:

An ***informal*** score will be reported on the day the examination is taken at the testing center. Official score reports are received and processed the week after you have taken the EPPP, at which time you will receive notification via email from the Board. If you receive a passing score, and all that is needed is the EPPP, or if you have previously passed the State Examination (if required), licensure will be issued within 10 business days of the official score notification, so be sure to keep the Board notified if your email address changes. If you do ***not*** receive a passing

score, or you still need the State Examination (if required), the *formal* score will be reported, and applicable information will be sent via email.

FAILURE TO APPEAR:

Pursuant to 21 NCAC 54 .1904, if an applicant does not appear for an examination within four (4) months after being approved for examination by the Board, he/she shall be deemed to have failed the examination. The four (4) month period begins on the date appearing on the email which notifies the applicant that his/her credentials have been approved for examination by the Board. If the *first* four (4) month period is missed, the applicant shall be permitted to take the examination within the *next* four (4) months without reapplying for licensure. If the applicant does not appear for an examination within the next (second) four (4) months, he/she shall be deemed to have failed the examination a *second* time. Except as exempt under G.S. § 90-270.4, after failing the examination for the *second* time, an applicant may ***NOT*** practice or offer to practice psychology *without first becoming licensed*. Also, note information provided by PES regarding requirements established by the examination contractor and testing vendor.

RETAKING:

Pursuant to 21 NCAC 54 .1903, an applicant may take the examination no more than four (4) times in a 12-month period and *no more frequently than every 60 days*, upon payment of the required fee. The 12-month period begins on the date appearing on the email which notifies the applicant that his or her credentials have been approved for examination by the Board. After failing the examination for the fourth time, or after the passage of 12 months as defined in this Rule, whichever occurs first, an applicant must *totally reapply* for licensure. Except as exempt under G.S. § 90-270.4, after failing the examination for the *second* time, an applicant may not practice or offer to practice psychology *without first becoming licensed*. Also, note information provided by PES regarding requirements established by the examination contractor and testing vendor.

If you have questions about the examination procedures, you may contact the Board office at info@ncpsychologyboard.org.

****BE SURE TO KEEP THE BOARD APPRISED OF YOUR CURRENT EMAIL AND MAILING ADDRESS AT ALL TIMES SO THAT IMPORTANT CORRESPONDENCE IS NOT DELAYED DUE TO HAVING INCORRECT INFORMATION.****

NORTH CAROLINA PSYCHOLOGY BOARD

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Boone, North Carolina 28607
(828) 262-2258

info@ncpsychologyboard.org

**EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)
CANDIDATE DATA FORM**

Type or legibly print all information.

Complete and submit this form to the Board with the required \$50 fee, via check or money order only.

Upon receipt of your completed EPPP Candidate Data Form and **\$50 fee**, the Board will submit your name to Certemy to indicate that you are eligible to sit for the EPPP. The Board will then send you an EMAIL, which will acknowledge receipt of the EPPP Data Form and fee. You are advised **not** to delay in submitting your data form and fee so that you can meet the established time periods and deadlines for sitting for the EPPP.

01. **Title:** ____ Dr. ____ Mr. ____ Ms. ____ Mrs.

02. **Legal Name:**

First or FI Middle or MI Last Jr., Sr., etc.

03. **Home Address:** **NOTE CHANGE?** Y N

Street/Box: _____

City: _____ State: _____

ZIP Code: _____ County (if in NC only): _____

DAYTIME Telephone Number: (_____) _____

E-Mail address: _____ **NOTE CHANGE?** Y N

04. **Work Address** **OR UNEMPLOYED** **NOTE CHANGE?** Y N

Business Name _____

Street/Box _____

City _____ State _____

ZIP Code _____ County _____

Phone Number: (_____) _____

05. **Preferred Mailing Address:** ____ Home ____ Business **NOTE CHANGE?** Y N

06. **Birthdate:** ____/____/____
mm mm yyyy

07. **Signature:** ✓ _____ **Is this a re-take?:** Y N

****PLEASE KEEP THE BOARD NOTIFIED VIA EMAIL IF YOU CHANGE ANY OF YOUR CONTACT INFORMATION****

INTERNAL USE ONLY – FLAG 1 = _____