



**STATE OF OKLAHOMA
BOARD OF EXAMINERS OF PSYCHOLOGISTS**

421 NW 13TH STREET, SUITE 180
OKLAHOMA CITY, OK 73103

(405) 522-1333 / BOARDSTAFF@PSYCHOLOGY.OK.GOV
WWW.PSYCHOLOGY.OK.GOV



APPLICATION FOR LICENSURE REACTIVATION

This form is to be completed by individuals seeking to reactivate a psychologist license currently held on inactive status with the Oklahoma State Board of Examiners of Psychologists (OSBEP).

Pursuant to Board rules, a license placed on inactive status is not valid for the practice of psychology. However, a licensee may re-establish active status without penalty upon demonstrating compliance with all applicable statutory and regulatory requirements.

The Board will review each request for reactivation to ensure that the applicant meets current renewal standards, satisfies continuing professional education requirements, and has no outstanding issues that would impede licensure. Reactivation is not effective until formally approved by the Board.

Applicants are responsible for submitting complete and accurate documentation. Incomplete submissions may delay processing.

Return Completed Form to:

Oklahoma State Board of Examiners of Psychologists
421 NW 13th St., Suite 180
Oklahoma City, OK 73103

TO BE SUBMITTED TO THE BOARD OFFICE:

Application, Attestation, and Affidavit – Complete the full application, attach a current passport photo to the area identified in the upper-right corner on *Page 2* and sign the Applicant Affidavit on *Page 5* of this Application.

If your name has changed since initial licensure, legal documentation verifying the name change (i.e., marriage license) must be submitted with this application.

Citizens Affidavit - Verify this document is signed and notarized and is attached with this Application. This form can be found on the Board’s website.

Continuing Professional Education (CPE) Documentation - Verification of completion of the required continuing professional education (CPE) for the current renewal year, in accordance with OAC 575:10-1-8, consisting of seventeen (17) hours of regular CPE and three (3) hours in ethics. All CPE documentation must be submitted with this application.

Out of State License Verification Form(s) - The applicant must arrange for the out-of-state licensing agency to send a verification of licensure directly to the Board office. The verification must be submitted on the form prescribed by the Board located on *page 6* or as an official document issued by the licensing agency that bears the agency’s seal. The verification must confirm the applicant’s license or certificate number, the date the license was issued, and that the license was granted based on credentials at the doctoral level in psychology. The document must also verify that the licensee is currently on active status and in good standing in that state, and that there are no outstanding complaints or charges filed against the licensee.

Filing Fee – The current renewal fee must be paid by check, cashier’s check, or money order, payable to Oklahoma State Board of Examiners of Psychologist in the amount of **\$400.00**. Please attach it to the front of this application. This application fee is **non-refundable** and **must** accompany this application. **DO NOT LEAVE LOOSE IN THE ENVELOPE.**

Pursuant to OAC 575:10-1-5(b)(3)(A)(i), late fees apply to individuals whose license is currently invalid status.



APPLICATION FOR LICENSURE REACTIVATION

WHAT IS YOUR CURRENT LICENSURE STATUS?

(CHECK ONLY ONE):

Inactive: My license is currently on inactive status. I understand that an inactive license is not valid for the practice of psychology and was placed on inactive status upon payment of a one-time inactive fee.

Invalid: My license is currently in invalid status due to nonpayment of the renewal fee or inactive fee by December 31 of the year the license was issued or last renewed. I understand that my license is not valid for the practice of psychology until it has been properly renewed and reactivated.

**ATTACH ONE
PASSPORT
PHOTO HERE**

PERSONAL IDENTIFYING INFORMATION			
Last Name:	First Name:	MI:	
OK Licensure #:		Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.	
Previous Names or Aliases:			
SSN:	Date of Birth (mm/dd/yyyy):	Place of Birth:	
Gender:	Language Spoken:	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*Must submit a Citizen's Affidavit*</i>	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____			
CONTACT INFORMATION			
MAILING ADDRESS			
Address:	City:	State:	Zip:
LEGAL ADDRESS			
<input type="checkbox"/> Same as mailing			
Address:	City:	State:	Zip:
PHONE NUMBER / EMAIL			
Home Telephone:	Work Telephone:	Cellphone:	
Email Address:			

Please note that the email address provided will be the primary contact method for the Board to contact you regarding your application.

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

LICENSURE INFORMATION

The out-of-state licensing agency must send a verification of licensure directly to the Board office. Please list all jurisdictions in which you hold or have held a licensure.

Jurisdiction	License/ Certification	License Number	Original Issue Date	Expiration Date	Area of Practice

I hereby affirm that the information provided in this application is true, complete, and accurate to the best of my knowledge, information, and belief. I further affirm that I am the individual identified in this application and that the photograph attached hereto is a true likeness of me, the applicant seeking licensure as a psychologist in the State of Oklahoma.

Signature of Applicant

Date

APPLICANT AFFIDAVIT



STATE OF _____)

COUNTY OF _____)

I, _____, being duly sworn under penalty of perjury, depose and say:

I am the applicant for admission to practice referred to. I have carefully read the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservations of any kind, and the statements contained herein are true, complete, and correct to the best of my knowledge and belief.

I have not suppressed any information which might affect this application, nor have I omitted any information relevant to my current fitness to practice. I swear that I am of good moral character and will conform to the ethical standards and conduct of the profession. I further swear that I have no complaints pending, have had no disciplinary action against me in any jurisdiction, and have otherwise met all statutory requirements and criteria in the Reciprocity Agreement and believes I am eligible for licensure via Reciprocity, CPQ, ABPP, or Texas. By signing this affidavit, I swear and affirm that I have read and understood this affidavit.

Signature of Applicant

Subscribed and sworn to or affirmed before this ____ day of _____, _____.
Month Year

Notary Public

My commission expires on _____

(Seal)



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OUT-OF-STATE LICENSURE VERIFICATION

*To be completed by the out-of-state licensing agency.		Return Completed Form to:
The out-of-state licensing agency must send this verification of licensure directly to the Board office. The verification can be completed on this form or as an official document bearing the licensing agency's seal and must confirm the license/certificate number, date of issuance, that the license was granted based on doctoral-level credentials in psychology, that the licensee is currently on active status and in good standing with no outstanding complaints or charges, and that the licensee passed the Examination for Professional Practice in Psychology (EPPP), including the date taken and score received.		Oklahoma State Board of Examiners of Psychologists 421 NW 13 th St., Suite 180 Oklahoma City, OK 73103 ~ or ~ boardstaff@psychology.ok.gov

LICENSURE INFORMATION

Name as appears on license:		Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.
Name of Issing Agency:		
License #:	Date License Issued:	Licensing State:

EXAMINATION FOR THE PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

Did the individual pass the EPPP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Exam (MM/DD/YYYY):	Exam Score:
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I hereby certify that the above-named individual was issued a license or certificate to practice psychology in this jurisdiction based on credentials at the doctoral level in psychology. I further certify that the licensee is currently on active status and in good standing in this state and that there are no outstanding complaints or charges filed against the licensee. I also certify that the licensee passed the Examination for Professional Practice in Psychology (EPPP), and that the date of the examination and score achieved are accurately reflected on this form.

AFFIX OFFICIAL BOARD SEAL BELOW:

Signature of Authorized Official

Official Title

Date