

In the following questions, "license" means any occupational or professional license required by law to practice an occupation or profession. Write Y for YES or N for NO next to each question. PROVIDE A DETAILED EXPLANATION FOR EACH QUESTION YOU ANSWER YES TO.

1. Are you a resident of the State of Maryland? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you licensed, certified, or registered by any governmental agency or government Board in any state, county or jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes explain)
3. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland and the District of Columbia), or a comparable body in the armed services, denied your application for licensure, reinstatement or renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
4. 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 <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
5. Have you ever been investigated or charged with unethical practices or unprofessional conduct, or are you presently being investigated or under charges? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
6. Have you surrendered your license or allowed it to lapse while you were under investigation by any state, federal, or foreign licensing or disciplinary board or agency (including Maryland and the District of Columbia) of any jurisdiction or any entity of the armed services? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
7. 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 <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
8. Within the past five years, has anyone filed or settled a malpractice action in which you were named a defendant? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
9. Has your employment by any hospital, HMO, other health care facility, institution, practice, or military entity, been terminated for disciplinary reasons? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
10. Have you voluntarily resigned from any hospital, HMO, other health care facility, institution, practice, or military entity, while under investigation by that institution for disciplinary reasons? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
11. Do you have any physical or mental condition that currently impairs your ability to practice psychology or that would cause reasonable questions to be raised about your physical, mental, or professional competency? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
12. Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgment? (Such offenses include, but are not limited to, driving while under the influence of alcohol and/or controlled dangerous substances.) Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)
13. Within the past two years, have you engaged in any form of alcohol or substance abuse treatment? Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain yes answer)

I attest that the information I have given on this application are true and correct to the best of my knowledge and belief.

Signature _____

Date: _____

MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
CONTINUING EDUCATION SUMMARY SHEET FOR RENEWAL
REPORTING PERIOD: _____

Name: _____
(Please Print)

License Number: _____

Date(s)	Authorized Sponsor	Course Title/Citation	Activity Type (course, presentation, independent study, etc.)	Documentation	CEU's Awarded

I hereby attest that the activities listed on this form are true, and accurate of my continuing education. NOTE: The Board may request additional information or documentation to support your renewal application

Signature: _____ Date: _____

**MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
INTENDED AREAS OF PRACTICE FOR RENEWAL**

REPORTING PERIOD: _____

Name: _____
(Please Print)

License Number: _____

Please select the areas in which you intend to practice. This is not intended to involve specialty licensure, is not to be taken as an indication of competence, and is not to be used by the Board in any disciplinary procedures. It is only an indicator of the areas in which you intend to practice. The information is not considered public.

Check all that apply:

Area of Practice	Offered in the last 2 years	Services to be offered in the next 2 years
Clinical Psychology		
Counseling Psychology		
School Psychology		
Industrial/Organizational Psychology		
Clinical Child Psychology		
Clinical Health Psychology		
Clinical Neuropsychology		
Rehabilitation Psychology		
Forensic Psychology		
Academic/Teaching Psychology		
Correctional Psychology		
Research		