

**STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PSYCHOLOGISTS**

7 Eagle Square, Suite 300
Concord, NH 03301
(603) 271-2152

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

(TYPE OR PRINT CLEARLY)

(a) Name.....
Type or Print Name exactly as it should appear on the license

Your Full Name if different from (a) above.....

Street Address.....

Mailing Address.....

City.....State.....Zip.....Telephone.....

List place of current employment (if any) and address:

Place.....

Address.....State.....Zip.....Telephone.....

Height..... Weight..... Hair Color.....Eye Color.....

Birthplace.....Date of Birth.....

Sex..... Soc Sec No/...../..... E-mail.....

(b) List any other names used (eg.maiden name), and dates used.

(c) List all residences used in the previous five years.

(d) List the name(s), address(es), and degree(s) awarded from all colleges/junior colleges attended at either the undergraduate or graduate level.

<u>College/Univer \$ty</u>	<u>Address</u>	<u>Degree</u>	<u>Dept.</u>	<u>Mo/Yr Awarded</u>	<u>Major</u>
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(e) Have you taken the Examination for the Professional Practice of Psychology (EPPP)? Yes ___ No ___

(f,g) If you have indicated in section (e) that you have previously taken the EPPP exam, please include a copy of your exam score in an envelope that has been sealed by the testing company.

(h) Your signature on this document indicates that you have arranged for an original certified copy of both undergraduate and graduate complete academic transcripts showing dates of attendance, courses taken, grades and class hours earned, programs completed and degrees awarded by colleges and universities in an envelope that has been sealed by the school.

(i.k) If you have ever held a certificate or license to practice, or have been refused a certificate/license in any state/jurisdiction, please complete the CERTIFICATE/LICENSE VERIFICATION form and forward it to the board(s) or jurisdiction(s) applicable. Correspondence from those board(s) or jurisdiction(s) must be sent directly to this Board. List this information below (attach additional sheets if necessary):

Dates held	State or Jurisdiction	Cert/Lic #	Status (Reason if no longer held)
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(l) If you have ever been convicted of a felony or misdemeanor, then attach a separate sheet, including the name of the court, the details of the offense, the date of conviction, and the sentence imposed.

(m) If you have ever been treated for drug or alcohol addiction or abuse, or have ever been hospitalized for any mental or emotional illness, then attach a separate sheet, including details of the treatment, current treatment, and effects of treatment.

Have any of the following ever been, or are any currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or have you ever been withdrawn or failed to proceed with an application for any of the following: (if you answer yes to any of these questions please provide full information on a separate sheet):

1. License or certificate to practice in any state or jurisdiction..... yes [] no []
2. Academic appointment..... yes [] no []
3. Membership on any hospital medical or allied health provider staff... yes [] no []
4. Provider status with any group, health maintenance organization etc. yes [] no []
5. Clinical privileges..... yes [] no []
6. Privileges or rights on any medical or clinical staff..... yes [] no []
7. Any other institutional affiliation or status..... yes [] no []
8. Professional society or association membership or fellowship yes [] no []
9. Professional Office..... yes [] no []
10. Board Certification..... yes [] no []
11. Any other type of professional sanction..... yes [] no []
12. Professional liability insurance..... yes [] no []
13. Have any judgments or settlements been made against you in professional liability cases or are there any pending law suits? yes [] no []
14. Have there ever been any criminal charges brought against you? yes [] no []
15. Have you ever been convicted of a drug or alcohol related offense? yes [] no []
16. To your knowledge, have you been the subject of an individual focused review required by a Professional Review Organization (PRO) or a similar agency?..... yes [] no []
17. Have you been the subject of a malpractice or civil suit involving the practice of your profession or any other health care profession?..... yes [] no []
18. Have you ever been charged or convicted of a crime (felony) in any state or country? yes [] no []
19. Have there been any complaints, charges of violation of any ethical codes, professional misconduct, unprofessional conduct, incompetence or negligence made against you?..... yes [] no []

20. Do you have any of the above (#19) pending against you ?..... yes [] no []
21. Have you ever been required to surrender any license/certificate?..... yes [] no []
- 22 Have you ever entered into a consent decree regarding a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country by any licensing board or professional ethics body?..... yes [] no []
23. Have you ever been previously licensed with this Board? yes [] no []

If yes, please provide a written description of the type of work you have been doing since your license expired, whether in NH or elsewhere.

(ATTACH CHECK HERE)

(n) Attach an original recent photograph of applicant in this space:

ALL OF THE ABOVE STATEMENTS, AND ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT THE PROVISION OF FALSE INFORMATION IN THE APPLICATION IS A BASIS FOR DENIAL OF THE APPLICATION AND DISCIPLINARY ACTION BY THE BOARD.

I SHALL NOTIFY THE BOARD IN WRITING WITHIN 30 DAYS OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS APPLICATION, EVEN AFTER THE APPLICATION IS GRANTED, AND I CONSENT TO THE BOARD'S USE OF THE MAILING ADDRESS PROVIDED IN THE APPLICATION FOR ALL PURPOSES UNDER RSA 329-B AND Psyc 100-500.

I, _____, HEREWITH APPLY FOR LICENSURE AS A PSYCHOLOGIST

IN ACCORDANCE WITH RSA 329-B AND Psyc 100-500 OF THE NEW HAMPSHIRE BOARD OF PSYCHOLOGISTS, AND HEREBY CERTIFY THAT I AM THE APPLICANT IDENTIFIED IN THIS APPLICATION AND THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THE ENCLOSED PHOTOGRAPH IS A TRUE LIKENESS OF MYSELF.

Applicant's signature

Date