



APPLICATION INSTRUCTIONS FOR LICENSURE AS A SCHOOL PSYCHOLOGIST - LIMITED

Completed Application: The application must have an **original signature**. To avoid delays, please provide a complete application packet. Incomplete packets will not be processed.

Application Fee: A fee of **\$85.00** 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 Education:** An official transcript with conferral date is required.
- Completed Employment Verification Form:** Must indicate current employment by a school system under the Virginia Department of Education.
- Copy of current license issued by the Board of Education:** This document must show an endorsement in Psychology.
- Out-of-State Licensure Verification(s):** 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 a license verification. Please send the enclosed verification form (**Form 5**) 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.
- Name Change:** If applicable, documentation must be provided if your name has legally changed by marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.



Virginia Department of
Health Professions
Board of Psychology

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
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(804) 367-4697 (Tel)
(804) 527-4435 (Fax)

APPLICATION FOR LICENSURE AS A SCHOOL PSYCHOLOGIST-LIMITED

INSTRUCTIONS	PLEASE TYPE OR PRINT	USE BLACK INK	
1. Applications lacking a Social Security Number or Virginia Department of Motor Vehicles control number will not be processed. 2. Applications lacking all supporting documentation (including official transcripts) will not be processed.			
I. GENERAL INFORMATION			
Full Name (Last, First, Middle, Suffix, Maiden Name)	Degree	Social Security/Virginia DMV Control Number	Date of Birth
Print Your Name As You Would Like It To Appear On Your Wall Certificate			
Licensure Address (Street and/or Box Number, City, State, ZIP Code)*			Home Telephone Number
Alternate Mailing Address (if different from above)			Business Telephone Number
Fax Number		E-Mail Address	
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 <input type="checkbox"/> <input type="checkbox"/>
LICENSURE/CERTIFICATION - List all the states in which you now hold or have ever held an occupational license or certificate to practice as a School Psychologist-Limited or other mental health care practitioner. A verification form must be completed for each of the listings below.			
STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	TYPE OF LICENSE/CERTIFICATE



Ethics Attestation: Please answer the ten questions below.

If you answer yes to any question, include a detailed explanation AND supporting documentation. Refer to Guidance Document 125-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

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| 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? | 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? | Yes | No |
| 3. | Within the past five years, have you been disciplined by any entity?
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?
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? (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.

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? "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 |



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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

The following statement must be executed by a Notary Public. This form is not valid unless properly notarized.

AFFIDAVIT
(To be completed before a notary public)

State of _____

County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a School Psychologist-Limited 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.

Signature of Applicant

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

My commission expires on _____.

Signature of Notary Public

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