

# MARYLAND APPLICATION FOR LICENSURE NON - PRACTICE ORIENTED PROGRAMS ONLY

## FOR OFFICE USE ONLY

**Maryland Board of Examiners of Psychologists**  
**4201 Patterson Avenue**  
**Baltimore, Maryland 21215**  
**a410-764-4787**  
**Fax: 410-358-7896**  
**www.dhmh.maryland.gov/psych**

LICENSE NUM/DATE: \_\_\_\_\_  
 EPPP SCORE/DATE: \_\_\_\_\_  
 LAW SCORE/DATE: \_\_\_\_\_  
 BCKGRD RESULTS: \_\_\_\_\_  
 REVIEWER: \_\_\_\_\_  
 DATE REVIEWED: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**TYPE OR PRINT ALL INFORMATION**

**APPLICATION FEE \$300.00 (NON-REFUNDABLE)**

### Veterans and Spousal Preference

1) Are you an active service member or the spouse of an active service member? Yes  No

2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes  No

### DEMOGRAPHIC INFORMATION

Social Security No:		Date of Birth:		Place of Birth:			
Name:	Last:	Maiden:	First:			MI:	
Home Address:	Street:	City:	County:	State:	Zip Code:		
If less than 3 years provide prior Address:	Street:	City:	County:	State:	Zip Code:		
Mailing Address:(If different than above)	Start date:	Street:	City:	County:	State:	Zip Code :	End Date:
Business Name and Address:	Name:	Street:	City:	County:	State:	Zip Code :	
Home Phone:	Work:	Cell:	Email:				

Province/Country if not U.S.

**GENDER AND ETHNICITY:** *This information is optional and will be used for statistical purposes by authorized personnel.*

Gender:  Male  Female

Ethnicity: Are you of Hispanic or Latino origin? Yes  No

*Check all that apply.*

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |                                |

<b>EDUCATION</b>				
<b>OFFICIAL TRANSCRIPTS MUST BE SENT FROM ALL GRADUATE SCHOOLS</b>				
Highest Degree Earned:	From:	To:	Institution:	Specialization/Program
Other Degree Earned:	From:	To:	Institution:	Specialization/Program
Other Degree Earned:	From:	To:	Institution:	Specialization/Program

To be eligible for licensure, applicants in non-practice oriented programs, or programs not advertised as clinical, counseling, or school psychology programs, must present evidence of having completed two (2) years of supervised professional experience and complete a minimum of 3,250 hours of supervised experience in professional work (COMAR 10.36.01.04 A & B) using the methods, principles, and procedures of psychology . These experiences may include, but are not limited to, research, teaching, program evaluation, assessment, or organizational training or consultation (COMAR 10.36.01.04-1 A). The hours may be accrued at the pre-doctoral or post-doctoral level, or a combination of the two. The number of hours of experience and supervision must be verified (COMAR 10.36.01.04-1).

A minimum of 75%, or 2,438 hours in no less than a two (2) year period of the applicant’s required supervised pre- and post-doctoral experiences shall be supervised in face-to-face, in-person, on-site supervision by a psychologist qualified to supervise the activities being performed or the services being rendered. Exceptions to face-to-face supervision are rarely permissible but, with appropriate explanation may be credited (COMAR 10.36.01.04-1 C). The supervisor should be licensed to practice psychology in Maryland, exempt from licensure in Maryland, or certified, licensed, or exempt from licensure in the state or county in which the supervised professional experience is obtained (COMAR 10.36.01.04 C). The supervisor shall ensure that any additional supervision is by an individual who has the requisite skills and training to provide supervision (COMAR 10.36.01.04(3)). Additionally, in exceptional circumstances, the Board may waive the requirements for face-to-face supervision for the pre-doctoral experience, if the academic program director attests to the nature of the circumstances and assures the Board that the quality of the supervision was not compromised (10.36.01.04-1 C(1)) or for the post-doctoral experience, if the applicant petitions the Board for a waiver before beginning the supervised experience and offers an alternative modality for supervision, including but not limited to televideo conferencing that does not substantially diminish the adequacy of the supervision (10.36.01.04-1 C(2)(a) & (b)).

**INFORMATION**

1. Are you a resident of the State of Maryland? Yes  No

2. Do you intend to practice Psychology in Maryland? Yes  No  (If no please explain)

3. Are you licensed, certified, or registered by any governmental agency or government Board in any state, county or jurisdiction?  
Yes  No  (If yes explain)

4. Do you hold a current Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards? Yes  No  (If yes provide year obtained and send copy with application)

5. Are you credentialed as a Health Service Provider by the National Register? Yes  No  (provide date and provide proof)

6. Have you ever applied for a psychology license/certificate from a governmental Board and been rejected for any reason including, but not limited to, lack of educational requirements and experience? Yes  No  (Explain yes answer)

7. Has any license, certificate, diploma, or privilege in psychology ever been granted to you and subsequently revoked or suspended for any reason, or have you been reprimanded, admonished and/or placed on probation by any disciplinary authority, agency, employer, or institution? Yes  No  (Explain yes answer)

8. 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? Yes  No  (Explain yes answer)

9. Have you ever been investigated or charged with unethical practices or unprofessional conduct, or are you presently being investigated or under charges? Yes  No  (Explain yes answer)

10. Have you ever taken and passed the Examination for Professional Practice In Psychology? Yes  No   
If "Yes," complete the following : Date \_\_\_\_\_ State: \_\_\_\_\_ Score: \_\_\_\_\_

11. Have you ever failed this examination? Yes  No   
If "Yes," give date(s) and State(s): \_\_\_\_\_

**PROFESSIONAL SUPERVISED EXPERIENCE  
NON - PRACTICE ORIENTED PROGRAMS  
PRE- DOCTORAL**

1. Name and Address of Facility:		From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>			
Include the number of pre-doctoral hours that apply to you:			
(1) Teaching hours: _____			
(2) Research hours: _____			
(3) Industrial or organizational consultation hours: _____			
(4) Other hours (explain below):			
Did you receive at least 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			

2. Name and Address of Facility:		From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:	
Supervisor's Address:		Supervisor's Phone Number:	
		Supervisor's Email:	
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>			
Include the number of pre-doctoral hours that apply to you:			
(1) Teaching hours: _____			
(2) Research hours: _____			
(3) Industrial or organizational consultation hours: _____			
(4) Other hours (explain below):			
Did you receive at least 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please explain:			

**PROFESSIONAL SUPERVISED EXPERIENCE  
NON - PRACTICE ORIENTED PROGRAMS  
PRE- DOCTORAL**

3. Name and Address of Facility:			From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:		
Supervisor's Address:		Supervisor's Phone Number:		
		Supervisor's Email:		
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>				
Include the number of pre-doctoral hours that apply to you:				
(1) Teaching hours: _____				
(2) Research hours: _____				
(3) Industrial or organizational consultation hours: _____				
(4) Other hours (explain below):				
Did you receive at least 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please explain:				

4. Name and Address of Facility:			From:	To:
Supervisor's Name and Title:		Supervisor's Highest Degree:		
Supervisor's Address:		Supervisor's Phone Number:		
		Supervisor's Email:		
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below) <input type="checkbox"/>				
Include the number of pre-doctoral hours that apply to you:				
(1) Teaching hours: _____				
(2) Research hours: _____				
(3) Industrial or organizational consultation hours: _____				
(4) Other hours (explain below):				
Did you receive at least 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, please explain:				

(Note: Please use additional sheets if necessary)

**PROFESSIONAL SUPERVISED EXPERIENCE  
NON - PRACTICE ORIENTED PROGRAMS  
POST- DOCTORAL**

1. Name and Address of Facility:	From:	To:
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Your Title:	Supervisor's Name, Degree, and Title:
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Supervisor is Licensed Psychologist? If Licensed, in which State(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Licensed in another discipline? Other discipline? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Supervisor's Address:	Supervisor's Phone Number:
	Supervisor's Email:

Describe the nature and extent of supervised activities and check one: Teaching  Research  Consultation  Other (list below)

Include the number of post-doctoral hours that apply to you:

(1) Teaching hours: \_\_\_\_\_

(2) Research hours: \_\_\_\_\_

(3) Industrial or organizational consultation hours: \_\_\_\_\_

(4) Other hours (explain below): \_\_\_\_\_

Did you receive at least 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities?  
Yes  No

If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes  No

Date Granted: \_\_\_\_\_

2. Name and Address of Facility:	From:	To:
----------------------------------	-------	-----

Your Title:	Supervisor's Name, Degree, and Title:
-------------	---------------------------------------

Supervisor is Licensed Psychologist? If Licensed, in which State(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Licensed in another discipline? Other discipline? Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

Supervisor's Address:	Supervisor's Phone Number:
	Supervisor's Email:

Describe the nature and extent of supervised activities and check one: Teaching  Research  Consultation  Other (list below)

Include the number of post-doctoral hours that apply to you:

(1) Teaching hours: \_\_\_\_\_

(2) Research hours: \_\_\_\_\_

(3) Industrial or organizational consultation hours: \_\_\_\_\_

(4) Other hours (explain below): \_\_\_\_\_

Did you receive at least 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities?  
Yes  No

If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes  No

Date Granted: \_\_\_\_\_

**PROFESSIONAL SUPERVISED EXPERIENCE  
NON - PRACTICE ORIENTED PROGRAMS  
POST- DOCTORAL**

3. Name and Address of Facility:	From:	To:
----------------------------------	-------	-----

Your Title:	Supervisor's Name, Degree, and Title:
-------------	---------------------------------------

Supervisor is Licensed Psychologist? If Licensed, in which State(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Licensed in another discipline? Other discipline?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Supervisor's Address:	Supervisor's Phone Number:
	Supervisor's Email:

Describe the nature and extent of supervised activities and check one: Teaching  Research  Consultation  Other (list below)

Include the number of post-doctoral hours that apply to you:

(1) Teaching hours: \_\_\_\_\_

(2) Research hours: \_\_\_\_\_

(3) Industrial or organizational consultation hours: \_\_\_\_\_

(4) Other hours (explain below):

Did you receive at least 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities?  
Yes  No

If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes  No

Date Granted

4. Name and Address of Facility:	From:	To:
----------------------------------	-------	-----

Your Title:	Supervisor's Name, Degree, and Title:
-------------	---------------------------------------

Supervisor is Licensed Psychologist? If Licensed, in which State(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Licensed in another discipline? Other discipline?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	--	--

Supervisor's Address:	Supervisor's Phone Number:
	Supervisor's Email:

Describe the nature and extent of supervised activities and check one: Teaching  Research  Consultation  Other (list below)

Include the number of post-doctoral hours that apply to you:

(1) Teaching hours: \_\_\_\_\_

(2) Research hours: \_\_\_\_\_

(3) Industrial or organizational consultation hours: \_\_\_\_\_

(4) Other hours (explain below):

Did you receive at least 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities?  
Yes  No

If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes  No

Date Granted:

(Note: Please use additional sheets if necessary)

**Summary of Pre-Doctoral and Post-Doctoral Supervised Experience (from previous pages):**

		<u>Pre-Doctoral Experience Hours</u>		<u>Pre-Doctoral Supervision Hours</u>		<u>Total Hours</u>
A.	Number of pre-doctoral hours supervised by a licensed psychologist or one exempted from licensure		+		=	(A)
B.	Number of pre-doctoral face-to-face, in person, supervised hours by someone other than a licensed psychologist		+		=	(B)
C	Total number of pre-doctoral <u>non</u> face-to-face supervised hours		+		=	(C)
		<u>Post-Doctoral Experience Hours</u>		<u>Post-Doctoral Supervision Hours</u>		<u>Total Hours</u>
D.	Number of post-doctoral hours supervised by a licensed psychologist or one exempted from licensure		+		=	(D)
E.	Number of post-doctoral face-to-face, in person, supervised hours by someone other than a licensed psychologist					(E)
F	Total number post-doctoral <u>non</u> face-to-face supervised hours		+		=	(F)
G	Total number of hours supervised by a licensed psychologist or one exempted from licensure (Total = Total A + Total D) and must be a minimum of 2,438 supervised hours					<u>Overall Summary</u>  (G)
H.	Total number of face-to-face, in person, supervised hours by someone other than a licensed psychologist (Total = Total B + Total E)					(H)
I	Total number of <u>non</u> face-to-face supervised hours (Total = Total C + Total F)					(I)
J.	Total hours accrued (Total = Total G + Total H + Total I) and is a <u>minimum</u> of 3,250 hours					<b>(Total)</b>

The Board may request additional information or may request that the applicant appear before the Board.

I acknowledge and agree that any person, association or institution listed in this application may be contacted by the Board.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The acceptance of your application to sit for the licensure examination does not guarantee the award of a license.

**PHOTOGRAPH**

Attach a recent passport type photograph (2"x2")  
Applicant must sign the back of the photograph.

**AFFIDAVIT**

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has not suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit. I certify that the attached photograph is a true likeness of the applicant.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Mail completed application and \$300.00 fee, payable to:**  
The Board of Examiners of Psychologists  
4201 Patterson Avenue  
Baltimore, Maryland 21215

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public Signature \_\_\_\_\_

Notary Stamp

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.