

Instructions and Information for PLUS Applicants
Ohio Board of Psychology
Revised June 2016

You must submit this application and fee to the Ohio Board of Psychology before being able to access the PLUS portal.

- ❖ **\$300 APPLICATION/INITIAL LICENSE FEE.** Check made payable to Treasurer of State.
- ❖ **NOTARIZED APPLICATION FOR PSYCHOLOGIST LICENSE.** Complete the enclosed application.
- ❖ **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.
- ❖ **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. 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 5-6 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.
- ❖ **NOTE.** Submit only the attached application form and \$300 Ohio application fee to the Ohio Board. You will submit information and complete all required forms in the ASPPB PLUS portal.

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① Old Law Candidates

There is a provision in the law which retains license eligibility for any person who is awarded a doctorate in psychology or school psychology from a regionally accredited institution without a requirement for APA program accreditation. Applicants are license eligible under this “old law” which includes the requirement of completing two years (3,600 hours) of satisfactory experience under OAC 4732-9-01 (A), 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 (A).

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 (A) 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.

I am applying under the grandfather provision or “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

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
(614) 466-8808

**Application/license files, except for social security number, are public records available to anyone on request.
Applications are valid for five years after 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 computers-based; senior psychologists meeting criteria; licensed in another jurisdiction and meet requirements of 4732.10; ABBP; CPQ; NRHSPP]

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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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)

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
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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
- Submit your doctoral transcript and all other required materials (beside this application form) to ASPPB.
- 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/applicants/psychologists
- Mail Ohio application and \$300 application and fee to:
State Board of Psychology
77 South High Street –Suite 1830
Columbus, OH 43215-6108

Submit only the attached application form and \$300 Ohio application fee to the Ohio Board. You will submit information and complete all required forms in the ASPPB PLUS portal.