



## APPLICATION INSTRUCTIONS

### For CLINICAL PSYCHOLOGY (LCP), SCHOOL PSYCHOLOGY, OR APPLIED PSYCHOLOGY LICENSURE BY Examination

**Completed Application:** The application must be notarized. To avoid delays, please provide a complete application packet. Incomplete packets will not be reviewed.

**Application Fee:** A fee of **\$200.00** is required for an application to be processed. All fees paid by check or money order must be made payable to the “Treasurer of Virginia”. This fee is non-refundable. The application is valid for one year from date of receipt.

**The below supplemental documentation must accompany your application and fee in one packet:**

- Verification of Post-Degree Supervision (Form 3):** For applicants for licensure as a clinical or school psychologist only. Submit this form in an unopened envelope with the supervisor’s name over the seal. This form is completed by your supervisor upon completion of supervision.
- Internship Verification (Form 4):** For applicants for licensure as a clinical or school psychologist only. Submit this form in an unopened envelope with the name of the individual signing the form over the seal.
- Verification of Pre-Doctoral Supervised Practicum Hours (Form 9):** This is an optional form for applicants for clinical psychology only. Hours completed in pre-doctoral practicum supervised experience may be used to fulfill the residency requirements.
- Verification of Education:** For all applicants, an official transcript with conferral date is required.
- Areas of Graduate Study (Form 6):** For all applicants who did not graduate from an APA, NCATE, or NASP accredited institution.
- Out-of-State Licensure Verification (Form 5):** If you have ever held or hold a licensure or certification as a mental health or health professional, whether current or expired, you must submit license verification. Please send the enclosed verification form to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and mailed back to you and included in your application packet, or you can provide an online verification printed from your licensure jurisdiction website if the verification indicates that you have no disciplinary actions.
- Licensure Verification of Out-of-State Supervisor (Form 7):** If your supervision did not take place in Virginia, you must submit a verification of your supervisor’s license. You may submit an online Verifications printed form the issuing license jurisdiction website or you may submit the enclosed verification form. The supervisor’s license verification must be included in your application packet.
- Clinical Scores:** If you have passed the Examination for Professional Practice in Psychology (EPPP), prior to completing your supervision, please submit an official verification.
- NPDB Self-Query:** a current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be submitted. You may request a self-query at <https://www.npdb.hrsa.gov>.
- Name Change:** If applicable, documentation must be provided if your name has legally changed through marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.



**Psychologist Application for Licensure by Examination**

**Check one:**     Clinical Psychologist       School Psychologist       Applied Psychologist

Military/Military Spouse:

Are you active duty military personnel?       **Yes**     **No**

Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?       **Yes**     **No**

<p align="center"><b>Complete All Sections</b></p> <p>Application Fee of <b>\$200.00</b> is <b>Non-Refundable</b></p> <p>Application forms lacking a Social Security or VA DMV number will not be processed.</p> <p>Mail all required documentation and fee to:  <b>Board of Psychology</b>  <b>9960 Mayland Dr.,</b>  <b>Suite 300,</b>  <b>Henrico,</b>  <b>Virginia 23233</b></p> <p>All signatures must be original.</p>	Legal Name (First, Middle, Last)											
	Other Names Used on Official Documents (i.e. transcripts)	Sex (Circle) Male    Female										
	Public Address (Street/Box Number, City, State, Zip)											
	Mailing Address (Street/Box Number, City, State, Zip) *											
	Home Phone	Cell Phone										
	Business Phone with extension											
	Email											
	Social Security Number (or VA DMV #)	Date of Birth										
	Education/Training (List in chronological order all graduate schools attended. Include transcripts.)											
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Degree Earned</th> <th style="width: 15%;">Date Degree Received</th> <th style="width: 25%;">Major</th> <th style="width: 45%;">Institution Name/State</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Degree Earned	Date Degree Received	Major	Institution Name/State							
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\* The address provided in this section is subject to disclosure under the Freedom of Information Act.



**Ethics Attestation:** Please answer the six questions below. **If you answer yes to any question, include a detailed explanation or supporting documentation. Refer to Guidance Document 125-2 for detailed information on the requirements with a criminal conviction.**

- |   |     |    |
|---|-----|----|
| 1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? If yes, please provide a full explanation.   | Yes | No |
| (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?  | Yes | No |
| 2. Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? If yes, provide a full description of the circumstances and any supporting documentation.   | Yes | No |
| 3. Within the past five years, have you been disciplined by any entity?<br>Please provide a full explanation and any associated orders or letters from the entity.  | Yes | No |
| (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?  | Yes | No |
| 4. Have you voluntarily surrendered your license, certification or registration while under investigation?<br>If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation.  | Yes | No |
| 5. Have you ever been denied the issuance of a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency. If yes, provide detail(s), jurisdiction(s) and date(s).  | Yes | No |
| 6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance?<br>(This includes convictions for driving under the influence, but does not include other traffic violations). Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.<br>If yes, include an explanation of the charges/convictions, and attach documentation required in the Board's Guidance Document #125-2.  | Yes | No |
| 7. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner?<br>"Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing psychologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)                               | Yes | No |
| 8. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing psychologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)                             | Yes | No |
| 9. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing psychologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | Yes | No |
| 10. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)   | Yes | No |



Virginia Department of  
**Health Professions**  
 Board of Psychology

9960 Mayland Drive, Suite 300  
 Henrico, VA 23233-1463  
[www.dhp.virginia.gov/psychology](http://www.dhp.virginia.gov/psychology)

Email: [psy@dhp.virginia.gov](mailto:psy@dhp.virginia.gov)  
 (804) 367-4697 (Tel)  
 (804) 527-4435 (Fax)

**Licenses / Certifications: List all mental health or health professional licenses or certificates that you hold or have ever held.**

State	License #	Current License Status	Issue Date	Type of License

**Attestation of Accuracy & Review of Virginia Regulations & Statutes:** *By signing this document, I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief. I also certify that I have carefully reviewed and agree to apply the Statutes and Regulations Governing the Practice of Psychology. I understand that my signature below must be notarized.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**AFFIDAVIT: The following statement must be executed by a Notary Public.**

State of \_\_\_\_\_, County of \_\_\_\_\_

Name \_\_\_\_\_, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a professional counselor in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_.

My commission expires on \_\_\_\_\_.

My Commission # (if applicable): \_\_\_\_\_.

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