## NORTH CAROLINA PSYCHOLOGY BOARD

895 State Farm Road, Suite 101 Boone, NC 28607 (828) 262-2258

09.

License Applied For On Basis of:	
[ ] ASPPB CPQ holder	
[ ] National Register of Health Services P	roviders
in Psychology Registrant	
[ ] ABPP Diplomate	

**Application for Licensure Fee: \$100.00** 

## **APPLICATION FOR LICENSURE Based on Mobility Credential**

Read the enclosed Information/Instructions carefully.

Type or legibly print except for signature.

To make application, a completed, signed, notarized Application For Licensure Based on Mobility Credential, Supervision Contract Form, and the Application Fee must be received in the Board office. Persons qualified by education to practice psychology in North Carolina must make application with 30 days of offering to practice or undertaking the practice of psychology in North Carolina. Persons who fail to do so may not subsequently practice or offer to practice psychology without first becoming licensed. A current application form must be completed. No application material may be faxed to the Board. Call the Board office if you have any questions. Failure to complete the process by established deadlines and in the required format will cause a delay in application review and may affect your privilege to practice psychology. All fees are non-refundable.

	First	Middle	Last	Jr., II, etc
Home Mailing A	ddress			
		County	Telephone ( )	
Business Name	and Mailing Address			
		County	Telephone ( )	
Preferred Mailin	g Address 🗆 Home 🗆	Business	Social Security No.	_
E-mail Address			Daytime Fax _()	
Date of Birth	/ / Plac	e of Birth (City/Town and Sta	te)	
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Have you been lie □ Yes □ No	censed or certified by a psy If yes, indicate the jurisdi an applicant or a license	chology regulatory board, or n iction, date of licensure (or state, have verification sent; see	nade application to such a board, in tus of application), expiration date  Item #1(c)(1) on Instruction sheet.	another jurisdictions, and license number
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Have you ever been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit ever disciplined in any way (e.g., denied, suspended, reprimanded, censured, restricted, limited, placed on probation, revoked, etc) by any licensing authority in North Carolina or elsewhere, or are you aware of any pending charges against a professional license

or permit which you hold?  $\square$  Yes  $\square$  No If yes, provide details on an attached sheet.

Page 1 of 3 03/08

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Date listed in t	he National Register_					
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Page 2 of 3 03/08

If yes, sub medical or disability, and (3) if a graduate s	mit the following: (1) a let mental health professiona which confirms the disabili pplicable, a letter from your	tter describing the al, who is qualified ity and provides in graduate degree ps	accommodations yo to administer tests formation that valid: sychology program in	ng the state examination?    Yes    No u are requesting; (2) documentation in for diagnosing and validating the ide ates the accommodations you are required to a commodations granted to application unless the disability develop
licensed p				to licensure and is mandatory for <b>perma</b> apply for HSP <b>unless</b> you will <b>not</b> rende
Do you wi	sh to apply for Health Service	es Provider Certifica	ation?	
□ Yes.	Complete the Application for the \$50.00 HSP-P application		ovider Psychologist (	HSP-P) Based on Mobility Credential an
□ No.	I will not render health service	ces in North Carolin	1a.	
Affidavit.	After completing all parts of	this application, ha	ve the following Affic	davit completed by a Notary Public.
		perso	nally appeared before	me, and having been duly sworn (or affi
according	to law, made the following aff	fidavit, to wit:		
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\*\*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 <u>ALL</u> OF THE FOLLOWING ARE <u>RECEIVED</u> IN THE BOARD OFFICE: (1) completed, signed, notarized Application For Licensure Based on Mobility Credential; (2) completed, signed, notarized Supervision Contract From; and (3) application fee.

Page 3 of 3 03/08