



NON-RESIDENT NOTICE OF INTENT TO PROVIDE PSYCHOLOGICAL SERVICES

This form must be submitted to the Oklahoma State Board of Examiners of Psychologists (OSBEP) prior to providing any psychological services in Oklahoma, unless the individual is fully licensed in Oklahoma. Submission of this form does not constitute approval or licensure. The applicant remains responsible for compliance with all applicable Oklahoma and federal laws governing the practice of psychology.

IDENTIFYING INFORMATION			
Full Legal Name (First, Middle, Last):		<input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.	
Maiden/Alias:			
Phone:		Email:	
Address:		City:	State:
			Zip:
LICENSURE INFORMATION			
<input type="checkbox"/> I currently hold an active license		<input type="checkbox"/> I do not hold an active license	
States in which you are currently licensed:			
Active License Number:		Licensing Authority:	
In Good Standing with the Board: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Include a copy of your active license with your request.			
SERVICE DETAILS			
Confirmed Dates of Service:			
<input type="checkbox"/> In-Person <input type="checkbox"/> Telepsychology		In person only, location(s) of service (city):	
Will the supervisor be observing and reviewing the technician's work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there regularly scheduled supervision meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BASIS FOR PRACTICE IN OKLAHOMA			
<input type="checkbox"/> Nonresident Consultant (59 O.S. § 1353(9)): Services limited to no more than five (5) aggregate days in a calendar year. <input type="checkbox"/> Disaster Response (59 O.S. § 1353(10)): In coordination with the American Red Cross or APA Disaster Response Network. <input type="checkbox"/> New Resident Applicant (59 O.S. § 1353(11)): Application for Oklahoma licensure has been accepted and services will not exceed one (1) year. PSYPACT Authorization <input type="checkbox"/> E.Passport <input type="checkbox"/> APIT (Telepsychology) <input type="checkbox"/> TAP (Temporary Authorization to Practice – in person) <input type="checkbox"/> Other statutory exemption (describe):			

Purpose of your visit/services to be provided (check all that apply):

- Clinical services
- Evaluation/assessment
- Court-related services
- Telepsychology
- Disaster response
- Other:

Brief description of services:

Will you provide testimony in Oklahoma?

- Yes
- No

If yes, check one:

- Fact witness only
- Expert witness

By signing below, I certify that:

- The information provided is true and accurate.
- I understand this notification does not constitute licensure or Board approval.
- I will limit my services to those permitted under Oklahoma law and the exemption or PSYPACT authorization indicated above.
- If my activities exceed statutory limits, I will obtain full Oklahoma licensure prior to providing services.
- I will comply with all applicable Oklahoma statutes and Board rules governing the practice of psychology.

Signature

Date