

SECTION II: CERTIFICATION OF LICENSURE

INSTRUCTIONS TO THE LICENSING AUTHORITY: Please complete this section and sign and date the certifying statement. This form must be returned directly to the Office of the Professions at the address at the end of the form. This form will not be accepted if returned by the applicant.

1. Exact title under which the applicant was licensed or certified as a psychologist: _____
2. License Number: _____ Date issued: _____ / _____ / _____
mo. day yr.
3. Is the applicant currently licensed or registered to practice? Yes No
4. Was the license granted at the independent practice level and based upon having received a doctoral degree in psychology? Yes No
5. Was the license based on the ASPPB examination entitled Examination for Professional Practice in Psychology administered in 1977 or thereafter on national testing dates for the written form or by computerized examination? Yes No

If yes,

Date on which the exam was administered _____ / _____ / _____
mo. day yr.

Scaled score achieved by applicant: _____

Form number of the exam: _____

6. If the psychologist was licensed or certified **without** examination, please explain on what basis the license or certificate was granted: (attach additional sheets if necessary)

7. If the exam was "waived", please provide dates of waiver period in your state or province: _____

8. If licensure or certification involved any special condition, please explain _____

9. Was there ever any disciplinary action against this license? Yes No
If so, please explain (attach additional sheets if necessary) _____

10. Are there any disciplinary charges pending against this license? Yes No
If so, please explain (attach additional sheets if necessary) _____

CERTIFICATION

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above, this licensing authority has never taken any disciplinary action against this person and that, in so far as the licensing authority has knowledge, there have been no charges preferred or sustained except as noted in questions 9 and 10 above.

Signature: _____

Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Name of licensing authority: _____

Title or official position: _____

Telephone: _____ Fax: _____

E-mail: _____

**(SEAL OF LICENSING
AUTHORITY)**

**RETURN DIRECTLY
TO: →**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Psychology Unit, 89 Washington Avenue, Albany, NY 12234-1000.