

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

121 South Fruit Street  
Concord, N.H. 03301-2412

Telephone 603-271-6762 Fax 603-271-6702

David Grosso  
Executive Director

Joseph Shoemaker  
Acting Health Division Director



Dear Applicant:

The New Hampshire Board of Psychologists wishes to notify applicants of the following two issues.

First, the New Hampshire legislature recently passed a statute affecting all those who are submitting licensing applications to the New Hampshire Board of Psychologists after July 1, 2017. HB 650, signed into law on July 5, 2017, added section RSA 329-B:14-a to the Board's statute, which states in relevant part:

I. Every applicant for initial permanent licensure or reinstatement shall submit to the board a notarized criminal history record release form, as provided by the New Hampshire division of state police, which authorizes the release of his or her criminal history record, if any, to the board.

II. The applicant shall submit with the release form a complete set of fingerprints taken by a qualified law enforcement agency or an authorized employee of the department of safety. In the event that the first set of fingerprints is invalid due to insufficient pattern, a second set of fingerprints shall be necessary in order to complete the criminal history records check. If, after two (2) attempts, a set of fingerprints is invalid due to insufficient pattern, the board may, in lieu of the criminal history records check, accept police clearances from every city, town, or county where the person has lived during the past five (5) years.

In accordance with this statute, please remember to submit with your application a notarized criminal history records release form and set of fingerprints.

Second, as required by board regulations, essays must be a minimum of 300 words each. For example, all five of the required ethics essays must each be a minimum of 300 words. Applicant's presentations of the five ethical dilemmas they describe should also display their analysis of the pros and cons of possible courses of action.

All essay questions must make reference to the APA Code of Ethics and display critical thinking about the identified issues.

Thank you for your attention to these two issues. If you have any questions, please contact the Board's Administrator at (603) 271 -6762.

# **Criminal Background Check**

## **How to obtain your Criminal Background Check in New Hampshire.**

### **Attention All Applicants and Licensees Requiring a Federal Bureau of Investigation Record Check**

Livescan or inked fingerprints are acceptable. Livescan is digital capture of fingerprint impressions with a lower rate of rejection from the FBI. If fingerprint cards are used they must be filled in completely. Please see below for pertinent information.

- Finger printing cards may be obtained from the agency which you use for your fingerprinting. Complete the information section with signature, indicate "ORI" code: NHNSP0800 STATE POLICE CONCORD, NH and "Reason for" would be: BOARD OF PSYCHOLOGISTS NH RSA 329-B:14-a. Leave "EMPLOYER AND ADDRESS" blank. The card should have your inked fingerprints or live scan images on it.

#### **Main Processing Location**

Department of Safety Building  
33 Hazen Drive  
Concord NH 03305  
First Floor, Room 124  
Hours of Operation: Monday thru Friday 8:30 am to 3:30 pm  
By Appointment Only

Call the NH State Police in Concord at (603) 223-3867 and ask to be scheduled for applicant (or licensee) fingerprinting. Arrive 10 minutes prior to your scheduled time. Arrival of more than 10 minutes late will require you to reschedule. Expect the process to take approximately 20 minutes. Please note: a 24 hours' notice is required for all cancellations.

#### **NH Required Documents & Cost**

- Photo identification
- Completed criminal record release authorization form. (sections I and II notarized)
- Appropriate fee: Payment by check, money order, or credit card (Visa, MasterCard)

Fees for appearing at State Police Headquarters in Concord as of January 1, 2019:

- \$48.25 for Livescan or Inked processing
- \$26.50 for third time submission

Effective November 1, 2016:

You have a 30 day time period to submit your notarized authorization form with fee and track number to the Concord processing center for completion from the day of finger printing.

Digital prints are only kept on file for 30 days, after which they are deleted. Therefore, paperwork submitted after 30 days from the day of fingerprinting, will be considered expired and you will need to repeat the process.

For applicants using out-of-state Law Enforcement Agencies:

- Criminal Record Release Authorization Form
- Finger printing cards may be obtained from the agency which you use for your fingerprinting. Complete the information section with signature, indicate "ORI" code: NHNSP0800 STATE POLICE CONCORD, NH and "Reason for" would be: BOARD OF PSYCHOLOGISTS NH RSA 329-B:14-a. Leave "EMPLOYER AND ADDRESS" blank. The card should have your inked fingerprints or live scan images on it.
- For Live scan – make sure to include your specific tracking number assigned at the time of fingerprinting.
- Please note: some law enforcement sites charge additional fees for their service.
- The cost for processing by the NH State Police is \$48.25; payable to State of NH, Criminal Records.
- Mail completed fingerprint card, notarized Criminal Background Record Release Authorization form and fee to:

Office of Professional Licensure and Certification  
New Hampshire Board of Psychologists  
121 South Fruit Street  
Concord, NH 03301



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

Criminal Records Unit  
33 Hazen Drive, Concord, NH 03305

Office of Professional Licensure and Certification

## BOARD OF PSYCHOLOGISTS LICENSURE NH RSA 329-B:14-a

### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  Male  Female  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:13

### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

#### Board of Psychologists

Address 121 South Fruit Street, Suite 303 City Concord State NH Zip 03301

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_  
(Affix seal)

Signature of person/entity to receive record \_\_\_\_\_ Date \_\_\_\_\_

### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

### FEES

- LIVESCAN - \$48.25  INKED - \$48.25  
NOTE: Make checks payable to: State of NH - Criminal Records  
 Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.

## BOARD OF PSYCHOLOGISTS

Office of Professional Licensure and Certification  
121 South Fruit Street Concord NH 03301  
(603)271-6762  
Fax Number (603) 271-6702

### APPLICATION INSTRUCTIONS

Prior to completing the application, it is strongly recommended that all applicants review Statute RSA 329-B and Administrative Rules Psyc.100-500 on our website: [https:// www.oplc.nh.gov/psychology](https://www.oplc.nh.gov/psychology) to verify that all educational, exam, and supervision requirements are met. It is also recommended that applicants maintain a copy of their application for their records.

**Please make sure all of the following information is included when submitting your application packet to the Board office:**

- Application
- Glossy, passport-style photograph
- Application fee of \$300.00, non-refundable check or money order payable to "Treasurer, State of New Hampshire"
- Curriculum Vitae (Resume)
- Summary of Supervised Clinical Experience
- Psychologist Graduate Program Course Sheet
- Written responses to essay exam questions (one-sided)
- ASPPB Exam with a minimum score of 500 (If you have taken the EPPP in another jurisdiction include a copy of your score in an envelope sealed by the Association of State and Provincial Psychology Boards (ASPPB).)
- Internship Confirmation signed and sealed by the director of the internship site. Please have at least one internship supervisor fill out a professional reference form.
- Summary of Supervised Clinical Experience form
- Completed Psychologists Graduate Program Course sheet
- Supervisor's Confirmation of Clinical Experience form signed and sealed by the director of the supervisor. At least one supervisor must also complete a professional reference form.
- Supervisor's Confirmation of Post Doc Clinical Experience form that has been signed and sealed by the director of the postdoctoral site.
- Verification of Licensure/Certification from another jurisdiction form that has been signed and sealed by the state (if applicable).
- Three professional references that have been signed and sealed by each reference (At least one (1) professional reference shall be from a supervisor.)
- Official undergraduate transcript in an envelope that has been sealed by the school
- Official doctoral transcript in an envelope that has been sealed by the school.
- Criminal Background Report sent to NH Safety Department

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Fax Number (603) 271-6702

**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/University</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)
.....	.....	.....	.....
.....	.....	.....	.....

(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.**

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(ATTACH CHECK HERE)

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

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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 MHP 100-500.

I, \_\_\_\_\_, HEREWITH APPLY FOR LICENSURE AS  
A PSYCHOLOGIST

IN ACCORDANCE WITH RSA 329-B AND MHP 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.

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Applicant's signature

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Date

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

121 South Fruit Street  
Concord, NH 03301  
(603) 271-6762  
Fax Number (603) 271-6702

**SUMMARY OF SUPERVISED CLINICAL EXPERIENCE**

To be completed by the applicant and sent directly to the Board with the application.

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

DATE	FACILITY	SUPERVISOR	TOTAL HOURS OF FACE-TO-FACE SUPERVISION	TOTAL HOURS OF CLINICAL EXPERIENCE
TOTAL HOURS OF SUPERVISED CLINICAL EXPERIENCE				

BY SIGNING BELOW, I CERTIFY THAT THE FOREGOING IS CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Psychologists Graduate Program Course Sheet

### TO BE COMPLETED BY APPLICANT

Circle or underline the Yes/No answers and complete applicable sections, verifications and tabulations. You may download this sheet to insert your answers into the applicable boxes with your computer and submit with your application.

<b>1. Was any part of your graduate study online, telephonic, or other remote learning?</b>	
Yes	If yes, provide documentation that you satisfy Mhp 302.03 (b)(c) requiring at least one full year of study in residence. Attach to this sheet. Then proceed to question 2.
No	If no, proceed to question 2.
<b>2. Was your graduate program APA or CPA approved?</b>	
Yes	If yes, please include a one page verification from your program's materials, or a letter from your program that states this status, or a copy from the APA or CPA website page stating your program's accreditation status at the time of your attendance. Attach to this sheet.
No	If not accredited as above, all non-accredited program graduates must complete the following course category sheet:
<i>List courses and credits in the following areas:</i>	
<b>Credits, Course title</b>	
Scientific and professional ethics and standards:	
Research design and methodology:	
Statistics:	
Psychometrics:	
<i>At least 24 semester hours or 36-quarter hours of course work shall include a minimum of 3 or more graduate semester hours, 5 or more graduate quarter hours, in each of the following content areas:</i>	
<i>Biological and chemical bases of behavior, including: physiological Psychologists, comparative Psychologists, neuroPsychologists, sensation and perception, and psychopharmacology:</i>	
Indicate (circle) Semester / Quarter hours graduate study. Total credits this section:	
Cognitive-affective bases of behavior, including: <i>learning, thinking, motivation, and emotion:</i>	
Indicate (circle) Semester / Quarter hours graduate study. Total credits this section:	
Social bases of behavior, including: <i>social Psychologists, group processes, organization and systems theory, and cultural diversity:</i>	
Indicate (circle) Semester / Quarter hours graduate study. Total credits this section:	
Individual differences, including: <i>personality theory, human development, and abnormal Psychologists:</i>	
Indicate (circle) Semester / Quarter hours graduate study. Total credits this section:	
Total Credit hours for these four sections: _____	

STATE OF NEW HAMPSHIRE  
Office of Professional Licensure and Certification  
**Board of Psychologists**

**INTERNSHIP CONFIRMATION**

TO BE FORWARDED BY APPLICANT TO SUPERVISOR OF INTERNSHIP EXPERIENCE  
(Intern Supervisor: Please return this form to the applicant in a signed sealed envelope.)

To my Intern Supervisor:

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of PSYCHOLOGISTS requires professional references. THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE.

To be completed by the Applicant:

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_

To be completed by Intern Supervisor:

Name of internship program \_\_\_\_\_

Address \_\_\_\_\_

Dates applicant was in the program: from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Applicant's experience was:  full-time \_\_\_\_\_ (hrs/wk) OR  part-time \_\_\_\_\_ (hrs/wk)

Total hours of internship experience: \_\_\_\_\_ Was the internship completed?  Yes  No

Face-to-face individual supervision: \_\_\_\_\_ (hrs/wk)

Applicant's primary internship supervisor \_\_\_\_\_ Degree \_\_\_\_\_ State \_\_\_\_\_

Licensed/certified as a \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

Type of approval of program (e.g., full, provisional, etc.) \_\_\_\_\_

Was this an APA approved program?  Yes  No

If your program was non-APA approved, please attach documentation that describes the goals and content of the internship as well as how at least 2 hours per week in learning activities took place.

Number of interns in training at the same time as the applicant: \_\_\_\_\_

I HEREBY ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**STATE OF NEW HAMPSHIRE  
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street  
Concord, NH 03301  
(603) 271-6762

**Postdoctoral Experience Form**

**TO BE COMPLETED BY APPLICANT AND FORWARDED TO POST DOCTORAL SUPERVISOR.** Please return form to applicant in a signed sealed envelope.

I am applying for Licensure as a Psychologist in the state of New Hampshire. The New Hampshire Board of PSYCHOLOGISTS requires professional references. **THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE.**

(Please print legibly)

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY THE POST DOCTORAL PROGRAM:

Name of Postdoctoral program \_\_\_\_\_

Address \_\_\_\_\_

Dates applicant in program: (mo/yr) From \_\_\_\_\_ To \_\_\_\_\_

Applicants experience was: [ ] Full Time \_\_\_\_\_(hrs/wk) **OR** Part Time \_\_\_\_\_(hrs/wk)

Total hours of post doc experience \_\_\_\_\_

Was the post doc completed? [ ] YES [ ] NO

Face-to-face individual supervision: \_\_\_\_\_(hrs/wk)

Applicant's primary supervisor \_\_\_\_\_ Degree \_\_\_\_\_ State \_\_\_\_\_

Licensed/Certified as a: \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

I HERBY ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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BOARD OF PSYCHOLOGISTS**

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Fax Number (603) 271-6702

**Supervisor's Confirmation of Post Doc Clinical Experience**

To be completed by the applicant and forwarded to the supervisor of post doc clinical experience

**Request to the Supervisor and Release of Information to the Board**

Please send one form to each supervisor and have them return it to you in a signed sealed envelope.

I am applying for licensure as a Psychologist in the State of New Hampshire. The Board of Psychologists requires confirmation of supervised clinical post doc experience. This is your authority to release any information you have in your files, favorable or otherwise.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Summary of Supervised Clinical Experience**

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Applicant's Title at the time of supervision \_\_\_\_\_

Dates of Supervised Clinical Experience: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

**FACE-TO-FACE** Individual Supervision: Hours/Week \_\_\_\_\_ TOTAL supervised face-to-face hours \_\_\_\_\_

**Total Hours of Supervised Clinical Work Experience\*** \_\_\_\_\_

(\* # of hours worked per week X # of weeks worked)

**Was a Candidate Agreement or Employment Relationship on file in the Board office prior to commencement of the supervision?     YES                     NO**

**SUPERVISOR'S CONFIRMATION OF  
POST DOCTORAL CLINICAL EXPERIENCE**

Supervisor: Please provide (typed and attach)

- 1) A description of the supervisory methods and the types of issues dealt with during supervision
- 2) A description of the type of work performed by the applicant
- 3) A description of the quality of work performed by the applicant

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_

Title at the time of supervision \_\_\_\_\_

Address  
\_\_\_\_\_

Highest degree earned \_\_\_\_\_

Licensed as \_\_\_\_\_ by \_\_\_\_\_  
state

License # \_\_\_\_\_ Issue date \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Supervisor's Confirmation of Clinical Experience**

To be completed by the applicant and forwarded to the supervisor of clinical experience

**Request to the Supervisor and Release of Information to the Board**

Please send one form to each supervisor and have them return it to you in a signed sealed envelope.

I am applying for licensure as a Psychologist in the State of New Hampshire. The Board of Psychologists requires confirmation of supervised clinical experience. This is your authority to release any information you have in your files, favorable or otherwise.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Summary of Supervised Clinical Experience**

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Applicant's Title at the time of supervision \_\_\_\_\_

Dates of Supervised Clinical Experience: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

**FACE-TO-FACE** Individual Supervision: Hours/Week \_\_\_\_\_ TOTAL supervised face-to-face hours \_\_\_\_\_

**Total Hours of Supervised Clinical Work Experience\*** \_\_\_\_\_

(\* # of hours worked per week X # of weeks worked)

Was a Candidate Agreement or Employment Relationship on file in the Board office prior to commencement of the supervision? [ ] YES [ ] NO

## SUPERVISOR'S CONFIRMATION OF CLINICAL EXPERIENCE

Supervisor: Please provide (typed and attach)

- 1) A description of the supervisory methods and the types of issues dealt with during supervision
- 2) A description of the type of work performed by the applicant
- 3) A description of the quality of work performed by the applicant

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_

Title at the time of supervision \_\_\_\_\_

Address  
\_\_\_\_\_

Highest degree earned \_\_\_\_\_

Licensed as \_\_\_\_\_ by \_\_\_\_\_  
state

License # \_\_\_\_\_ Issue date \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEW HAMPSHIRE  
BOARD OF PSYCHOLOGISTS**

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**Verification of Licensure/Certification from Another Jurisdiction**

**TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE ISSUING BOARD:**

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of Psychologists requires verification of licensure/certification/registration from each jurisdiction wherein I hold or have held, or have applied for such a certificate. **THIS IS YOUR AUTHORITY TO RELEASE EXAMINATION INFORMATION YOU HAVE IN YOUR FILES FAVORABLE OR OTHERWISE. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

**TO BE COMPLETED BY APPLICANT:**

(Please print legibly)

Name \_\_\_\_\_

Address \_\_\_\_\_

Jurisdiction of Issue \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ License/Certification Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY LICENSING BOARD:**

Name \_\_\_\_\_

License/Certificate Number \_\_\_\_\_ Original Date of Issue \_\_\_\_\_

- |   |  |
|---|--|
| 1. Is the applicant currently licensed/certified?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has there been any disciplinary action taken against the applicant?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any complaints pending against the applicant?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the applicant considered to be in good standing in your jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to question 2 or 3, please explain.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name of State Board/Jurisdiction \_\_\_\_\_

## ESSAY EXAM QUESTIONS

Please answer the following essay questions. In your answers, please try to be as specific and direct as possible. Please present six separate essays and label each answer with the question being addressed. **Be sure to put your full name on all pages of your essay responses and staple them together.**

1. Describe the professional practices in which you have competence and the academic and experiential methods by which you developed each of these competencies.
2. Over the course of your professional life you will be expanding the scope of your professional practice. Please specify:
  - a. The specific techniques by which you will acquire new professional skills.
  - b. The means by which you will engage in continuing professional education.
3. Discuss 5 ethical problems, which you may already have encountered or may, in the future, encounter in your professional practice. Your answers should:
  - a. Clearly state the ethical problem.
  - b. Cite all the specific professional ethical principles you are applying from your profession's Code of Ethics.
  - c. Delineate the critical thinking by which you would work toward resolution of the problem. Discuss the pros and cons of each possible decision.
  - d. Provide a concise statement of your resolution of the problem.
4. Discuss how issues of cultural diversity affect client assessment and treatment.
5. Demonstrate knowledge of procedures and mechanisms for interdisciplinary collaboration among mental health professionals. Please include what you would need in order to ethically consult with another clinician.
6. Explain how your records will be managed in the event of your impairment or death in both an organizational and private practice setting. Be sure to address how long records should be kept according to the Board's administrative rules.

**STATE OF NEW HAMPSHIRE  
BOARD OF PSYCHOLOGISTS**

121 South Fruit Street  
Concord, NH 03301  
(603) 271-6762  
Fax Number (603) 271-6702

**Professional Reference Form**

**TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE REFERENCE:**

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of Psychologists requires professional references. **THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

(Please print legibly)

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY REFERENCE:**

Professional relation to applicant \_\_\_\_\_

Length of time you've known applicant: From (Mo/Yr) \_\_\_\_\_ to (Mo/Yr) \_\_\_\_\_

Please provide a brief description of your knowledge of the applicant's professional and ethical behavior. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title of applicant's position and name of organization he/she was employed at when you worked with them \_\_\_\_\_

Brief description of applicant's duties & responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Area of applicant's specialties: \_\_\_\_\_

Do you attest and certify that the applicant is an individual of good moral character?

Yes       No

If No, please explain \_\_\_\_\_

\_\_\_\_\_

If you are aware that the applicant has been or is the subject of any malpractice or civil suit involving the practice of their profession, or if they have been charged or convicted of a crime in any state or country; the disposition of which was other than acquittal or dismissal; or if there have been or are any complaints or charges of violation of the ethical codes, professional misconduct, unprofessional conduct, incompetence or negligence made or pending against them; or that they have ever been required to surrender their license/certification or have been found guilty of, or have 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; please clarify those circumstances and the current status of the applicant below.

\_\_\_\_\_

\_\_\_\_\_

Quality and extent of your endorsement:

Without Reservation       With Reservation       No Recommendation

If you checked "With Reservation," please elaborate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS FORM IS TO BE RETURNED TO THE APPLICANT IN A SIGNED SEALED ENVELOPE.**

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Title \_\_\_\_\_ Degree \_\_\_\_\_

Licensed/Certified (Specialty) \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Quality and extent of your endorsement:

Without Reservation       With Reservation       No Recommendation

If you checked "With Reservation," please elaborate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Title \_\_\_\_\_ Degree \_\_\_\_\_

Licensed/Certified (Specialty) \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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Without Reservation       With Reservation       No Recommendation

If you checked "With Reservation," please elaborate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Title \_\_\_\_\_ Degree \_\_\_\_\_

Licensed/Certified (Specialty) \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_

**OPTIONAL INFORMATIONAL QUESTION  
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP  
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

***RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.***

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

**Please place a check mark in all that apply below:**

- I am eligible for consideration as defined in paragraph #1 above.
- I am not eligible for consideration as defined in paragraph #1 above.
- I am eligible for consideration as defined in paragraph #2 above.
- I am not eligible for consideration as defined in paragraph #2 above