

18. Briefly describe why you are applying or reapplying for licensure in North Carolina at this time.

19. Do you have a disability which may require some special accommodation in taking the state examination? Yes No
If yes, submit the following: (1) a letter describing the accommodations you are requesting; (2) documentation from a medical or mental health professional, who is qualified to administer tests for diagnosing and validating the identified disability, which confirms the disability and provides information that validates the accommodations you are requesting; and (3) if applicable, a letter from your graduate degree psychology program indicating the accommodations granted during graduate school. A request for special accommodations must be made at the time of application unless the disability develops after the time of application.

20. **Health Services Provider (HSP) Certification:** This certification is in addition to licensure and is mandatory for **permanently licensed psychologists** who render health services in North Carolina. You **must** apply for HSP **unless** you will **not** render health services in North Carolina.

Do you wish to apply for Health Services Provider Certification?

Yes. Complete the Application for Health Services Provider Psychologist (HSP-P) Based on Mobility Credential and remit the \$50.00 HSP-P application fee.

No. I will not render health services in North Carolina.

21. **Affidavit.** After completing all parts of this application, have the following Affidavit completed by a Notary Public.

_____ personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

I have reviewed a copy of the North Carolina Psychology Practice Act which stipulates the requirements for licensure and practice as a psychologist, including the requirement that, pursuant to G.S. § 90-270.15(a)(13), I must practice psychology within the boundaries of demonstrated competence or the limitations of education, training, or supervised experience. Further, I have received a copy of the Instructions describing the application process. I am of good moral character, the signature hereto is my own signature and each and every statement made in this application (including the several parts hereto attached and which form a part hereof) was made by me, and is in all respects true and correct to the best of my knowledge and belief.

I attest that I have no unresolved complaint in any jurisdiction at the time of filing this application in North Carolina.

(Signature of Applicant)

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 ____.

Notary Public

My commission expires _____ 20 ____.

SEAL

****The Board suggests that you keep a copy of the completed Application For Licensure and Supervision Contract Form for your records.****

APPLICATION FOR LICENSURE IS MADE ON THE DATE ON WHICH ALL OF THE FOLLOWING ARE RECEIVED IN THE BOARD OFFICE: (1) completed, signed, notarized Application For Licensure Based on Mobility Credential; (2) completed, signed, notarized Supervision Contract Form; and (3) application fee.