

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST BY CREDENTIAL

GENERAL INSTRUCTIONS AND INFORMATION

APPLICATION MATERIALS

Enclosed is the application form for licensure as a psychologist by credential. Please read the enclosed materials very carefully. Applicants should call the Board office prior to submitting application forms to verify that the forms and fees are still current to ensure the form you are using is the most current. The current application and fee schedule are maintained on the Board's website.

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- * Check or Money Order in the amount of \$350 made payable to the Arizona Board of Psychologist Examiners
- * The "Application For Licensure as a Psychologist by Credential" with any required supporting documentation
- * The "Mandatory Confidential Information" page (non-public information)
- * Verification of all psychology licenses ever held in other states, sent directly from the state licensure board(s)
- * Verification of any licenses or certifications held in other fields or professions sent directly from the state licensure board(s)
- * Verification of at least one of the following credentials: American Board of Professional Psychology (ABPP) Specialist (Diplomate), Certificate of Professional Qualification in Psychology (CPQ), or National Register of Health Service Providers in Psychology (NRHSPP) credential
- * Completion of the Arizona Statement of Citizenship and Alien Status forms **including** submission of a copy of your birth certificate, passport, or other listed documents.
- * A self-query from the National Practitioner Data Bank – Healthcare Integrity Protection Data Bank available at www.npdb.hrsa.gov. Provide results to the Board.

It is the applicant's responsibility to contact information sources to verify that materials have been sent. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. The Board provides applicant's one *Notice of Deficiency* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8159 to check the status of the application file.

NOTICE TO NATIONAL REGISTER APPLICANTS

Individuals applying for licensure on the basis of the National Register of Health Service Providers in Psychology credential must submit evidence of having practiced psychology independently at the doctoral level for a minimum of five years. This may be provided through verification of your psychology licensure in other states. The applicant must also submit evidence of receiving a passing score of at least 500 scaled score on the computerized exam or 70 percent or better on the written exam of the Examination for Professional Practice in Psychology (EPPP). Applicants who have taken the EPPP through another state or Canadian province may be eligible for examination waiver. To be considered for waiver, please request the score be sent directly to the Board by the EPPP Score Transfer Service, ASPPB, P.O. Box 3079, Peachtree City, GA 30269, (678) 216-1175, or by the state from which the applicant originally passed the exam.

CONTACTING THE BOARD

Heather Broaddus, Licensing Coordinator
Phone: (602) 542-8159
Fax: (602) 542-8279
E-mail: heather.broaddus@psychboard.az.gov
Internet : <https://psychboard.az.gov>

Mailing address:

Arizona Board of Psychologist Examiners
1400 West Washington, Suite 240
Phoenix, Arizona 85007

STATUTES AND RULES

If you would like to purchase a hard copy of the Board's Statutes and Rules, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. It is also possible to download a free copy of the Statutes and Rules from the Board's website <https://psychboard.az.gov>.

NOTICE FOR AMERICANS WITH DISABILITIES

Title Two of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability in its public meetings. Persons with disabilities may request reasonable accommodations by contacting the Board at (602) 542-8162 or emailing at heather.broaddus@psychboard.az.gov to make their needs known. Requests should be made as soon as possible to allow time to arrange for the accommodation. These documents may be made available in alternative formats by contacting the Board.

With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.



State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 240
Phoenix, AZ 85007

Phone: 602-542-8162
Fax: 602-542-8279

E-Mail: heather.broadus@psychboard.az.gov
<https://psychboard.az.gov>

Application for Licensure as a Psychologist by Credential*

I hereby apply to be licensed as a psychologist by the Arizona Board of Psychologist Examiners. Enclosed is the application fee which I understand is **nonrefundable**.

I am applying by means of the following credential: (Check only one) ABPP¹ CPQ² NRHSPP³

(Note: If you do not hold one of these credentials, you are not eligible to apply for licensure by credential. You may, instead, complete the Application for Licensure and/or Examination.*)

I understand that it is my responsibility to contact the organization that issued my credential to request that verification of the credential be sent directly to the Arizona Board of Psychologist Examiners. _____ (initials)

I understand that it is my responsibility to contact any state in which I have ever held a psychology license, or any other certification or license in other fields or professions, and request that an official verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners. _____ (initials)

I understand that if I have earned **ABPP** Specialist (Diplomate) status or a **CPQ**, I am exempt from the Examination for Professional Practice in Psychology (EPPP). _____ (initials)

I understand that if I am applying for licensure on the basis of an NRHSPP credential:

- I must submit evidence of having practiced psychology independently at the doctoral level for a minimum of five years.
- I must submit evidence of receiving a passing score on the EPPP of at least a 500 scaled score on the computerized exam or a 70 percent or better on the written exam.
- I understand that if I took the EPPP in another state, I may be eligible for examination waiver. To be considered for waiver, I understand that I must request that the EPPP Score Transfer Service, ASPPB, P.O. Box 3079, Peachtree City, GA 30269, (678) 216-1175, or the state in which I originally tested, send my score directly to the Board.

I understand that, if in the judgment of the Board, more information is necessary, further documented evidence may be required from me and/or my credentialing agency. _____ (initials)

I understand that my file will be considered **open** upon the Board's receipt of my application form and payment. My file will not be considered **administratively complete** or ready for Board review **until all materials required by the Board are received on appropriate forms at the Board office**. Application materials are open to public inspection except those materials considered confidential by law, pursuant to A.A.C. R4-26-101(11). _____ (initials)

I further understand that I may not list myself **as a psychologist** in Arizona telephone directories, business cards, or otherwise represent myself as a psychologist, until I have been officially notified that I have been licensed as a psychologist in Arizona. _____ (initials)

I have have not made a previous application to the Arizona Board of Psychologist Examiners.

If so, list date of the application and action taken by the Board: _____

Name (printed or typed) _____

Signature _____ Date: _____

* Pursuant to A.R.S. § 32-2071.01(A)

1 "ABPP" is a Specialist (Diplomate) credential issued by the American Board of Professional Psychology.

2 "CPQ" is a Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards.

3 "NRHSPP" is a credential granted by the National Register of Health Service Providers in Psychology.

GENERAL INFORMATION

(PLEASE PRINT OR TYPE)

1. Full Name: _____ Date: _____

Home Address: Please provide on the *Mandatory Confidential Information* form enclosed.

2. Business Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

3. Work Phone: (_____) _____ - _____ Ext.: _____ Work Fax: (_____) _____ - _____

Work E-Mail: _____

4. Gender: Male Female

5. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board. Home Business

6. Which address would you like the Board to use as your mailing address? Home Business

7. Are you on active duty in the military? Yes No

8. Are you or have you been licensed or certified as a psychologist in any state or Canadian province? If yes, list state(s) and license number(s): Yes No

9. Have you ever taken the national examination in psychology (EPPP)? If yes, list all states and dates: Yes No

FOR QUESTIONS 10 THROUGH 23 BELOW, IF THE ANSWER IS YES, PLEASE ATTACH AN EXPLANATION AND INCLUDE DATES, IF APPLICABLE:

10. Have you made application to any other state or Canadian province in which you are not licensed? Yes No

11. Are you licensed or certified in any other field or profession? If yes, please provide the name of the profession(s), jurisdiction(s), and license number(s): Yes No

12. _____
Has any state or province ever denied or rejected your application for a professional license, certification, or registration? Yes No

13. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration? Yes No

14. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration? Yes No

15. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s). Yes No

16. Have you ever had membership in a professional association in the field of psychology denied or revoked Yes No
17. Are you currently under investigation for or have you been found guilty of violating a code of professional ethics or code of conduct by any professional organization or jurisdiction? Yes No
18. Have you ever been sanctioned or placed on probation by any jurisdiction? Yes No
19. Have you been convicted of a felony or a misdemeanor other than a minor traffic offense, or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged or deleted? Yes No
20. Have you been sued in civil court or prosecuted in criminal court pertaining to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a particular profession in which you were not certified or licensed? Yes No
21. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or misdemeanor other than a minor traffic offense or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged, pardoned, or deleted (If yes, please include in your explanation the status of resolution and expected resolution date) Yes No
22. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice? Yes No
23. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice psychology safely and effectively? Yes No

24. **UNDERGRADUATE AND GRADUATE EDUCATION**

University or College	City and State	Dates Attended	Degree and Date	Name of Department	Major Subject Area

25. Doctoral Degree: Major Advisor: _____

Department: _____

Title of Dissertation or Psy.D. Project: _____

26. Official title of your doctoral degree program or predoctoral specialty area:

27. Please list your psychology-related training experiences:

28. Was your predoctoral internship:

- | | | |
|---|-----|----|
| a. Approved by the American Psychological Association? | Yes | No |
| b. A member of the Association of Psychology and Postdoctoral Internship Centers? | Yes | No |

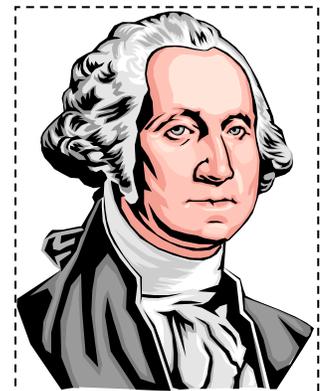
29. My areas of professional competence are: _____

30. My areas of intended professional activity in Arizona are: _____

31. If licensed, I would like my name on the license to read (include name and degree only):

32. This application shall be accompanied by:

- A. One original, un-retouched photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space to the right, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
- B. A Check or Money Order in the amount of \$350, made payable to the Arizona Board of Psychologist Examiners.



AFFIDAVIT

Pursuant to A.R.S. Sections 32-2061, 32-2071.01 and 32-2081, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

I swear that the statements contained herein are true in every respect. I have not omitted any information that might affect this application. I will conform to the standards of professional conduct as defined in Arizona Revised Statutes, Section 32-2061, et seq. and the rules and regulations pertaining thereto.

Signature of Applicant

SWORN TO before me this ____ day of _____, 20 _____

STATE OF _____)

COUNTY OF _____)

AFFIX NOTARY SEAL

Signature of Notary

My Commission Expires: _____

Arizona Board of Psychologist Examiners Mandatory Confidential Information

Name (Last, First, Middle)

Other Names Used (Last, First, Middle, Maiden)

Residential Address* (P.O. BOX NOT ACCEPTABLE)

Mailing Address (If different from above)

Check here to indicate if residential address is the same as your business address

(_____) _____
Home Phone No.

Date of Birth**

(_____) _____
Home Fax No.

Place of Birth

E-mail Address

Social Security Number*** (Required)

Please provide an **E-mail address** if you wish to receive updates from the Board.

*** THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.**

**** THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.**

***** A.R.S. §§ 25-320(P) and 25-502(K) MANDATE THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.**

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona Board of Psychologist Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF APPLICATION (Check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE/CERTIFICATION _____

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

Name of document _____

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status. Name of document provided _____

Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.

- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.