

**Instructions and Information for Applicants for Psychologist License**  
**State Board of Psychology of Ohio**  
**Revised August 2015**

- ❖ **\$300 APPLICATION/INITIAL LICENSE FEE.** Check made payable to Treasurer of State.
- ❖ **NOTARIZED APPLICATION FOR PSYCHOLOGIST LICENSE.** Submit the completed application as directed. Valid for three years (OAC 4732-1-02), after which a new application and fee is required.
- ❖ **CRIMINAL BACKGROUND CHECK.** All applicants are subject to a criminal background check requirement pursuant to OAC 4732-9-04. See enclosure or Board website under “Licensing” for instructions and requirements.
- ❖ **GRADUATE TRANSCRIPTS.** Arrange to have official copies of graduate psychology degree transcripts sent directly to the Board office. The Board also accepts data from the Databank of the Association of State and Provincial Psychology Boards (ASPPB). Transcripts are waived for applicants providing the Board with primary source verification of an active ABPP, CPQ, or NRHSPP.
- ❖ **REFERENCE LETTERS.** A minimum of three psychologists must submit letters of reference to the Board in support of your application. Distribute the Reference Requests form available on the Board’s website under “Licensing” and from the Board office. The Board has the authority to request additional letters as deemed necessary. **NOTE: Reference letters cannot dually serve as evaluations of psychological work required on each training verification form.**
- ❖ **PHOTOGRAPH.** A recent photograph is required to help identify applicants during the oral examination.
- ❖ **EXAMINATIONS.** EPPP score verification is waived for applicants providing the Board with primary source verification of an active ABPP, CPQ, or NRHSPP or verification of meeting the “Senior Psychologist” provisions. Applicants may be admitted to the EPPP upon receipt in the Board office of an official transcript evidencing completion of a qualifying doctoral degree. Eligibility for admission to the oral examination for the license shall be evidenced by satisfactory completion, in the judgment of the Board, of the appropriate supervised experience requirements. Ohio requires a scaled score of 500 on the computerized EPPP and a raw score of 140 on the written EPPP. If the EPPP is failed, it may be repeated at a cost of \$600 no sooner than 30 days following the previous administration. Applicants who have passing scores reported to the Board from ASPPB, in conjunction with all other application materials, are scheduled for the Ohio oral examination. Oral examinations are scheduled with Board members or designees in Columbus at least 6-8 times annually on a schedule published by the Board. If the oral examination is failed, it may be repeated (\$50 fee) no sooner than thirty days following an unsuccessful attempt.
- ❖ **\$600 EPPP EXAM SCHEDULING AND FEE. DO NOT SEND THE EPPP FEE TO THE BOARD.** Candidates for the EPPP are required to apply online with a credit card at a secure website managed by the Association of State and Provincial Psychology Boards (ASPPB). When approved for the EPPP by the Board, the candidate will receive instructions by email on how to complete the online EPPP application process. Our staff will guide you through the process as requested. Upon scheduling the examination, credit card payment of a separate fee to the test vendor, Pearson VUE, is required. EPPP scores are immediately displayed following the computer administration, and the Board receives score reports every two weeks. Applicants who have already earned a score of 140 on the EPPP written examination or a scaled score of 500 on the computerized EPPP shall arrange to have official verification of the score directed to the Board office directly from ASPPB. If a license is held in another state or Canadian province, arrange to have official verification of your license directed to the Board.
- ❖ **ORAL EXAMINATION.** Applicants meeting all qualifications who pass the oral examination and criminal background check are issued a license, and are admitted to the independent practice of psychology in Ohio.
- ❖ **TRAINING SUPERVISION VERIFICATION.** Please see the detailed description of the required training verification forms on the following page. **An evaluation of each experience is required and cannot be supplanted by a letter of reference.** Please note that verification of training supervision is not required for “Senior Psychologist” applicants who those who hold an active ABPP, CPQ, or NRHSPP. Please read the Board’s summary of its new law and training rules before deciding which law you may apply under and which option is most appropriate: <http://psychology.ohio.gov/pdfs/HB503%20Summary%20of%20Rules.pdf>

## **Please select from the four categories under which you are seeking licensure:**

### **① Grandfather Candidates**

There is a “grandfather” provision in the law, which retains license eligibility for any person enrolled by June 6, 2009 in a regionally accredited academic institution and who is awarded a doctorate in psychology or school psychology from said institution before April 6, 2017. Students currently anticipating graduating from a program that is not accredited, designated, or approved should pay careful attention to this provision and the deadline to graduate. **Said persons will be license eligible under the “old law” which will include the requirement of completing two years (3,600 hours) of satisfactory experience under OAC 4732-9-01 (H), at least 1,800 hours of which must be post-doctoral.** Note, too, that the new rules hold that graduates of doctoral programs accredited, designated, or approved by APA, CPA, ASPPB/NR, or NASP **during the student’s tenure or within two years of when the applicant was awarded the doctoral degree** shall be considered graduates of an accredited or designated program. Under these circumstances, graduates may apply for admission to examination under the new law and rule OAC 4732-9-01 (I).

Candidates with qualifying degrees and internships under the new law also have a choice of applying under the “old law” and OAC 4732-9-01 (H) by proceeding to complete a post-doctoral year of supervised experience of a minimum of 1,800 hours over no less than 12 months and no more than 36 months. This option under rule 4732-9-01 (H) ends April 6, 2017, after which all candidates will be required to comply with the new degree, internship, and training requirements in OAC 4732-9-01 (I).

**I am applying under the grandfather provision or “old law”**

What form do I use to verify supervised experience?

➤ Use the ***Psychological Training Supervision Documentation Form available at:***

**[PSYCHOLOGICAL TRAINING SUPERVISION DOCUMENTATION \(OLD LAW\)](#)**

### **② New Law Candidates**

Candidates with qualifying degrees and internships have a choice of applying for admission to examination under the new law, if desiring to use any qualifying pre-internship supervised experiences toward the 3,600 hour requirement. The new law provides an optional pathway to psychologist license eligibility without requiring, under certain circumstances, post-doctoral training. Candidates applying under the new law shall have: 1) an earned doctoral degree in psychology or school psychology from a program that holds accreditation, designation, or approval by the APA Commission on Accreditation, the CPA Accreditation Office, Designation by the ASPPB/NR, or approval by NASP (for school psychology doctoral degrees only); and, 2) a qualifying pre-doctoral internship—no less than 1,500 hours and no greater than 2000 hours accrued in a period of no less than nine months (school psychology doctorates) and no more than 24 months. Internship supervision/training criteria must be met for non-accredited/non-APPIC member internships. Also, certain pre-internship supervised experiences may be included as part of the required 3,600 hours, if they meet specific criteria in the Board’s regulations. Post-internship, including post-doctoral supervised experiences, may be included as part of the required 3,600 hours if they meet specific criteria.

**Select all that apply:**

**I am applying under the new law by claiming post-internship hours for consideration**

**I am applying under the new law by claiming pre-internship hours for consideration**

What forms do I use to verify supervised experience?

➤ Please find the appropriate forms to be used here: **[TRAINING VERIFICATION FORMS](#)**

### **③ Senior Psychologist Candidates**

Board Rules are also in place serving to implement the law’s “senior psychologist” provision, which offers a pathway to Ohio licensure for those psychologists currently licensed in another jurisdiction for a minimum of 10 consecutive years. These rules are in OAC 4732-9-01 (J) and contain all of the requirements for qualified psychologists who may not necessarily meet all of the educational, training, and examination requirements in the new law. Said candidates shall be required to pass the Board’s oral examination prior to being issued a psychologist license.

**I am applying under the “Senior Psychologist” provision**

### **④ License Mobility Credential Holders**

By Board rule, Ohio waives transcripts, EPPP scores, and training verification for ABPP, ASPPB (CQP) or NRHSPP.

**I will have a PRIMARY SOURCE letter/verification mailed to the Ohio Board from:**

ABPP     ASPPB/ CPQ     NATIONAL REGISTER/HSP

# Application for Psychologist License

State Board of Psychology of Ohio  
77 South High Street – Suite 1830  
Columbus, OH 43215-6108  
TTY/TDD Ohio Relay Service 1-800-750-0750  
[psy.ce@psy.ohio.gov](mailto:psy.ce@psy.ohio.gov)  
(614) 466-8808

Application/license files, except for social security number, are public records available to anyone on request.  
Application forms received after June 8, 2015 are valid for three (3) years after the date received by the Board.

## Identifying Information

Applicant Name \_\_\_\_\_  
Last First Middle Maiden

Social Security # (required) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex  M  F

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Name as to appear on certificate, if Ohio license awarded: \_\_\_\_\_

Email \_\_\_\_\_

Please indicate your preferred mailing address for use by the Board:  Business  Home

Business/Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Business phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_

[Optional]  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Application being submitted in consideration for [check all that apply]:

Entrance to the EPPP computer based examination for first-time licensure

Oral examination on Ohio laws and rules governing psychologists [e.g., Documented EPPP score 140 written/500 computer-based; senior psychologists meeting criteria; licensed in another jurisdiction and meet requirements of 4732.10; ABBP; CPQ; NRHSPP]

**Veterans, Active Duty Service Members, and Spouses**

Are you currently on active duty in the U.S. armed forces? \_\_\_Yes \_\_\_No

If yes, please provide the Board with your current orders/deployment papers.

Are you a veteran of the U.S. armed forces? \_\_\_Yes \_\_\_No

If yes, please provide evidence of being a veteran of the U.S. armed forces of being discharged honorably or under honorable conditions or transferred to the reserve with evidence of satisfactory service.

Are you the spouse or surviving spouse of a veteran of the U.S. armed forces? \_\_\_Yes \_\_\_No

If yes, please provide evidence of honorable or satisfactory military service.

**Education**

**All applicants please list your academic degrees below.**

Your **graduate** transcript(s) evidencing the doctorate (and masters as necessary) must be sent directly to Board office by the university. Please indicate if your doctoral program is approved by \_\_\_APA and/or \_\_\_ designated by ASPPB/NR, \_\_\_ CPA or \_\_\_ NASP.

**Transcripts are not required for applicants who have the Certificate of Professional Qualification (CPQ) from ASPPB, National Register Health Service Provider; or active ABPP.**

<u>Institution</u>	<u>Department</u>	<u>Degree</u>	<u>Date</u>	<u>Major</u>
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## Experience and Training in Psychology

Please provide a complete list of **all** psychological training and work experience. **Please do not skip this section or provide a vita in lieu of completing this section.** Photocopy and use additional page(s) if necessary.

	to						
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State	ZIP	
_____ Hrs/Week worked			Your Position/Title _____				
_____ Supervising Psychologist			_____ Degree				
Describe your activities and responsibilities:						Average Hours/Week	
1. _____							
2. _____							
3. _____							



	to						
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State	ZIP	
_____ Hrs/Week worked			Your Position/Title _____				
_____ Supervising Psychologist			_____ Degree				
Describe your activities and responsibilities:						Average Hours/Week	
1. _____							
2. _____							
3. _____							



	to						
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State	ZIP	
_____ Hrs/Week worked			Your Position/Title _____				
_____ Supervising Psychologist			_____ Degree				
Describe your activities and responsibilities:						Average Hours/Week	
1. _____							
2. _____							
3. _____							

**Copy this page to list all experiences as needed**

## Experience and Training in Psychology

Please provide a complete list of **all** psychological training and work experience. **Please do not skip this section or provide a vita in lieu of completing this section.** Photocopy and use additional page(s) if necessary.

_____ to _____					
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State ZIP
_____ Hrs/Week worked		Your Position/Title _____			
_____ Supervising Psychologist			_____ Degree		
Describe your activities and responsibilities:				Average Hours/Week	
1. _____					
2. _____					
3. _____					



_____ to _____					
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State ZIP
_____ Hrs/Week worked		Your Position/Title _____			
_____ Supervising Psychologist			_____ Degree		
Describe your activities and responsibilities:				Average Hours/Week	
1. _____					
2. _____					
3. _____					



_____ to _____					
Mo/Yr	Mo/Yr	Institution/Agency	Address	City	State ZIP
_____ Hrs/Week worked		Your Position/Title _____			
_____ Supervising Psychologist			_____ Degree		
Describe your activities and responsibilities:				Average Hours/Week	
1. _____					
2. _____					
3. _____					

**Copy this page to list all experiences as needed**

## Professional Qualifications and Examinations

Please indicate if you **currently hold or were ever issued:**

Psychology licensure: Jurisdiction \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_  
Jurisdiction \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_

### License Mobility Mechanisms (Check the credential to be used and have direct verification sent to Ohio Board)

**Applicants holding the ABPP, CPQ, or NRHSPP are exempt from ASPPB Score Transfer, Training Verification Forms, and academic transcript requirements, but are still required to pass the oral examination and criminal background check and have three letters of reference submitted.**

- 1) **Active Diplomate status from ABPP:** Specialty \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_  
2) **CPQ from ASPPB:** Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_  
3) **NRHSPP from National Register:** Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_

**If you do not have an ABPP, CPQ, or NRHSPP:**

**Have you passed the EPPP?**

- No. I am applying for admission to the EPPP through the Ohio Board.  
 Yes. I have earned a score of 140 or higher on the written EPPP or a scaled score of 500 or higher on the computer-based EPPP. I will arrange to have my score reported directly to the Ohio Board from the ASPPB Score Transfer Service ([www.asppb.org](http://www.asppb.org))

## Intention to Seek Special Accommodation on the EPPP

The Board complies with requirements of the Americans with Disabilities Act (ADA) and all test centers are fully accessible and compliant with the ADA. The Board may require medical documentation and history of accommodation on other professional or academic examinations before approving requests for special accommodation, which are handled once the application is approved for admission to the EPPP.

**Please indicate if you will be requesting special accommodation for the EPPP under the ADA based on a medically documented disability (contact Board Executive Director in writing to initiate documentation process).**

- Yes. I have a qualifying disability and plan to request special accommodation on the EPPP.  
 No. I do not have a qualifying disability and do not need special accommodation on the EPPP.  
 N/A. I am not applying for entry to the EPPP.

## Professional Psychologist References

List three *psychologists* (licensed in any jurisdiction) who are familiar with your recent personal and professional background (relatives and members of the Board or Board staff may not provide references). Send each a copy of reference request available on Board website and from Board office.

Name	Degree	Address	City	State	ZIP
_____					
_____					
_____					

**Professional, Ethical, and Legal Conduct**

Have you ever been charged with unethical behavior or unprofessional conduct by any licensing/certification board or professional association? \_\_\_No \_\_\_Yes\* (\*If Yes, please provide details on separate page)

Have you ever pled guilty to or been convicted of a felony or a misdemeanor other than minor traffic offenses in a court in this or any other state or in a federal court? \_\_\_No \_\_\_Yes\* (\*If Yes, please provide details on separate page)

Have you ever offered/rendered services as a psychologist or school psychologist or otherwise engaged in the practice of psychology or school psychology on or after 12/1/72, in the state of Ohio, for compensation or other personal gain without being licensed to do so by the State Board of Psychology? See OH Rev Code sec 4732.21 (A)

\_\_\_No \_\_\_Yes\* (\*If Yes, please provide details on separate page)

Have you ever applied in Ohio or another jurisdiction (state/province/country) for a license or certification in psychology, school psychology, or any other profession?

\_\_\_No \_\_\_Yes

If Yes, state/jurisdiction: \_\_\_\_\_ License/Certification \_\_\_\_\_ Approved? \_\_\_Yes \_\_\_No\*

\*If not approved, explain: \_\_\_\_\_

If Yes, state/jurisdiction: \_\_\_\_\_ License/Certification \_\_\_\_\_ Approved? \_\_\_Yes \_\_\_No\*

\*If not approved, explain: \_\_\_\_\_

Have you ever applied for membership in, or certification/approval by any professional association or society, such as American Board of Professional Psychology, American Psychological Association, a State Psychological Association, or other professional organization? \_\_\_No \_\_\_Yes

If yes, list organization: \_\_\_\_\_ Approved? \_\_\_Yes \_\_\_No\*

\*If No, explain: \_\_\_\_\_

Have you ever voluntarily surrendered any professional license or had any professional license, certificate, or membership revoked, suspended, or limited by disciplinary action or been called before any board or its agent for disciplinary reasons? \_\_\_No \_\_\_Yes\* (\*If Yes, please provide details on separate page)

## Statement of Understanding/Notarization

I understand that making false statements or giving untruthful answers constitutes "using fraud or deceit in the procurement of the license" and may subject me to Board action pursuant to Revised Code sec. 4732.17 (B). I hereby consent to the release to the Ohio Board of Psychology ("Board") any documents or information considered by the Board to be relevant to licensure. This release pertains to any person or body including, but not limited to, any school, college, university, regulatory body or jurisdiction, place of employment, government agency in or out of Ohio, professional association or board, physician, psychologist, or other mental health professional, or law enforcement agency. I also consent to the release of my social security number. [Social Security number must be collected by the Board pursuant to 42 U.S.C. sec. 1320a-7e(b), 5 U.S.C. sec. 552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Services' National Practitioner Data Bank (NPDB). In addition, provision of your social security number is mandatory for child support enforcement purposes, pursuant to R.C. sec. 3123.50. It will also facilitate the processing of your application.]

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

State of Ohio (or other jurisdiction), (applicant) \_\_\_\_\_, being first duly sworn, according to law, deposes and says that the statements, above, and the answers made as part of the foregoing application are true.

Sworn to before me, subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

### ***NOTARY SEAL***

(Explain if notary seal is not used in notary's jurisdiction)

### ***Please remember...***

- \_\_\_ Sign your application and have it notarized
- \_\_\_ Include the \$300 application/license fee payable to **Treasure of State**
- \_\_\_ Include a recent photograph for identification at oral examination (please bring your driver's license or other government ID to the oral examination)
- \_\_\_ Complete a criminal background check (valid for one year) in accord with requirements outlined at [www.psychology.ohio.gov/licensing](http://www.psychology.ohio.gov/licensing)
- \_\_\_ Distribute the reference request form to three psychologists
- \_\_\_ Distribute the appropriate Training Supervision Verification/Documentation forms to supervisors and your DCT/internship as required
- \_\_\_ Request official transcript(s) of graduate education directed to the Board address as required
- \_\_\_ Request verification of your current psychology license from another jurisdiction and an EPPP score report from ASPPB as required
- \_\_\_ Mail application and fee to:

**State Board of Psychology**  
**77 South High Street – Suite 1830**  
**Columbus, OH 43215-6108**