

**ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS**  
**APPLICATION FOR PSYCHOLOGIST EXAMINATION AND/OR LICENSURE**  
**GENERAL INSTRUCTIONS AND INFORMATION**

An application form for examination and/or licensure as a psychologist is enclosed. Please read the enclosed materials very carefully as lack of familiarity with the requirements will cause delays in the application process. This form may change without notice. Applicants should download application forms from the Board's website to ensure the form being used 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. All documents listed below may be uploaded to the Board via the [psychologist submissions portal](#). Use the sections below as a checklist of what needs to either accompany your application or be submitted to verify your professional history.**

**Section 1: Applicant May Send:**

1. The initial application by email and pay online with credit or debit card, or mail check or money order made payable to the Board of Psychologist Examiners: \$200 for temporary licensure (application for supervised temporary licensure and/or examination), \$350.00 for all other applications (see page 4 of the packet for types of applications).
2. Completed "Core Program Requirements" form on pgs 12-13 (waived if you graduated from an APA accredited doctoral program)
3. If you answered Yes to any professional conduct question (#10 - #21), appropriate documentation must be submitted. See "Appropriate Documentation for Yes Answers" at the end of this packet for detailed information about what to submit.
4. Photo taken in the last 60 days. See detailed instructions on pg 14, #34.
5. The "Required Mandatory Confidential Information" page (pg 24 in application)
6. Self-query from the National Practitioner Data Bank (NPDB) available at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov). Email PDF results to the Board.
7. Completed and signed Arizona Statement of Citizenship and Alien Status pg 25-26) accompanied by copy of your U.S. passport, current, government issued Real ID driver's license, or other acceptable documentation. Please note, if the documentation, such as a birth certificate, does not have your picture, you must also send a copy of a valid picture ID such as a driver's license, US passport, military ID, etc.
8. Names and email addresses of two licensed or certified psychologists to act as references (#31 in application).
9. If applying preinternship hours towards licensure, a copy of the signed and dated written training plan for each site if not submitted by verifier.
10. If applying postdoctoral hours towards licensure, a copy of the signed and dated written training plan if not submitted by verifier.
11. If you have failed the EPPP (Part 1 or Part 2) three or more times in any state and are applying for approval to take the EPPP, you must submit a detailed written study plan with your application, pursuant to A.R.S. § 32-2072(C) and R4-26-204(A)(1).

**Section 2: Applicant Must Cause Verifications Below to be Sent by Verifier: Do not include verifications in your application. Verifications must come directly from the primary source – the verifier. This includes verification of licensure, certification, official transcripts and supervised experience/training. If you have a SEALED official transcript, you may mail it to the Board's office, but it must be in the original unopened envelope. Transcripts in open envelopes will not be accepted.**

1. "Supervised Internship or Training Experience Verification" form sent directly to the Board by the training program administrator or supervisor. If the program was not an APA approved internship or a member of APPIC, a copy of the written statement describing goals and content of training and clear expectations for the quality and quantity of work is also required. *If you have twenty (20) years of licensed practice in the U.S. or Canada, check the appropriate box on page 4 to submit a written request to have this requirement waived.*
2. If applicable, "Postdoctoral Experience Verification" form sent directly to the Board by the training supervisor along with the written training plan pursuant to A.R.S. §32-2071(G)(7). (Only the training plan is required for a supervised temporary license application.) *If you have ten (10) years of licensed practice in the U.S. or Canada, check the appropriate box on page 4 to submit a written request to have this requirement waived.*
3. If applicable, "Supervised Preinternship Experience Verification" form sent directly to the Board by the Educational Institution along with the written training plan pursuant to A.R.S. §32-2071(E)(2). (Not required for a supervised temporary license application) *If you have ten (10) years of licensed practice in the U.S. or Canada, check the appropriate box on page 4 to submit a written request to have this requirement waived.*
4. If you have passed the EPPP, official transfer of score(s) from ASPPB. **As of November 1, 2020, applicants who are not licensed in another state must pass EPPP Parts 1 & 2 in order to qualify for licensure. For applicants licensed in another state, this requirement is waived.**
5. Verification of all psychology licenses and any licenses or certifications in any other field(s) or profession(s) ever held in other states, sent directly to the Board of Psychologist Examiners by the appropriate jurisdiction. Verifications for CO, IN, ME, NE, VA & WA will be obtained by Board staff. All other states may email or mail verifications to the Arizona Board's office. All licenses ever held must be verified regardless of current status.
6. Official transcripts from all graduate institutions attended, regardless of degree, sent directly to the Board by the university/college (transcripts sent digitally will be accepted if the Board can validate the transcripts).
7. Completed reference forms from two licensed or certified psychologists who can attest to your practice of psychology within the last three (3) years. Provide a valid email address on the application for each reference in #31 on application. Requests are sent by Board staff via email.

It is the applicant's responsibility to request verifications and contact information sources to verify that materials have been sent, including reference letters mailed/mailed from the Board office. Other than reference requests, Board staff cannot send application documents to information sources. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines that the applicant is attempting to meet. New applications must be administratively complete in order to be scheduled on the Board agenda. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. It may be helpful to submit course catalog descriptions and/or course syllabi. The Board provides the applicant one *Notice of Incomplete Application* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov) or (602) 542-8161 to check the status of the application file. Please do not contact the Board more than once a week.

#### **STATUTES AND RULES**

To obtain a hard copy of the Board's Statutes, Arizona Revised Statutes §§ 32-2061 through 32-2087.03, and Rules, Arizona Administrative Code R4-26-101 through R4-26-310, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. Please write "Statutes and Rules" in the memo section of the check. 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 APPLICANTS REQUESTING TO TAKE THE EPPP PRIOR TO COMPLETION OF SUPERVISED TRAINING**

Applicants for examination and licensure may take the Examination for Professional Practice in Psychology (EPPP) upon completion of the doctoral degree, including completion of a minimum 1500 hours of internship, but prior to completion of the 1500 hours of additional supervised professional experience required for licensure. The Supervised Psychology Internship or Training Verification form must be submitted by the site/supervisor directly to the Board. Where applicable, Supervised Preinternship Experience Verification form(s) must be submitted by the educational institution directly to the Board. Where applicable, Postdoctoral Professional Psychology Experience Verification form(s) must be submitted by the site/supervisor directly to the Board, once postdoctoral hours are completed. If an applicant has completed all training experiences, all appropriate verification forms must be provided.

An applicant who has been approved for the EPPP must pass the exam and complete the 3000 hours of supervised professional experience before the applicant may be approved for licensure.

#### **EXAMINATION (EPPP)**

The Examination for Professional Practice in Psychology (EPPP) is owned by the Association of State and Provincial Psychology Boards (ASPPB). ASPPB partners with authorized Pearson VUE Testing Centers to administer the exam via computer. Once an applicant is approved by the Board of Psychologist Examiners to sit for the EPPP, the Board will provide the applicant's name and email address to ASPPB via Certemy, its online platform. Please visit the Arizona Board's [EPPP Resources page](#) for more information.

#### **STUDY MATERIALS**

Information regarding study materials for the EPPP can be obtained by contacting the ASPPB at:

P.O. Box 3079  
Peachtree City, GA 30269  
678-216-1175  
[www.asppb.net](http://www.asppb.net)

#### **CONTACTING THE BOARD**

Kathy Fowkes, Licensing Specialist  
E-mail: [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov)  
Direct Line : (602) 542-8161  
Fax: (602) 926-8095  
Website : <https://psychboard.az.gov>  
Documents Upload: [Psychologist Document Submissions Portal](#)

#### **Mailing Address**

Arizona Board of Psychologist Examiners  
1740 West Adams Street, Suite 3403  
Phoenix, Arizona 85007

#### **NOTICE FOR AMERICANS WITH DISABILITIES**

Title II 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 to make their needs known. Requests should be made as soon as possible to allow time to arrange for accommodations. These documents may be made available in alternative formats by contacting the Board.

#### **NOTICE:**

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

#### **NOTICE:**

Pursuant to Section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with Section 41-1093.01, Arizona Revised Statutes.

**Arizona Board of Psychologist Examiners**  
**APPLICATION FOR PSYCHOLOGIST EXAMINATION AND/OR LICENSURE**

**FEE SCHEDULE**

**All fees are non-refundable**

**INITIAL APPLICATION FEES:**

- Application for Licensure as a Psychologist or as a Behavior Analyst..... \$350.00
- Application for supervised Temporary Psychologist License..... \$200.00
- Reapplication..... \$200.00

**LICENSE ISSUANCE FEES:**

***DO NOT*** send issuance fee with application. Issuance fees are payable ***only*** after the Board approves your application for licensure. Sending payment for the license issuance fee prior to application approval will delay the processing of your application and the check/money order will be rejected.

- **Behavior Analyst & Psychologist Initial Issuance Fee**..... \$500.00 (max.) Prorated\*  
*\*The initial license issuance fee is calculated at \$20.8333/month for the first license cycle including month of issuance and month of expiration.*
- **Temporary (Supervised) Psychologist License Issuance Fee (license is non-renewable)**..... \$500.00

**RENEWAL AND REINSTATEMENT FEES:**

- Biennial Active Renewal Fee..... \$500.00
- Biennial Inactive Renewal Fee..... \$ 85.00
- Reinstatement Fee..... \$200.00

**OTHER FEES:**

- Statutes and Rules Hard Copy..... \$ 5.00  
 (These are available for free on the Board's website)
- Duplicate Renewal Receipt..... \$ 5.00
- Duplicate Commemorative Wall Certificate..... \$ 25.00
- Verification of Licensure..... \$ 0.00

*Email Krishna Poe at [Krishna.Poe@psychboard.az.gov](mailto:Krishna.Poe@psychboard.az.gov) to request to have verification of your Arizona license emailed to another organization or Board. Provide your full name, license number, name and valid email address of the agency or facility to which the verification is to be sent.*

**TWO OPTIONS TO PAY FEES:**

1. Personal checks or money orders submitted to and made payable to the Arizona Board of Psychologist Examiners. If mailing a check or money order, a delivery service such as FedEx, UPS, DHL, etc., is highly recommended for tracking purposes. The Board is not responsible for lost mail.
2. **Credit or debit card:** Contact Board staff for instructions to login to the secure portal to pay fee(s) online. The Board's staff cannot process credit card payments.

**All fees are non-refundable.**

# Arizona Board of Psychologist Examiners

## APPLICATION FOR PSYCHOLOGIST EXAMINATION AND/OR LICENSURE

Applicant Name: \_\_\_\_\_  
 (Please include your degree - Psy.D., Ph.D., etc.)

### PLEASE SELECT ONE TYPE OF APPLICATION

**Check the Box**

<b>1.</b>	<b>Approval to Take the EPPP (\$350.00) under A.R.S. §§ 32-2071 &amp; 32-2072</b>		
-----------	---	--	--

By selecting this option, you are seeking approval to sit for the EPPP only at this time. Complete all questions on the application and submit (and cause to be submitted) all applicable documentation (see instruction page). As of November 1, 2020, the Arizona Board adopted the enhanced EPPP, which includes Part 1 – Knowledge & Part 2 – Skills. Applicants who do not hold an independent license in another state or province must pass Part 1 & Part 2 of the EPPP to qualify for Arizona licensure.

<b>2.</b>	<b>Approval to Take the EPPP &amp; Licensure (\$350.00) under A.R.S. §§ 32-2071 &amp; 32-2072</b>		
-----------	---	--	--

By selecting this option, you are seeking approval to both sit for the EPPP and be eligible for licensure upon a passing score. Select this option if you have not passed the EPPP Part 1 and/or Part 2. Complete all questions on the application and submit (and cause to be submitted) all applicable documentation (see instruction page). As of November 1, 2020, the Arizona Board adopted the enhanced EPPP, which includes Part 1 – Knowledge & Part 2 – Skills. Applicants who do not hold an independent license in another state or province must pass Part 1 & Part 2 of the EPPP to qualify for Arizona licensure.

<b>3.</b>	<b>Approval for Licensure by Waiver (\$350.00) under A.R.S. §§ 32-2071 &amp; 32-2072</b>		
-----------	--	--	--

*“Waiver” means that you have previously passed the EPPP with a score that meets or exceeds the [pass-point requirement for Arizona](#). Please select the type of Waiver that matches your current professional status:*

- a. Passed the EPPP (Parts 1 & 2) but not licensed as a psychologist at the independent level
- b. Passed the EPPP Part 1 & licensed as a psychologist at the independent level for less than 10 years
- c. Passed the EPPP Part 1 & licensed as a psychologist at the independent level for 10 or more years
- d. Passed the EPPP Part 1 & licensed as a psychologist at the independent level for 20 or more years

<b>4.</b>	<b>Approval for Psychologist Supervised Temporary License (\$200) under A.R.S. § 32-2073</b>		
-----------	--	--	--

- a. With Approval to Take the EPPP
- b. Without Approval to Take the EPPP

**This is a supervised license for postdoctoral trainees only.** This license is issued under A.R.S. § 32-2073. It cannot be transferred to an independent license issued under A.R.S. § 32-2071. If in the future you wish to be licensed as an independent psychologist in Arizona, you will need to apply anew, pay the \$350 application fee, and meet all requirements then in place.

Complete all questions on the application and submit (and cause to be submitted) all applicable documentation (see instruction page).



# State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403  
Phoenix, AZ 85007

PH: 602-542-8162  
FX: 602-926-8095

Email: [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov)  
Website: [psychboard.az.gov](http://psychboard.az.gov)

[Psychologist Documents Submissions Portal](#)

## APPLICATION FOR PSYCHOLOGIST EXAMINATION AND/OR LICENSURE

Initial each statement, attesting to your understanding of your role in the application process

\_\_\_\_\_ (initials) I hereby apply for examination and/or licensure by the Arizona Board of Psychologist Examiners. Enclosed is the application fee, which I understand is **nonrefundable**.

\_\_\_\_\_ (initials) I understand that, if, in the judgment of the Board, more information is necessary, further documented evidence may be required and I may be requested to appear before the Board.

\_\_\_\_\_ (initials) I understand that if I have a "special testing accommodation request" regarding an examination (e.g., a disability) for the Board's consideration, I will file a written request to the Board with this application and have my treating provider send a letter explaining the diagnosis and type of accommodations the provider is recommending.

\_\_\_\_\_ (initials) I understand that if I have previously passed the EPPP with a scaled score of 500 or better on the computerized exam or 70 percent or better on the written exam, 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.

\_\_\_\_\_ (initials) I understand that if I have failed the EPPP three or more times in any state, I must contact the Board before submitting an application or reapplication, pursuant to A.R.S. § 32-2072(C) and A.A.C. R4-26-204(A)(1).

\_\_\_\_\_ (initials) I understand that if I hold a Specialist Credential (Diplomate) from the American Board of Professional Psychology (ABPP), a Certificate of Professional Qualification in Psychology (CPQ) or a National Register of Health Service Psychologists (National Register) credential, and I have been licensed for 5 or more years, I may apply by means of the "Application for Licensure as a Psychologist by Credential" form.

\_\_\_\_\_ (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 field(s) or profession(s)*, to request that verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners.

\_\_\_\_\_ (initials) I understand that my file will be considered **open** upon the Board's receipt of my application form and fee payment. My file will not be considered **administratively complete** or ready for review **until all materials required by the Board are received on appropriate forms at the Board office. Applicant file must be administratively complete in order to be considered on the Board meeting agenda.** Application materials are open to public inspection, except for information 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, in fact, have been licensed as a psychologist in Arizona.

Please check:  I have /  have not made a previous application to the Arizona Board of Psychologist Examiners.

If so, list date(s) of the application and action taken by the Board.

<u>Date:</u>	<u>Action:</u>	<u>Date:</u>	<u>Action:</u>
<u>Date:</u>	<u>Action:</u>	<u>Date:</u>	<u>Action:</u>
<u>Date:</u>	<u>Action:</u>	<u>Date:</u>	<u>Action:</u>

Name (printed or typed) \_\_\_\_\_

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

## GENERAL INFORMATION

(PLEASE PRINT OR TYPE)

1.	Full Name:	Date:
----	------------	-------

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

Workplace Address:	Street:		
	City:	State:	Zip:
Work Phone:	(    )	Ext.:	Work Fax: (    )
Work E-Mail:			

Gender:       Female       Male

2. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board.	Home <input type="checkbox"/>	Business <input type="checkbox"/>
---	----------------------------------	--------------------------------------

3. Which address would you like the Board to use as your mailing address?	Home <input type="checkbox"/>	Business <input type="checkbox"/>
---	----------------------------------	--------------------------------------

**PLEASE CHECK YES OR NO**

	YES	NO
4. Regarding military service:		
a. Are you on active duty in the military?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you a military veteran?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is your spouse on active duty in the military?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is your spouse a military veteran?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you hold a Certificate of Professional Qualification in Psychology (CPQ), a National Register of Health Service Psychologists (NRHSP) credential, or are you a Specialist (Diplomate) of the American Board of Professional Psychology (ABPP)? <i>If yes AND you have been licensed 5 or more years in another state, please use the "Application for Licensure as a Psychologist by Credential" form.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you or have you been licensed or certified as a psychologist in any state or Canadian province (jurisdiction)? If yes, list state(s) and license number(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever taken the national examination in psychology (EPPP), including exams taken in Arizona? If yes, list all states and dates:  List Jurisdiction and Dates: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you or have you been 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):  _____ Name of Profession(s), Jurisdictions(s) & License Numbers	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s):  Name(s): _____	<input type="checkbox"/>	<input type="checkbox"/>

**FOR PROFESSIONAL CONDUCT QUESTIONS 10 - 21 BELOW: If your answer is “yes”, please attach a detailed written explanation and provide appropriate documentation (for details regarding, see “Appropriate Documentation for Yes Answers” at the end of this PDF). Anticipate that you will be expected to participate in an interview before the Application Review Committee and/or the Board when your application is substantively reviewed.**

	YES	NO
10. Have you made application to any other state or Canadian province in which you are not licensed? If yes, attach a detailed written explanation and include dates.		
11. Has any state or province ever denied or rejected your application for a professional license, certification, or registration? If yes, include a detailed written explanation and copy of the official denial or rejection document(s).		
12. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration? If yes, include a detailed written explanation and a copy of the action(s).		
13. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration? If yes, include a copy of the action(s).		
14. Have you ever had membership in a professional association in the field of psychology denied or revoked? If yes, include a detailed written explanation and a copy of the denial or revocation.		
15. Are you currently under investigation or have you been found to have violated a professional code of conduct by any jurisdiction? If yes, please provide a detailed written explanation and documentation.		
16. Have you ever been sanctioned or placed on probation by any jurisdiction? If yes, provide a detailed written explanation and documentation.		
17. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or a misdemeanor other than a minor traffic offense (a DUI is not 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, a copy of <u>any and all</u> law enforcement records and a copy of <u>any and all</u> court records are required.		
18. Have you been sued or prosecuted for an act or omission relating to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a profession in which you were not certified or licensed? If yes, include a detailed written explanation and a copy of the suit and resolution documents.		
19. Have you ever been involuntarily terminated or have you resigned in lieu of termination from any psychological or behavioral health position or related employment? If yes, include a detailed written explanation and copy of any written documentation (emails, letters, texts, etc.)		
<b>FOR QUESTIONS 20 AND 21, ANSWERS ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC</b>		
20. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice?		
21. 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?		

**22. GRADUATE EDUCATION –Enter required information below for all graduate degrees you have earned and all graduate coursework you have completed. Official transcripts for all graduate coursework and/or degrees regardless of major must be sent directly to the Board.**

<b>A</b>	<b>Name of College or University</b>		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:

<b>B</b>	<b>Name of College or University</b>		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:

<b>C</b>	<b>Name of College or University</b>		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:

<b>D</b>	<b>Name of College or University</b>		Location (City & State)	Degree Earned:
	Start Date (MM/DD/YY)	Graduation Date (MM/DD/YY)	Name of Department:	Major Subject Area:

<b>23.</b>	Name of Doctoral Degree Major Advisor:	Title of Dissertation or PsyD Project:
------------	--	--

Official Title of your Doctoral Degree Program or Pre-doctoral Specialty Area:			
--	--	--	--

<b>24.</b>	Pursuant to A.R.S. §32-2071(K), did you complete at least 18 semester hours (or equivalent) within a 12-month consecutive period at the institution that granted your doctorate in psychology, or a minimum of 300 hours of student-faculty contact that involved face-to-face educational meetings conducted by the institution’s psychology faculty and fully documented by the institution and the student?	Yes	No
------------	--	-----	----

<b>25.</b>	Were any other modifications made to the doctoral program due to the pandemic that were not captured above? If so, please provide a written explanation detailing the changes.	Yes	No
------------	--	-----	----

***You may duplicate this page or add additional pages as needed.***



26. **SUPERVISED TRAINING EXPERIENCE/VERIFICATIONS BEING APPLIED TOWARDS LICENSURE:** List your psychology-related training experience(s) in the table below, including names of the individuals from whom you are requesting verifications. (If more space is needed, please attach information on a separate sheet.) It is not necessary to list preinternship sites if you are not applying those hours toward licensure. You must list internship and postdoctoral supervised experiences. Please submit applicable verification form(s) to your supervisor(s) for completion.

\*"Type of Experience" refers to preinternship, internship or postdoctoral.

A.	Name of Supervisor	Site Name, City, State	Type of Experience*
B.	Name of Supervisor	Site Name, City, State	Type of Experience
C.	Name of Supervisor	Site Name, City, State	Type of Experience
D.	Name of Supervisor	Site Name, City, State	Type of Experience
E.	Name of Supervisor	Site Name, City, State	Type of Experience
F.	Name of Supervisor	Site Name, City, State	Type of Experience
G.	Name of Supervisor	Site Name, City, State	Type of Experience
H.	Name of Supervisor	Site Name, City, State	Type of Experience
I.	Name of Supervisor	Site Name, City, State	Type of Experience
J.	Name of Supervisor	Site Name, City, State	Type of Experience
K.	Name of Supervisor	Site Name, City, State	Type of Experience

27. List your total amount of hours of supervised training experience in each category, and check which type(s) of experiences you are applying towards Arizona licensure to meet the 3,000 hour requirement.

\*\*\*Internship must have a minimum of 1,500 hours pursuant to A.R.S. §32-2071(F)\*\*\*

Preinternship hours: _____ Applying towards licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>	Internship hours: _____ Applying towards licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>	Postdoctoral* hours: _____ Applying towards licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	---

\*NOTE: Some states require completion of postdoctoral experience prior to licensure. Applicants who may apply to other states for licensure should review specific requirements for postdoctoral experience prior to obtaining licensure in Arizona.

28. If licensed, I would like my name on the license to read:

\_\_\_\_\_  
(Name and degree only, such as Psy.D., Ph.D., etc.)

29. My areas of professional competence are:

30. My intended general area of professional activity/practice in Arizona (e.g., clinical, counseling, school, etc.) is:

31. **REFERENCES:** List the names, positions, addresses (including email) and phone numbers of **two** psychologists familiar with your education, training or experience and who have knowledge of your professional activities either within three (. The Board will contact these persons directly for the required information and endorsement on forms provided by the Board.

To be acceptable, reference psychologists must be familiar with the applicant's work experience in the field of psychology or postdoctoral program within three (3) years immediately preceding the date of application. If more than three (3) years have elapsed since the applicant last engaged in professional activities in the field of psychology or in a postdoctoral program, the references may be from the most recent three-year period in which the applicant engaged in professional activities in the field of psychology or in a postdoctoral program (R4-26-203(A)(26)). If the latter, the applicant must provide a written explanation of professional history since they last practiced in the field of psychology. Mere provision of a signature or an unfavorable report by a reference psychologist does not constitute provision of credentials necessary for licensure.

Reference psychologists shall be psychologists licensed or certified to practice psychology in a United States or Canadian jurisdiction. **Members of the Arizona Board of Psychologist Examiners cannot provide references.** The Board may reject any reference and/or require additional references from the applicant.

A. First and Last Name, including degree: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

**\*for expedited service, please include an email address for your reference.**

B. First and Last Name, including degree: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\*: \_\_\_\_\_

**\*for expedited service, please include an email address for your reference.**

32. **PROFESSIONAL EXPERIENCE IN PSYCHOLOGY.** List the details of supervised experiences you are applying toward licensure, as well as experiences that were employment only. Please list the most recent first and, for each of the positions, give the following information required below. You may photocopy this page or add additional pages as needed. If you have employment only and supervised experience toward licensure at the same site, list each type of experience separately. If applying supervised experience toward licensure, DO NOT check "employment only".

Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only (Not applying toward licensure)	<input type="checkbox"/> Supervised Experience Applying Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:	City & State:	
Applicant Job Title:		Type of Employment:
Name of Professional Supervisor:		Nature of Supervision:
Present Address of Professional Supervisor:		
Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only (Not applying toward licensure)	<input type="checkbox"/> Supervised Experience Applying Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:	City & State:	
Applicant Job Title:		Type of Employment:
Name of Professional Supervisor:		Nature of Supervision:
Present Address of Professional Supervisor:		
Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only (Not applying toward licensure)	<input type="checkbox"/> Supervised Experience Applying Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:	City & State:	
Applicant Job Title:		Type of Employment:
Name of Professional Supervisor:		Nature of Supervision:
Present Address of Professional Supervisor:		
Type of Experience: (CHECK ONE ONLY)	<input type="checkbox"/> Employment Only (Not applying toward licensure)	<input type="checkbox"/> Supervised Experience Applying Toward Licensure
Start Date:	End Date:	Hours/Week:
Employer:		
Employer's Address:	City & State:	
Applicant Job Title:		Type of Employment:
Name of Professional Supervisor:		Nature of Supervision:
Present Address of Professional Supervisor:		

*You may duplicate this page or add additional pages as needed.*

33.	Was your doctoral program accredited by the American Psychological Association (APA), Office of Program Consultation and Accreditation at the time of your graduation?  a. If YES, skip to item 34. b. If NO: <ul style="list-style-type: none"> <li>• Complete the Core Program Requirements section</li> <li>• Attach a copy of the official program description from the university catalog that most accurately reflects your program at the time of attendance.</li> </ul>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

## CORE PROGRAM REQUIREMENTS

Name \_\_\_\_\_ Date \_\_\_\_\_

In accordance with A.R.S. 32-2071(A)(4) and Board Rules, an applicant shall show a minimum of 3 or more graduate semester hours (or 5 quarter hours, 6 trimester hours, or the equivalent classroom contact hours) in each of the following areas.

Please note: Providing course descriptions and/or course syllabi could be helpful in demonstrating that you meet these requirements of Arizona law. It is possible to satisfy one of these course requirements through your comprehensive examination [see A.A.C. R4-26-202(C) and (E)]. If you are deficient in one or two content areas, Arizona law allows you to make-up those courses as a non-matriculated graduate student.

Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
		<b>SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS IN PSYCHOLOGY:</b>		
				Semester Quarter Trimester
		<b>RESEARCH METHOD AND STATISTICS:</b> (May include design, methodology, statistics and psychometrics)		
				Semester Quarter Trimester
		<b>BIOLOGICAL BASIS OF BEHAVIOR:</b> (May include physiological psychology, comparative psychology, neuro-psychology, sensation and perception and psychopharmacology)		
				Semester Quarter Trimester

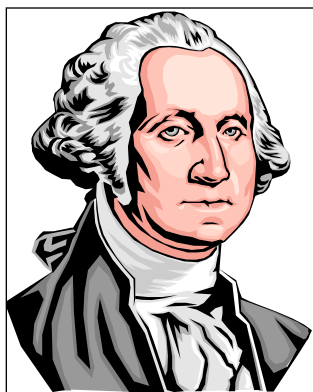
		<b>COGNITIVE-AFFECTIVE BASIS OF BEHAVIOR:</b> (May include learning, thinking, motivation and emotion)		
				Semester Quarter Trimester
		<b>THE SOCIAL BASIS OF BEHAVIOR:</b> (May include social psychology, group processes, cultural diversity, and organizational and systems theory)		
				Semester Quarter Trimester
		<b>INDIVIDUAL DIFFERENCES:</b> (May include personality theory, human development and abnormal psychology)		
				Semester Quarter Trimester
		<b>ASSESSMENT:</b> (Includes instruction in interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning)		
				Semester Quarter Trimester
		<b>TREATMENT MODALITIES:</b> (Includes Instruction in the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders)		
				Semester Quarter Trimester

34. This application shall be accompanied by:

A. One original photograph **taken not more than 60 days before the date of your signature, below.** This may be a photo taken with your smartphone as long as it is high resolution, head and shoulders, facing front, plain background, in focus, good lighting, etc. (“passport quality”) and email it to the licensing specialist. If emailing, do not re-size. Full length snapshots, newsprints, negatives or proofs are not acceptable. If self-printing, in the space below, firmly attach with tape or stick glue, a color photo of your head and shoulders which fits the box over George Washington (GW), below. Your photo should NOT be smaller than the box with GW, or so big that it covers text other than the word “photograph” on this page. DO NOT STAPLE.

B. Application fee: Check the appropriate boxes to indicate amount and how you will be paying the application fee. If in doubt, see the fee schedule on page 3.

- 1) \$200 for temporary license (w/ and without EPPP) applications
- 2) \$350 for all other applications (select type of application on page 4)
- 3) Mailing check or money order made payable to the AZ Board of Psychologist Examiners
- 4) Will pay via online portal with credit or debit card (please allow 3 weeks for instructions to be emailed)



PHOTOGRAPH

### ATTESTATION

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 Statute Section 32-2061, et seq., and the rules pertaining thereto.

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

\_\_\_\_\_  
Date

Name of Applicant:

Summary of Pre-Internship Supervised Professional Experiences

Abbreviated Title of Training Site	Dates of Supervised Experience (From & To; MM/YY) Listed Chronologically	Semester(s)	Class Number	Total Number of Supervised Hours	Direct Client/Patient Contact Hours	Hours worked per week	Total Face to Face Individual Supervision	Total Face to Face Group Supervision	Total Face to Face (Group + Individual) Supervision	Weekly Face to Face Individual Supervision	Weekly Face to Face Group Supervision	Weekly Face to Face (Individual+ Group) Supervision Totals
<i>Example Best Mental Hlth Clinic</i>	<i>Sept 08 May 09</i>	<i>Fall 2008; Spring 2009</i>	<i>CPY 639; CPY 639</i>	<i>297</i>	<i>100</i>	<i>9</i>	<i>30</i>	<i>0</i>	<i>30</i>	<i>1</i>	<i>0</i>	<i>1</i>
<b>GRAND TOTAL (EACH COLUMN)</b>												

**INSTRUCTIONS:**

If not applying preinternship hours towards licensure, applicant may leave this page blank.

Follow format in example (e.g., Best Mental Hlth Clinic) for each entry

Each experience/site listed in this summary must be verified by the educational institution on the Supervised Preinternship Verification Form. Duplicate page 2 of verification form as needed.

Enter N/A for class number if experience is not associated with a specific class

Please refer to A.R.S. §32-2071 (E) for information pertaining to preinternship requirements



# State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403  
Phoenix, AZ 85007

PH: 602-542-8162  
FX: 602-926-8095

Email: [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov)  
Website: [psychboard.az.gov](http://psychboard.az.gov)

[Psychologist Document Submissions Portal](#)

## SUPERVISED PSYCHOLOGY INTERNSHIP OR TRAINING EXPERIENCE VERIFICATION (MINIMUM 1,500 HOURS)

Dear Dr. \_\_\_\_\_:  
(your supervisor)

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

I am applying for licensure in Arizona as a Psychologist. My application shows that I participated in a professional psychology training experience with your organization from \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YY). Arizona Revised Statute (A.R.S.) § 32-2071(D) and (F) requires that primary source evidence of at least 1,500 hours of supervised professional internship experience be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below per my training records and upload the completed and signed form to the [Psychologist Document Submissions Portal](#). Thank you for your assistance.

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

Printed Name : \_\_\_\_\_

**SECTION A.** The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**

I attest that \_\_\_\_\_ participated in a professional psychology training program at  
(name of trainee)

Name of Internship Site: \_\_\_\_\_

City and State of Site: \_\_\_\_\_

From \_\_\_\_\_ (MM/DD/YYYY) To \_\_\_\_\_ (MM/DD/YYYY).

- Total overall hours of experience: \_\_\_\_\_  
No more than 40 hours worked per week can be applied towards licensure pursuant to A.R.S. §32-2071(H).  
Report only consecutive hours that can be applied towards licensure.

		YES	NO
2.	Did this applicant successfully complete this psychology training program at a satisfactory level of performance? If no, please attach an explanation.		
3.	During the entire time this applicant was in training, was this psychology training program a predoctoral internship approved by the American Psychological Association Committee on Accreditation (APA)?		
4.	During the entire time this applicant was in training, was this psychology training program an internship facility that was a member of the Association of Psychology and Postdoctoral Internship Centers (APPIC)?		

**IF ANSWERING "YES" TO EITHER QUESTIONS 3 OR 4 ABOVE, PLEASE SKIP TO SECTION C. YOU DO NOT NEED TO ANSWER QUESTIONS 5 THROUGH 27 IN SECTION B.**



**SECTION B. (For interns at sites that were not APA accredited or APPIC members during the entire time the intern was in training. If APA accredited or an APPIC member, skip to Section C.)**

5. Number of hours trainee worked per week: \_\_\_\_\_ for \_\_\_\_\_ weeks.
6. TOTAL hours of individual, face-to-face supervision: \_\_\_\_\_
7. TOTAL number of direct client contact hours: \_\_\_\_\_

**IF ANSWERING “YES” TO QUESTIONS 8-10, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

		YES	NO
8.	Prior to, or during the training, did any of this trainee’s supervisors have a familial or financial relationship with this trainee, or was the trainee the employer of a supervisor?		
9.	Was any credit given to this trainee for activities completed before the starting date?		
10.	Was any credit given to this trainee for activities performed which were not directly under supervision and control by your organization or facility?		

**IF ANSWERING “NO” TO ANY OF QUESTIONS 11-27, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

		YES	NO
11.	Did the psychology training program have a clearly designated staff psychologist who was responsible for the integrity and quality of training?		
12.	Was this staff psychologist Licensed or Certified in the state where the psychology training took place? Who was this psychologist? _____ (name of staff psychologist)		
13.	Did the psychology training program have at least two psychologists on staff as supervisors?		
14.	Was supervision of this psychology trainee provided by the person who carried clinical responsibility for the cases being supervised?		
15.	At all times, was a supervisor available to the trainee at the various points of decision making?		
16.	<b>Was 50% OR LESS</b> of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? ( <b>If more than 50%</b> of face to face supervision was completed using real-time visual telecommunication or other confidential electronic means, please provide percentage and attach a written explanation of reason(s): _____%)		
17.	Was at least 50% of the training supervision provided by one or more licensed or certified psychologists? If “no”, please provide a detailed written explanation.		
18.	Did training include a range of assessment, consultation and treatment activities conducted directly with clients?		
19.	Was a minimum of 25% of the trainee’s time in direct client contact? If this includes telehealth, please attach a written explanation of how the use of telehealth modified direct client/patient contact.		

		YES	NO
20.	Was there a minimum of one (1) hour of face-to-face, individual supervision for each twenty (20) hours of experience with the specific intent of dealing with the quality of psychological service rendered directly by the trainee?		
21.	Did the training include at least two additional hours per week in other learning activities? (Examples of additional learning activities may include: case conferences involving a case in which the trainee was actively involved; seminars dealing with clinical issues; co-therapy with a professional staff person including discussion, group supervision or additional individual supervision).		
22.	Did this applicant have a title designating his or her trainee status?		
23.	Was there a written statement that described the goals and content of training and that stated clear expectations for the quality and quantity of this trainee's work? <b>IF YES, PLEASE ATTACH A COPY OF THIS STATEMENT.</b>		
24.	Did you attach a copy of the written statement referenced in Question 23?		
25.	Was the written statement in Question 23 established by the time the trainee began training and did it correspond to the training program this applicant completed?		
26.	Did the training program include interaction with other psychology trainees?		
27.	Was any of the time spent fulfilling academic degree requirements such as doctoral degree formal course work, practica, field laboratory, dissertation or thesis credit counted toward the hours accumulated in this psychology training program? If yes, how much time was spent in these activities as a part of the training experience?  _____		
28.	Were any other modifications made to the training program due to the pandemic that were not captured above? If so, please provide a written explanation detailing the changes. If this supervised experience did not occur during the pandemic, please indicate with n/a:		

### **SECTION C**

I hereby certify that the information provided here is true and complete to the best of my knowledge.

\_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Practice/Business Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
License # and Issuing State

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Email Address

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

Verifier: Upload to Board's [Psychologist Document Submissions Portal](#). If a firewall prevents this, please email to [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov).



# State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403  
Phoenix, AZ 85007

PH: 602-542-8162  
FX: 602-926-8095

Email: [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov)  
Website: [psychboard.az.gov](http://psychboard.az.gov)

[Psychologist Document Submissions Portal](#)

## SUPERVISED PREINTERNSHIP EXPERIENCE VERIFICATION Educational Institution

**Instructions:** Applicant, please complete Sections A & B of this form (make as many copies of the Preinternship Site page as needed). Submit all pages (Sections A through E) to your training director or other school official who will be completing this verification. Please have the verifier compare any information you filled out in Section B with your training records, correct any errors and complete Section C through E. Please have the verifier upload the completed and signed form to [Psychologist Document Submissions Portal](#).

### SECTION A:

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

Dear Dr. \_\_\_\_\_:

(Name of Training Director or Other Verifier)

I am applying for licensure in Arizona as a Psychologist. My application shows that while a student at \_\_\_\_\_, I participated in supervised preinternship psychology training experiences (see Preinternship Site pages, attached). Arizona Revised Statutes (A.R.S.) §32-2071(D)(5) requires that verification of these experiences be sent to the Arizona Board of Psychologist Examiners. Please verify the experiences I have listed on the Preinternship Site page(s), complete Sections C for each Preinternship Site page, as well as Sections D & E, and upload all pages of the completed and signed form to the [Psychologist Document Submissions Portal](#). Thank you for your assistance.

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

Applicant Printed Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title of Doctoral Program or Predoctoral Specialty Area: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_ Semester/Year of Graduation: \_\_\_\_\_

### To Be Completed By Applicant:

Pursuant to A.R.S. §32-2071(E)(5), I have provided the Board a copy of the written training plan developed by the doctoral program from the educational institution from which I graduated. (If no, please attach an explanation on a separate page)	Yes	No

**PREINTERNSHIP SITE**

**SECTION B: TO BE COMPLETED BY THE APPLICANT AND VERIFIED BY THE EDUCATIONAL INSTITUTION:**

List in chronological order each site of supervised preinternship experience for which you are claiming hours. Use additional copies of this page as needed. Please review the FAQ for a detailed explanation of this form.

Name of Facility/Training Site:		Phone:	
Address:		City & State:	
Dates of Supervised Experience	From:	To:	
Applicant's working title:			
Term/Class number/title in which you received academic credit for this experience (e.g., Fall 2009, PSY 660 Practicum)*:			

*\*Note: If academic experience was not received for this experience, please attach an explanation.*

\_\_\_\_\_ Total Number of Supervised Experience Hours

\_\_\_\_\_ Total Hours of Direct Patient/Client Contact

\_\_\_\_\_ Number of Hours Worked per Week (no more than 40 hrs/week can be given credit)

\_\_\_\_\_ Total hours of face-to-face supervision distributed as follows: (at least 2 hours for every 20 hours worked)

\_\_\_\_\_ Total Hours of Individual Supervision (at least 1 hour for every 20 hours worked)

\_\_\_\_\_ Total hours of Group Supervision (maximum 50% of total face to face supervision)

\_\_\_\_\_ Hours of Face to Face Supervision per Week distributed as follows:

\_\_\_\_\_ Hours of individual supervision per week (at least 1 hour per week)

\_\_\_\_\_ Hours of group supervision per week

Description of Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Faculty Supervisor: \_\_\_\_\_

Name of Primary Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Primary Supervisor: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Name of Secondary/Other Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Secondary/Other Supervisor: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

**SECTION C: Verified by (To Be Completed by Doctoral Program Training Director, Faculty Supervisor, or Other Institution Official. If the school is closed, the site supervisor may complete this section):**

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION D: To Be Completed by Doctoral Program Training Director, Faculty Supervisor, or other Institution Official: Please check Yes or No for each question. (FOR #1 – 10, EACH “NO” RESPONSE, PLEASE ATTACH AN EXPLANATION REFERENCING THE QUESTION NUMBER. FOR #11, IF “YES”, ATTACH AN EXPLANATION.)**

		YES	NO
1.	Was the training experience(s) completed within 72 months?		
2.	Pursuant to A.R.S. 32-2071(2) and (5), was there a written training plan between the student and graduate training program for each supervised experience? (If YES, please attach a copy of the plan(s))		
3.	Did the preinternship supervised experience(s):		
a.	Reflect a faculty-directed organized sequential series of supervised experiences?		
b.	Provide increased complexity following appropriate academic coursework?		
c.	Prepare the applicant for internship?		
4.	Did the written training plan(s):		
a.	Designate an allotment of time for each training activity?		
b.	Specify goals and objectives?		
c.	Indicate methods of evaluation of the student?		
d.	Indicate methods of evaluation of the supervisory experiences?		
5.	If any of the supervision was conducted off-site, was the licensed supervisor’s approval obtained in writing?		
6.	Was at least 50% of the supervised experience spent in psychological service-related activities?		
7.	Did this applicant successfully complete this supervised training experience(s)?		
8.	Was ethics training included throughout the training experience?		
9.	Was regularly scheduled contemporaneous face-to-face individual supervision provided for at least one hour per week per twenty hours of supervised preinternship professional experience that addressed the direct psychological services provided by the student?		
10.	_____ Please indicate the percent of supervision provided by a licensed psychologist. _____ Please indicate the percent of supervision provided by another type of licensed mental health professional.		
11.	Were any other modifications made to the training program due to the pandemic that were not captured above? If yes, please provide a written explanation detailing the changes. If this supervised experience did not occur during the pandemic, please indicate with n/a: _____		

**Section E:** I hereby certify that the information provided here is true and complete to the best of my knowledge.

**Completed By (Printed Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Name of Educational Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State and Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone No. :** \_\_\_\_\_

**Verifier:** Please upload the completed and signed form to the Board's [Psychologist Submissions Portal](#). If a firewall prevents this, please email to [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov).



# State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403  
Phoenix, AZ 85007

PH: 602-542-8162  
FX: 602-926-8095

Email: [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov)  
Website: [psychboard.az.gov](http://psychboard.az.gov)

[Psychologist Document Submissions Portal](#)

## POSTDOCTORAL PROFESSIONAL PSYCHOLOGY EXPERIENCE VERIFICATION

Dear Dr. \_\_\_\_\_:  
(Supervisor Name)

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

I am applying for licensure in Arizona as a Psychologist. My application shows that I was under your supervision from \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY). Arizona Revised Statutes (A.R.S.) § 32-2071(D) and (G) allows postdoctoral hours to be applied toward supervised professional experience required for licensure. Evidence of supervised professional postdoctoral experience MUST be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below & upload the completed and signed form to the [Psychologist Document Submissions Portal](#). Thank you for your assistance.

Printed Name : \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**SECTION A. The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's postdoctoral experience. It may not be completed by the applicant.**

I attest that \_\_\_\_\_ worked as a postdoctoral supervisee at  
(Applicant Name)

(Name of Site) \_\_\_\_\_ in (City & State) \_\_\_\_\_

From \_\_\_\_\_ (MM/DD/YYYY) To \_\_\_\_\_ (MM/DD/YYYY)

**INSTRUCTIONS:** When calculating the hours required below, please note the statutory requirements in bold. You may verify a subset of the overall experience, as long as the hours verified are a continuous set of hours from start to end date and meet Arizona's requirements.

1. \_\_\_\_\_ Number of hours trainee worked per week (**Note: Verify no more than 40 hours/week. A.R.S. § 32-2071(H) requires that no more than 40 hours/week can be given credit by the Board.**)
2. \_\_\_\_\_ Total number of hours of postdoctoral experience (**Verify a total that is calculated from no more than 40 hours/week. Per A.R.S. § 32-2071(H), the total number of hours cannot reflect more than 40 hours/week.**)
3. \_\_\_\_\_ Number of hours of individual, face to face supervision (**Note: A.R.S. § 32-2071(G)(5) requires 1 hour of face-to-face, individual supervision for each 20 hours of supervised professional experience**)
4. \_\_\_\_\_ Number of direct client contact hours (**Note: A.R.S. § 32-2071(G)(5) requires that at least 40% of the supervisee's time shall be in direct contact with clients or patients**)

**SECTION B. IF ANSWERING "YES" TO ANY OF QUESTIONS 1-4, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

		YES	NO
1.	Prior to or during supervision, were you and the supervisee involved in a familial or financial relationship or was the supervisee your employer?		
2.	Did this training experience begin prior to written certification by the supervisee's educational program that the applicant had satisfied all requirements for the doctoral degree or prior to written certification that the supervisee completed an appropriate internship training program?		
3.	Did any of the hours described here accumulate while the supervisee was functioning in a professional capacity not directly under your responsibility?		
4.	Did the supervisee have less than 1 hour of face-to-face individual supervision for each twenty hours of supervised professional experience?		

**IF ANSWERING "NO" TO ANY OF QUESTIONS 5-17 PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

**YES    NO**

5.	Were you licensed or certified as a psychologist in the state where the supervision occurred?		
6.	Were you licensed or certified as a psychologist for at least two years prior to beginning the supervision?		
7.	Did you accept full clinical and ethical responsibility for the supervisee's actions as a postdoctoral trainee?		
8.	Were you fully available to the supervisee in the event of emergency?		
9.	Could you provide emergency consultation coverage when you were not?		
10.	<b>Was 50% or less</b> of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? ( <b>If more than 50%</b> of face to face supervision was completed using real-time visual telecommunication or other confidential electronic means, please provide percentage and attach a written explanation of reason(s): _____ %)		
11.	Was this training experience completed within 36 consecutive months?		
12.	Were you responsible for ensuring that adequate records of client contacts were maintained?		
13.	Were clients informed that you were the source of access to this information in the future?		
14.	Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status?		
15.	Did you take reasonable steps to ensure that clients could meet with you at the clients' request?		
16.	Was this supervisee's performance satisfactory?		
17.	Did you take reasonable steps to ensure that clients were informed of the supervisee's training status and that clients could meet with you at the clients' request?		
18.	Pursuant to A.R.S. §32-2071(G)(7), I have provided the Board a copy of the written training plan developed by the training organization. (If no, please attach an explanation on a separate page.)		
19.	Were any other modifications made to the training program due to the pandemic that were not captured above? If so, please provide a written explanation detailing the changes. If this supervised experience did not occur during the pandemic, please indicate with n/a:		

20. What was the nature of the supervisee's duties while you were supervisor?

**SECTION C.** I hereby certify that the information provided here is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ License No. & State: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Date Licensed: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## Arizona Board of Psychologist Examiners Mandatory Confidential Information

<b>Name (Last, First, Middle):</b>			
<b>Other Names Used (such as birth name, if different from above)</b>			
<b>Residential Address* (PO Box Not Acceptable):</b>			
<b>City, State Zip</b>			
<b>Mailing Address, if different from above:</b>			
<b>City, State Zip:</b>			
<b>E-Mail Address:</b>			
<b>Cell/Home Phone Number:</b>		<b>Home Fax Number:</b>	
<input type="checkbox"/> Pursuant to A.R.S. § 32-3226, by checking this box I am stating that <u>I do not have a work address at this time and OPT OUT of the requirement to make my residential address public.</u> I have provided the Board with a phone number or email address, above, which can be disclosed to a patient or client seeking a copy of their records. (Please note, an applicant or licensee may have a work/business address in another state.)			

<b>Date of Birth**</b>		<b>9-digit SSN***:</b>	
<b>Place of Birth (City, State, Country)</b>			

\* The Board does not disclose a licensee's residential address unless it is the only address provided to the Board. Pursuant to A.R.S. § 32-3226, if you check the Opt Out box, above, the residential address will not be disclosed. In the event that a patient or client calls the Board seeking a copy of their records, the Board is required to disclose the email address and/or phone number on file.

\*\* The Board does not disclose an applicant's or 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  
AND 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 licensing 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) \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF APPLICATION (check one)     INITIAL APPLICATION                       RENEWAL

TYPE OF LICENSE \_\_\_\_\_

**SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION**

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

B. Place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

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

Name of document \_\_\_\_\_

2) Go to Section IV on Page 2.

D. If you answered **No**, you must complete Section III and IV (Page 2)

### SECTION III — ALIEN STATUS DECLARATION

**Directions:** 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 the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. 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 and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected 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 (A.R.S. § 1-501)

- 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 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

**INSTRUCTIONS: For an ID containing a photo, DO NOT copy or fax. Take a photo with your mobile device and upload to submissions portal. Sending a photocopy or fax will cause a delay and you will be required to re-send your photo ID following these instructions. A color scan is acceptable as long as the result is clearly legible.**

A.	If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. (Example: Birth certificate and state driver license.)
B.	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. If the name change is a result of a divorce decree, please submit only the page or pages that demonstrate the name change and effective date of the change.

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

1. An Arizona driver license issued after 1996 or an Arizona ID card.
2. A driver license issued by a state that verifies lawful presence in the United States.\*  
\*States that do not verify lawful presence before issuing a driver license: CA, IL, MI, MN, NM, NY, VT, WA and UT.  
(An **ENHANCED** driver license from MI, MN, NY, VT or WA is acceptable. ID must state "Enhanced Driver License" or for NY, a U.S. flag icon in lower right corner.)
3. A REAL ID compliant driver license or ID card issued by any state or territory in the U.S. (Has a star in the upper right corner).
4. 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).
5. A United States certificate of birth abroad.
6. A United States Passport or United States Passport Card. \*\*\*Passport must be signed\*\*\*
7. A foreign passport with a United States visa.
8. An I-94 form with a photograph.
9. A United States citizenship and immigration services employment authorization document or refugee travel document.
10. A United States certificate of naturalization.
11. A United States certificate of citizenship.
12. A tribal certificate of Indian blood.
13. A tribal or Bureau of Indian Affairs affidavit of birth.
14. 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.

# ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

## PSYCHOLOGIST APPLICATIONS FOR LICENSURE

### APPROPRIATE DOCUMENTATION FOR “YES” ANSWERS

The licensing Board’s mission first and foremost is to protect the public. To that end, the Board requires applicants to answer questions related to professional conduct so that it can ascertain whether an applicant may be a danger to clients and patients. Below, highlighted in blue, are professional conduct questions that may be asked on the various psychologist applications. Following the questions, a list of the associated documentation or evidence is provided that the applicant must submit to the Board if the applicant’s answer to the question is “yes”.

***Have you made application to any other state or Canadian province in which you are not licensed?***

- a. A copy of any and all official Board action(s) or communication regarding this.
- b. Your detailed written explanation regarding the circumstances that caused you not to be licensed in the state in which you applied for licensure.

***Has any state or province ever denied or rejected your application for a professional license, certification, or registration? If yes, include a detailed written explanation and copy of the official denial or rejection document(s).***

- a. A copy of any and all official Board order(s), action(s), consent agreement(s), etc. detailing the finding of facts, conclusions of law and terms of the order.
- b. Your detailed written explanation regarding the events that led to the Board’s action(s). Please include what you’ve learned from the experience(s), and what corrective action measures you have taken as a result.

***Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration?***

- a. A copy of any and all official Board order(s), action(s), etc. detailing the finding of facts, conclusions of law and terms of the order.
- c. Your detailed written explanation regarding the events that led to the Board’s action(s). Please include what you’ve learned from the experience(s), and what corrective action measures you have taken as a result.

***Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration?***

- a. A copy of any and all official signed consent agreement(s), amendments, and termination of consent agreement(s), as applicable.
- b. Your detailed written explanation regarding the events and circumstances related to the consent agreement(s) and what corrective action measures you have taken as a result.

***Have you ever had membership in a professional association in the field of psychology denied or revoked?***

- a. A copy of the official communication of the denial or revocation.
- b. Your detailed written explanation regarding the events and circumstances related to the consent agreement(s) and what corrective action measures you have taken as a result.

***Are you currently under investigation or have you been found to have violated a professional code of conduct by any jurisdiction?***

- a. A copy of any and all official documents related to the finding, including but not limited to sanctions, actions, orders, etc.
- b. Your detailed written explanation of the events that led to the finding, how it was resolved, what you learned from the experience, and what corrective measures you have taken as a result.

***Have you ever been sanctioned or placed on probation by any jurisdiction?***

- a. A copy of any and all orders, actions, etc. related to the sanction or probation.
- b. Your detailed written explanation of the events and circumstances surrounding the sanction or probation, how it was resolved, what you learned from the experience, and what corrective measures you have taken as a result.

***Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or a misdemeanor other than a minor traffic offense (a DUI is not a minor traffic offense) or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged, pardoned or deleted?***

- a. A copy of any and all police records. Please contact the law enforcement agency involved to obtain these records. The records should include but are not limited to the officer's report, ticket(s), any and all sobriety test results and lab results, if applicable, all initial charges, impound records, if any, etc.
- b. A copy of any and all court records. Please contact the court where the matter was heard to obtain these records. Court records may include some police records, and must include but are not limited to any and all charging documents, sentencing documents, probation documents, proof of completion of terms of sentencing, etc.
- c. If a court required terms to be completed in order for the matter to be "dismissed", "set aside", etc., the matter must still be reported to the Board, and all law enforcement and court records are still required.
- d. If the law enforcement agency and the court no longer have the records on file, a letter from the agency or court is required. The letter must explain why the records no longer exist.
- e. Your detailed written explanation regarding the events that led to the arrest/charge, how the matter was resolved, what you learned from the experience(s), and what corrective measures you have taken as a result. Please note, a legal matter is not resolved until all the terms the court required to be completed are documented as completed in the court record.

***Have you been sued or prosecuted for an act or omission relating to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a profession in which you were not certified or licensed?***

- a. A copy of any and all official court documents related to the lawsuit including any related preliminary documents, the lawsuit filed with the court, any settlement documents, dismissals if any, etc. A court docket or summary is not a complete record and does not meet this requirement.
- b. If prosecuted, a copy of any and all related law enforcement records.
- c. If prosecuted, a copy of any and all related court records. A court docket is not a complete record and does not meet this requirement.
- d. Your detailed written explanation of the events that led to the lawsuit, how it was resolved, what you learned from the experience, and what corrective measures you have taken as a result.

***Have you ever been involuntarily terminated or have you resigned in lieu of termination from any psychological or behavioral health position or related employment?***

- a. A copy of any written documentation such as emails, letters, texts, etc.
- b. Your detailed written explanation of the events that led to the resignation or termination, what you learned from the experience, and what corrective measures you have taken as a result.

**ANSWERS TO THE BELOW QUESTIONS ARE CONFIDENTIAL, AND WILL NOT BE DISCLOSED TO THE PUBLIC**

***Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice?***

- a. Your detailed written explanation regarding this medical condition, when it started, when you became sober, if there have been any relapses, how it has been and/or is being treated, and the steps you have taken and are taking to remain sober.
- b. Any related medical records, discharge reports, etc.

***Do you have any medical, physical, or psychological condition that may in any way impair or limit your ability to practice psychology safely and effectively?***

- a. Your detailed written explanation regarding this medical condition, when it started, how it is being treated, your current health status, etc.
- b. A letter from your treating health professional directly to the Board regarding the professional's credentials, how long you have been under the professional's care, your current health status, treatment plan, prognosis, and their opinion of your ability to practice safely.