



**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 VIA ENDORSEMENT OR RECIPROCIITY AGREEMENT

CHECKLIST

**Return Completed Form and
OSBEP Application Fee to:**

IMPORTANT: Please read and follow all the information on this page to ensure correct and timely processing of your application.

The following items must be completed and returned for this application.

THIS FORM MUST BE TYPED. DO NOT PRINT DOUBLE-SIDED.

Reminder: Keep a copy of the completed application in your permanent records.

Please note that the email address you provide will serve as the primary method of communication for the Board regarding your application.

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 6* of this Application.
- Citizens Affidavit** - Verify this document is signed and notarized and is attached with this Application.
- *Certificate(s)** of Professional Qualification (CPQ) in Psychology from the Association of State and Provincial Psychology Boards or Diplomate of the American Board of Professional Psychology (ABPP) – *Only if applicable.*
- *Health Service Psychologist (HSP) Certification Application Form** - *Only* for Psychologists who have completed consistent Training Programs, Internship/Residencies and Postdoctoral supervision experience in Clinical, Counseling, or School Psychology are eligible for certification as a Health Service Psychologist (HSP). This form can be found on the Board’s website.
- 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 7* 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. Additionally, the verification must certify that the applicant passed the Examination for Professional Practice in Psychology (EPPP), including the date the examination was taken and the score received.
- Three (3) Professional Letters of Reference from Licensed Psychologists** – These shall be attached to the submitted application.
- Filing 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.**



APPLICATION FOR LICENSURE VIA ENDORSEMENT OR RECIPROcity AGREEMENT

**ATTACH ONE
PASSPORT
PHOTO HERE**

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 on Board website*).

PERSONAL IDENTIFYING INFORMATION		
Last Name:	First Name:	MI:
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: _____		
Name as it will appear on license:		Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.

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

CONTACT INFORMATION

MAILING ADDRESS

Address:	City:	State:	Zip:
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LEGAL ADDRESS

Same as mailing

Address:	City:	State:	Zip:
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PHONE NUMBER / EMAIL

Home Telephone:	Work Telephone:	Cellphone:
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Email Address:

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

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:	
Address:	Start and End Dates:	
Start and End Dates:		

MASTER'S DEGREE

Master's Degree:	Date Conferred:	University:
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LICENSURE INFORMATION

Do you hold any other licenses and/or mental health certifications? YES NO

If yes, provide information on each license and/or mental health certification you currently hold or have previously held. (Attach additional pages if needed).

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

PROFESSIONAL REFERENCES

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.

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

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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WWW.PSYCHOLOGY.OK.GOV



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