



**STATE OF OKLAHOMA
BOARD OF EXAMINERS OF PSYCHOLOGISTS**

421 NW 13th Street, Suite 180
Oklahoma City, OK 73103
405/522-1333
www.psychology.ok.gov

ATTACH PHOTO HERE

APPLICATION FOR LICENSURE VIA RECIPROCITY
(OAC, Title 59§1366)

Please complete form online then print

PART I: GENERAL INFORMATION

I am applying for licensure via (check only one):

- Certificate of Professional Qualifications (CPQ):**
Applicants for Licensure by Certificate of Professional Qualification in Psychology (CPQ) must contact the Association of State and Provincial Psychology Boards (ASPPB) and request that they forward, directly to this Board, certification of your CPQ.
- ABPP:**
Applicants for Licensure as a Diplomate of The American Board of Professional Psychology (ABPP) must contact ABPP and request that they forward, directly to this Board, verification that you are a Diplomat of ABPP, in good standing.

Full Name: (Last, First, Middle, Suffix)		Social Security Number:
Name as you want it on your license:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden/Alias:	Date and Place of Birth:	E-mail address:
Additional Languages:	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Must submit Citizen's Affidavit Option 1 or Option 2	
Home Phone:	Home Address:	<input type="checkbox"/> PREFERRED MAILING
Cell Phone:	City, State Zip	
Business Phone:	Business Address:	<input type="checkbox"/> PREFERRED MAILING
Fax Number:	City, State Zip	

PART II: EDUCATIONAL BACKGROUND

Doctoral Degree:	Date Degree Conferred:	Area: <i>(Clinical, Counseling, Educational)</i>
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University:	Department:
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Was your Doctoral Program APA accredited at the time your degree was conferred? Yes No

Did the doctoral program above involve at least one continuous academic year of full-time residency on the campus of the institution at which your degree was granted? Yes No

Internship Agency:	Start and End Dates: (mm/dd/yyyy)
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Postdoctoral Supervisor:	Start and End Dates: (mm/dd/yyyy)
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Master's Degree:	Date Degree Conferred:	University:
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PART III: LICENSE HISTORY

Provide information on each jurisdiction and province where you currently hold or have ever held a license or registration to practice psychology. (Attach additional pages if needed) Verification of each license must be provided on the Out of State License Verification form provided by this board. Reciprocity applicants must submit the Reciprocity Licensure Verification Form.

Jurisdiction	Original Issue Date	License Number	Expiration Date	Area of Practice

PART IV: PROFESSIONAL REFERENCES

List the names, positions, and information of three licensed psychologists which you have requested to write Professional Letters of Reference attesting without reservation to your professional competence, ethics and current fitness to practice.

1. Full Name:	Jurisdiction Licensed:	License Number:
Position/Title:	Phone:	Degree Area:
2. Full Name:	Jurisdiction Licensed:	License Number:
Position/Title:	Phone:	Degree Area:
3. Full Name:	Jurisdiction Licensed:	License Number:
Position/Title:	Phone:	Degree Area:

PART V: ATTESTATION, IDENTIFICATION AND AFFIDAVIT

ATTESTATION:

**If you answer “Yes” to any of the following questions, attach an explanation on a separate page.*

1. Has any jurisdiction (e.g., state, province, the District of Columbia, or U.S. possession or territory) rejected or denied your application for licensure/certification/registration as a psychologist or any other profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been disciplined (i.e., revocation, suspension, reprimand, censure, or any other publicly reported disciplinary action) by a psychology licensing body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any jurisdiction limited your practice in any way or by any other action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been disciplined while holding any other professional license/registration/certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of or entered a plea of guilty or nolo contendere to a criminal offense, felony, or misdemeanor (other than a minor traffic violation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever voluntarily surrendered or restricted your professional license/registration/certificate in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been censured, reprimanded, dismissed, suspended, terminated or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been refused renewal of any professional license/registration/certificate for any reason in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you the subject of a current proceeding or outstanding/unresolved complaint or investigation in relation to the profession of psychology or any other profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever aided or abetted another individual in practicing psychology without a license or an exemption in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever practiced psychology without a license or exemption in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you registered in any jurisdiction as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you physically or mentally incapable to render psychological services with reasonable skill, safety and competency at present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you use drugs and/or alcohol to an extent that affects your professional competency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been party to a malpractice action or had a malpractice action brought against you or entered into a malpractice settlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever been subject to an action by an ethics committee of any professional organization in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended, or subjected to restrictions or been requested to withdraw or resign?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Has any third party payor (including Medicare and Medicaid), terminated, suspended, restricted or revoked your status as a provider for reasons related to your professional practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever had professional liability insurance cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has any government agency ever substantiated allegations made against you for physical, mental, emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No

