OKLAHOMA STATE 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

PSYCHOLOGIST APPLICATION FOR INITIAL LICENSURE

CHECKLIST	Return Completed 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** – Complete the full application, attach one (1) current passport photo to the area identified in the upper-right corner of *Page 2* of the Application, and sign the Applicant Affidavit on *Page 4* of 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.

☐ ***Practice Under Supervision Application (Institutional Practice or Private Practice)** - *Only* for Applicants who have *not* completed their postdoctoral supervision requirement. A **$200.00 non-refundable fee** must accompany the application. This form can be found on the Board's website.

☐ **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**.

UPON RECEIPT OF THIS APPLICATION TO THE BOARD OFFICE:

☐ **National Criminal Background Check** – You will be contacted by the Board office via email with instructions to complete a National Criminal Background Check. There will be additional fees associated with fingerprinting and the background check. These fees are established by the Oklahoma State Bureau of Investigation and the agency you select to complete the fingerprinting. Additional information will be included in the email.

☐ **ASPPB PLUS Online Application** – **ASPPB PLUS Online Application** – 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.

After your initial application is received, the ASPPB will email you instructions to complete the online application through the **Psychology Licensure Universal System (PLUS)**. Through PLUS, ASPPB will collect and verify documentation related to your doctoral education, official transcripts, internship and supervised experience, EPPP testing and scores, licensure history, and any disciplinary or legal history. An additional **$200.00 fee** is required and collected by ASPPB.

Applicants seeking **Health Service Psychologist (HSP) certification** must also submit the OSBEP HSP Certification Application Form to ASPPB, available on the Board's website. Once verification is complete, ASPPB will transmit the documentation to the Board for review.

UPON BOARD NOTIFICATION:

☐ **Jurisprudence (JP) Examination** - Applicants will take the JP Examination after receiving approval from the Board to sit for the exam, which typically occurs once a complete application has been received and reviewed. The Board office will notify you when you are approved and provide instructions for scheduling the examination. The exam covers the Board's Rules, the Psychologists Licensing Act, the Code of Ethics, and applicable Oklahoma Mental Health Law. The JP is administered in person only; an online option is not available. Additional information and study materials are available on the Board's website.

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ATTACH ONE PASSPORT STYLE PHOTO HERE

General requirements for licensure as a psychologist in Oklahoma. Please refer to The Oklahoma Psychologists Licensing Act 59 O.S. §1362 and the BOARD RULES OAC:575 - Chapter 10 to ensure you meet all requirements for a license, as application fees are non-refundable.

Please select if you are a:

☐ Post-military service member or spouse.

Pursuant to the Post-Military Service Occupation, Education and Credentialing Act, 59 O.S. § 4100.1, issuance of an Oklahoma license or certificate to post-military service members and spouses is expedited upon receipt of required application materials and verification of BACB certification.

PERSONAL IDENTIFYING INFORMATION

Last Name:	**First Name:**	**MI:**
Previous Names or Aliases:		
SSN:	**Date of Birth (mm/dd/yyyy):**	**Place of Birth:**
Gender:	**Language(s) Spoken:**	**Are you a U.S. Citizen?** ☐ YES ☐ NO **Must submit a Citizen's Affidavit**
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino		
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Caucasian (White) ☐ Native American ☐ Native Hawaiian or Other Pacific Islander ☐ Other: _____		
Name as it will appear on license:	**Doctoral Credential**: ☐ Ph.D. ☐ Psy.D.	

CONTACT INFORMATION

MAILING ADDRESS

Address:	**City**:	**State**:	**Zip**:

LEGAL ADDRESS

☐ Same as mailing

Address:	**City**:	**State**:	**Zip**:

PHONE NUMBER / EMAIL

Home Telephone:	**Work Telephone**:	**Cellphone**:
Email Address:		

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**

EDUCATION INFORMATION

DOCTORAL DEGREE

Doctoral Degree:	**Area:**	**Date Conferred:**
University:	**Was your Doctoral Program APA accredited at the time your degree was conferred?** ☐ YES ☐ NO	

MASTER'S DEGREE

Master's Degree:	**Date Conferred:**	**University:**

POSTDOCTORAL SUPERVISION

Have you completed a minimum of 2000 hours of postdoctoral supervision with at least 75 hours of individual, face-to-face supervision?

☐ **YES** (Please have your postdoctoral supervisor verify with ASPPB and complete the HSP application.)

☐ **NO** (Please complete the IPUS and PPUS form.)

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:**

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)