



## APPLICATION FOR LICENSURE VIA ENDORSEMENT or RECIPROCITY

(OAC, Title 59 O.S. §1366)

This form is to be completed by an individual requesting licensure via endorsement or reciprocity. Please complete the information below and submit this form along with the required non-refundable fee of **\$400.00** to the Board office.

### LICENSURE

I am applying for licensure via (*check only one*):

- ☐ **Certificate of Professional Qualifications (CPQ):** Applicants for Licensure by Certificate of Professional Qualification in Psychology (CPQ) must contact the Association of State and Provincial Psychology Boards (ASPPB) and request that they forward directly to this Board, certification of your CPQ.
- ☐ **Diplomate of The American Board of Professional Psychology (ABPP):** Applicants for Licensure as a Diplomate of The American Board of Professional Psychology (ABPP) must contact ABPP and request that they forward, directly to this Board, verification that you are a Diplomat of ABPP, in good standing.
- ☐ **Licensed Psychologist in Texas (Reciprocity):** Applicants for Licensure who are licensed in the state of Texas must have:
- 1) graduated from a doctoral program accredited by the American Psychological Association or the Canadian Psychological Association and
  - 2) met all the criteria in the Agreement of Reciprocity for the Licensing of Psychologists between the Texas Behavioral Health Executive Council and the Oklahoma State Board of Examiners of Psychologists (*see Agreement*).

ATTACH  
PASSPORT  
PHOTO HERE

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

### PERSONAL IDENTIFYING INFORMATION

Full Name (First, Middle, Last):	SSN:	Date of Birth:
Previous Names or Aliases:	Gender:	Place of Birth:
Name as it will appear on license:	Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Must submit Citizen's Affidavit Option 1 or 2</small>
Additional Languages:		

### 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		
Department:		Did the doctoral program above involve at least one continuous academic year of full-time residency on the campus of the institution at which your degree was granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Internship Agency:		Postdoctoral Supervisor:		
Start and End Dates:		Start and End Dates:		
Master's Degree				
Master's Degree:		Date Conferred:		University:
LICENSURE INFORMATION				
<p>Do you hold any other licenses? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If yes, provide information on each jurisdiction and province where you currently hold or have ever held a license or registration to practice psychology. Verification of each license must be provided on the Out of State/Reciprocity License Verification form provided by this board. (Attach additional pages if needed).</i></p>				
Jurisdiction	License Number	Original Issue Date	Expiration Date	Area of Practice
PROFESSIONAL REFERENCES				
<p><i>List the names, positions, and information of three (3) licensed psychologists which you have requested to write Professional Letters of Reference attesting without reservation to your professional competence, ethics and current fitness to practice.</i></p>				
Reference 1		Reference 2		Reference 3
Full Name:		Full Name:		Full Name:
Position/Title:		Position/Title:		Position/Title:
Jurisdiction Licensed:		Jurisdiction Licensed:		Jurisdiction Licensed:
License Number:		License Number:		License Number:
Degree Area:		Degree Area:		Degree Area:
Contact Number:		Contact Number:		Contact Number:

# **ATTESTATION**

**\*\*\*If you answer "Yes" to any of the following questions, attach an explanation on a separate page.\*\*\***

1. Has any jurisdiction (e.g., state, province, the District of Columbia, or U.S. possession or territory) rejected or denied your application for licensure/certification/registration as a psychologist or any other profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been disciplined (i.e., revocation, suspension, reprimand, censure, or any other publicly reported disciplinary action) by a psychology licensing body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has any jurisdiction limited your practice in any way or by any other action?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been disciplined while holding any other professional license/registration/certificate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been convicted of or entered a plea of guilty or nolo contendere to a criminal offense, felony, or misdemeanor (other than a minor traffic violation)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever voluntarily surrendered or restricted your professional license/registration/certificate in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever been censured, reprimanded, dismissed, suspended, terminated or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever been refused renewal of any professional license/registration/certificate for any reason in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are you the subject of a current proceeding or outstanding/unresolved complaint or investigation in relation to the profession of psychology or any other profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever aided or abetted another individual in practicing psychology without a license or an exemption in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever practiced psychology without a license or exemption in any other jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you registered in any jurisdiction as a sex offender?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Are you physically or mentally incapable to render psychological services with reasonable skill, safety and competency at present?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Do you use drugs and/or alcohol to an extent that affects your professional competency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever been party to a malpractice action or had a malpractice action brought against you or entered into a malpractice settlement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Have you ever been subject to an action by an ethics committee of any professional organization in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended, or subjected to restrictions or been requested to withdraw or resign?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Has any third-party payor (including Medicare and Medicaid), terminated, suspended, restricted or revoked your status as a provider for reasons related to your professional practice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Have you ever had professional liability insurance cancelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Has any government agency ever substantiated allegations made against you for physical, mental, emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO



## AFFIDAVIT

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the profession; that he/she has no complaints pending, and has had no disciplinary action against him/her in any jurisdiction; that he/she has otherwise met all statutory requirements and believes him/herself eligible for licensure via Reciprocity, CPQ or ABPP and that he/she has read and understood this affidavit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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

**Total Check or Money Order Enclosed:**