

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS  
**APPLICATION FOR PSYCHOLOGIST LICENSURE BY CREDENTIAL**

**GENERAL INSTRUCTIONS AND INFORMATION**

Use this form if you hold 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. (Membership in APA does not qualify as a credential.) If you do not hold one of these credentials please DO NOT USE THIS APPLICATION. Please download and submit the standard Psychologist Application for Exam and/or Licensure.

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**APPLICATION MATERIALS**

Enclosed is an application for psychologist licensure by credential, pursuant to A.R.S. § 32-2071.01(A). Please read these materials carefully as lack of familiarity with the requirements may cause delays in the application process. This form may change without notice. Applicants should check the Board's website at [psychboard.az.gov](http://psychboard.az.gov) on the Application Forms page for the most recent revision date prior to submitting application forms to ensure the form being used is the most current. The current application and fee schedule are maintained on the Board's website. On the application, the revision date is next to the page number.

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 documents have been received in the Board's office.

**The applicant must submit the following materials:**

1. Check or Money Order made payable to the Board of Psychologist Examiners in the amount of \$350.00
2. Application for licensure by credential with any required supporting documentation. *Do not include verifications in your application. Verifications must come from the primary source. This includes all types of required verifications.*
3. The "Mandatory Confidential Information" page (non-public information)
4. Self-query from the National Practitioner Data Bank available at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov). Provide results to the Board.
5. Completion of the Arizona Statement of Citizenship and Alien Status (2 pages) accompanied by copy of your passport, birth certificate & picture ID, 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.*

**The applicant must have the following items submitted directly to the Board's office by the appropriate verifiers:**

1. Verification of 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.
2. Verification of all psychology licenses ever held in other states, regardless of status, sent directly to the Board of Psychologist Examiners by the appropriate jurisdiction directly to the Board's office. *(You must be licensed in another state or Canadian province for five (5) or more years to qualify for licensure by credential.)*
3. Verification of any licenses or certifications held in any other field(s) or profession(s), sent directly from the state licensure Board.
4. If your credential is from NRHSPP, you must also contact ASPPB to request transfer of your EPPP scores to Arizona. (This is not required for the CPQ or ABPP.)

All documents listed above may be sent by email to [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov), by fax with cover sheet, or by mail.

It is the applicant's responsibility to request verifications and contact information sources to verify that materials have been sent, and 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. The Board provides the applicant one *Notice of Deficiency* 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.

## STATUTES AND RULES

Arizona licensees are expected to know the statutes and rules regulating the practice of Psychology in Arizona. You may download a free copy of the Statutes and Rules from the Board's website at <http://psychboard.az.gov>. Go to the "Statutes and Rules" tab in the menu. 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.

## 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  
Internet : <https://psychboard.az.gov>

### **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.



# State of Arizona Board of Psychologist Examiners

1740 West Adams St., Suite 3403  
Phoenix, AZ 85007

Phone: 602-542-8161  
Fax: 602-542-8279

E-Mail: [Kathy.fowkes@psychboard.az.gov](mailto:Kathy.fowkes@psychboard.az.gov)  
<https://psychboard.az.gov>

## APPLICATION FOR LICENSURE AS A PSYCHOLOGIST BY CREDENTIAL

Name (Please print or type): \_\_\_\_\_  
(include degree abbreviation, such as Psy.D., Ph.D., etc.)

I am applying by means of the following credential: (Check only one)    **ABPP**<sup>1</sup>     **CPQ**<sup>2</sup>     **NRHSPP**<sup>3</sup>

(Note: If you do not hold one of these credentials, you are not eligible to apply for licensure by credential. Instead, please complete the Psychologist Application for Exam and/or Licensure.)

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

\_\_\_\_\_ (initials) 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**.

\_\_\_\_\_ (initials) 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.

\_\_\_\_\_ (initials) 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(B)(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.

Please check one:  I have /  I 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.

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

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

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)

<b>1.</b>	Full Name:	Date:
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Home Address: Please provide on the *Mandatory Confidential Information* form enclosed.

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

Gender:       Female       Male

<b>2.</b> 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
	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b> Which address would you like the Board to use as your mailing address?	Home	Business
	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE CHECK YES OR NO**

**YES    NO**

	YES	NO
<b>4.</b> Are you on active duty in the military?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b> 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"/>
<b>6.</b> Have you ever taken the national examination in psychology (EPPP), including exams taken in Arizona? If yes, list all states and dates:  List Jurisdiction(s) and Dates: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b> 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"/>
<b>8.</b> 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):  _____  Name of Profession(s), Jurisdictions(s) & License Numbers	<input type="checkbox"/>	<input type="checkbox"/>

FOR QUESTIONS 9 THROUGH 20 BELOW, IF THE ANSWER IS YES, PLEASE ATTACH AN EXPLANATION

	YES	NO
9. Have you made application to any other state or Canadian province in which you are not licensed? If yes, attach an explanation and include dates.		
10. Has any state or province ever denied or rejected your application for a professional license, certification, or registration?		
11. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration?		
12. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration?		
13. Have you ever had membership in a professional association in the field of psychology denied or revoked?		
14. Are you currently under investigation or have you been found to have violated a professional code of conduct by any jurisdiction? (If yes, please attach an explanation)		
15. Have you ever been sanctioned or placed on probation by any jurisdiction?		
16. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any <b>felony</b> or a <b>misdemeanor</b> other than a minor traffic offense ( <i>a DUI or is not a minor traffic offense</i> ) or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged, pardoned or deleted? (If yes, please include your written narrative of events, the status of resolution, and expected resolution date. Additionally, submit a copy of any and all police records and court records.)		
17. 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 your written explanation, a copy of the suit, and a copy of the settlement agreement.)		
18. 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, attached a written explanation and any related documentation such as letters, emails, etc.)		

FOR QUESTIONS 19 AND 20, ANSWERS ARE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO THE PUBLIC

19. Are you currently addicted to alcohol or any substance that in any way impairs or limits your ability to practice?		
20. 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?		

**21. GRADUATE EDUCATION –Enter required information below for all graduate degrees you have earned.**

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

22.	Name of Doctoral Degree Major Advisor:	Title of Dissertation or PsyD Project:
Official Title of your Doctoral Degree Program or Pre-doctoral Specialty Area:		

**23. SUPERVISED TRAINING EXPERIENCE:** Please list your psychology-related training experience(s) in the table below.

<b>A.</b>	Name of Supervisor	Site Name, City, State	Type of Experience
<b>B.</b>	Name of Supervisor	Site Name, City, State	Type of Experience
<b>C.</b>	Name of Supervisor	Site Name, City, State	Type of Experience
<b>C.</b>	Name of Supervisor	Site Name, City, State	Type of Experience

24.	Was your predoctoral internship:		YES	NO
	A.	Approved or Accredited by the American Psychological Association		
	B.	A member of the Association of Psychology and Postdoctoral Internship Centers (APPIC)?		

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

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

26. My areas of professional competence are:

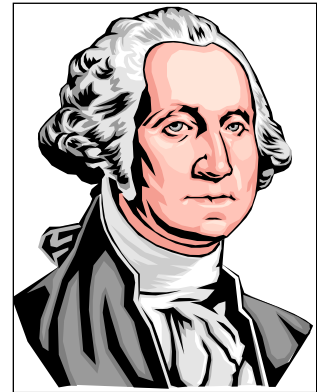
\_\_\_\_\_

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

\_\_\_\_\_

28. This application shall be accompanied by:

- A. One original, "passport quality" photograph taken not more than 60 days before the date of the application. (Passport quality means a color photo of head and shoulders only, facing front, plain background, good lighting, in focus, etc. Digital photo acceptable if it is "passport quality".) In the space below, firmly attach with tape or glue, a color photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple. May also be emailed to [kathy.fowkes@psychboard.az.gov](mailto:kathy.fowkes@psychboard.az.gov).
- B. A Check or Money Order in the amount of \$350.00 made payable to the Arizona Board of Psychologist Examiners or if paying by credit/debit card, submit your application (email is acceptable) and let Board staff know you wish to pay by credit/debit card. Staff must enter the application into the system before the fee can be paid via the online application portal.



## 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: \_\_\_\_\_

## Arizona Board of Psychologist Examiners Mandatory Confidential Information

Name (Last, First, Middle):			
Other Names Used (such as birth name, if different from above)			
Residential Address* (PO Box Not Acceptable):			
City, State Zip			
Mailing Address, if different from above:			
City, State Zip:			
E-Mail Address:			
Home Phone Number:		Home Fax Number:	

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

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

\* 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 Practitioner 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 LICENSE BEING APPLIED FOR: \_\_\_\_\_

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

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

B. If Yes, indicate 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

- \* 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. \*

### 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.