STATE OF NEW HAMPSHIRE BOARD OF PSYCHOLOGISTS

121 South Fruit Street ♦ Concord, NH 03301 ♦ 603.271.6762 ♦ Fax: 603.271.6702 ♦ www.oplc.nh.gov/psychology

The State of New Hampshire Board of Psychologists is partnering with the Association of State and Provincial Psychology Boards to create a Universal Application. This application will be retained in the ASPPB databank for future use as applicants wish to become licensed in other states or provinces. Once this form and application fee has been received by OSBEP, the applicant's information will be provided to ASPPB for further processing. ASPPB will contact the applicant to obtain additional application information.

Identifying Information (Type or print clearly)

Full Name (first, middle, last) _____Doctoral Degree_____

Area _____ Date Conferred_____ University_____

Was your Doctoral Program APA accredited at the time your degree was conferred? Y_____ N_____

Master's Degree _____ Date Conferred _____ University_____

Name as it will appear on license _____

Previous names or aliases_____

SSN _____ Gender _____ Date of Birth_____ Are you a U.S. citizen?_____

Business Address_____

City_____ ___State_____ Zip _____

Business Telephone (_____) _____ Business Fax (_____) _____

Home Address _____

City _____State _____Zip _____

Home Telephone (_____) _____ Home Fax (_____) _____

Preferred Mailing/Contact Address: Bus. _____Home _____

E-Mail Address _____

Do you hold any other licenses? _____In which jurisdiction(s)? _____

Checks or money order in the amount of $300.00, made out to the TREASURER, STATE OF NEW HAMPSHIRE, must be enclosed with this application. If your application for licensure is approved you will be issued a license valid for two years.

(Attach Here)

Attach a recent, individual 2”x2” individual photograph 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-A AND MHP 100-500.

I,_____,HEREWITH APPLY FOR LICENSURE AS A/AN _____ IN ACCORDANCE WITH RSA 329-B-A 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.

_____ _____

Applicant’s signature Date