



## APPLICANT INFORMATION FORM

The Oklahoma State Board of Examiners of Psychologists (OSBEP) is partnering with the Association of State and Provincial Psychology Boards (ASPPB) to implement a Universal Application. This application will be stored in the ASPPB databank for future use if you choose to apply for licensure in other states or provinces.

### Steps to Apply

#### Step 1: Submit Your Application to OSBEP

- Complete and type your application.
- Include the non-refundable \$400 application fee (check or money order made payable to OSBEP) and mail it with your application to the Board.
- Provide two (2) passport photos.
- Include the Citizen's Affidavit Form and the Application for IPUS/PPUS (if applicable).

Once OSBEP receives your materials, your information will be processed and forwarded to ASPPB for further handling.

ATTACH  
PASSPORT  
PHOTO HERE

**\* Required\***  
**Attach one current**  
**passport picture of**  
**yourself above.**

#### Step 2: Follow-Up with ASPPB

- ASPPB will contact you directly to request any additional application information.
- ASPPB charges a separate \$200 fee. Please **do not** send this payment to the Board. ASPPB will contact you directly with instructions on how to submit payment and complete their process.

PERSONAL IDENTIFYING INFORMATION		
Full Name (First, Middle, Last):	SSN:	Date of Birth:
Previous Names or Aliases:	Gender:	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name as it will appear on license:		
Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.		

CONTACT INFORMATION	
Personal	Business
<input type="checkbox"/> My personal contact information is my preferred method of communication.	<input type="checkbox"/> My business contact information is my preferred method of communication.
Home Address: _____	Business Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Telephone: _____	Business Telephone: _____
Home Fax: _____	Business Fax: _____
Home Email: _____	Business Email: _____

EDUCATION INFORMATION		
Doctoral Degree		
Doctoral Degree:	Area:	Date Conferred:
University:	Was your Doctoral Program APA accredited at the time your degree was conferred? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you hold any other licenses? <input type="checkbox"/> YES <input type="checkbox"/> NO	In which jurisdiction(s)?	
<p>Have you completed a minimum of 2000 hours of postdoctoral supervision with at least 75 hours of individual, face-to-face supervision?</p> <p><input type="checkbox"/> <b>YES</b> (Please have your postdoctoral supervisor verify with ASPPB and complete the HSP application.)</p> <p><input type="checkbox"/> <b>NO</b> (Please complete the IPUS and PPUS form.)</p>		
Master's Degree		
Master's Degree:	Date Conferred:	University:

**Total Check or Money Order Enclosed:**

**Mail this application and the non-refundable \$400.00 application fee to:**

Oklahoma State Board of Examiners of Psychologists  
 421 NW 13<sup>th</sup> Street, Suite 180  
 Oklahoma City, OK 73103

## Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma State Board of Examiners of Psychologists are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to Applicants.



## **AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

### **Option 1 - Verification of Citizenship**

#### **Affidavit of**

\_\_\_\_\_  
[Applicant's Name]

STATE OF OKLAHOMA            )  
                                                  ) ss:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, of lawful age, being first duly sworn, upon  
[Applicant's Name] oath states, under penalty of perjury, as follows:

I am a United States Citizen.

\_\_\_\_\_  
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.  
[Applicant's Name]

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_

(Seal)