

19. Briefly describe why you are applying for reinstatement of licensure in North Carolina at this time.

20. Do you have a disability which may require some special accommodation in taking the examination(s)? 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.

21. **Health Services Provider Certification:** This certification is in addition to licensure and is mandatory for **permanently licensed psychologists** who render health services in North Carolina; certification is optional at the licensed psychological associate and provisional licensed psychologist levels of licensure. HSP certification does NOT transfer between levels of licensure. Did you previously hold Health Services Provider Certification? Yes No
If no, and you wish to apply for such at this time, contact the Board office for further instructions and forms.

22. **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 received 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 accessed 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.

(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 Reinstatement of Licensure and Supervision Contract Form for your records.

APPLICATION FOR REINSTATEMENT OF LICENSURE IS MADE ON THE DATE ON WHICH A COMPLETED, SIGNED, NOTARIZED APPLICATION FOR LICENSURE AND A COMPLETED, SIGNED, NOTARIZED SUPERVISION CONTRACT FORM ARE RECEIVED IN THE BOARD OFFICE.