



State of Arizona Board of Psychologist Examiners

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VERIFICATION OF LICENSURE

APPLICANT: Complete the top section of this form (type or print). Make copies to send to each U.S. state or Canadian province where you hold, or have ever held a license/certificate/registration. **IF A JURISDICTION REQUIRES A FEE FOR THE VERIFICATION, BE SURE TO INCLUDE THAT PAYMENT WITH THIS FORM.** Have the jurisdiction(s) send this form directly to this office.

Name (Last, first, middle, maiden)		Date of Birth (month, day, year)		Social Security Number	
Address (Number, street, or / rural route)			City	State/Province	ZIP code
Type of License/Certificate/Registration Held			License/Certificate/Registration number		
I hereby authorize the state/province of _____, to furnish the Arizona Board of Psychologist Examiners with the information below.					
Signature				Date	

APPLICANT: DO NOT WRITE BELOW THIS LINE

STATE OR PROVINCIAL BOARD: The above named individual has made application for licensure in the State of Arizona and has stated that he/she is or has been licensed/certified/registered to practice in your jurisdiction. Please complete the form below and return it to the Arizona Board at your earliest convenience. **If there is a charge for this service, please contact the person listed above to request payment of any fees. Please check appropriate option (below) for the individual's profession.**

PSYCHOLOGIST BEHAVIOR ANALYST OTHER PROFESSION—please indicate: _____

License/Certificate/Registration number and State or Province		Date of Issuance (month, day, year)		Date of Expiration (month, day, year)		Licensed/Certified/Registered by (if applicable) <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other	
EPPP Score (if exam was administered by your jurisdiction) (if applicable)		Date of Administration (month, day, year) (if applicable)		EPPP Test Form Number (if applicable)		Please Affix Board Seal	
License/Certificate/Registration Status:		Is individual current and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any disciplinary information? If yes, please provide copies of all related documents <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has individual voluntarily surrendered license/certificate/registration while under investigation for unprofessional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does this individual have a complaint, allegation or investigation pending before your Board/Agency that relates to unprofessional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No				
FORM COMPLETED BY:							
Name (Please Print)				Title			
Signature				Date			

COMMENTS/NOTES: _____
