STATE BOARD OF PSYCHOLOGY OF OHIO

Nonresident Application for 30-Day Permission to Practice Without a License

Revised June 2014

INSTRUCTIONS

This application is restricted to the use of nonresidents of Ohio seeking express permission to practice psychology in Ohio for no more than 30 days per year in person or via telepsychology with **current clients or patients temporarily in Ohio** (presuming that the applicant's home jurisdiction does not prohibit interjurisdictional telepsychology practice). **This is not a temporary "license." It is permission to practice in Ohio without a license.** The thirty (30) days may be consecutive or intermittent, although those granted this permission are required to limit practice to thirty (30) days in any three hundred sixty-five day period, on a "rolling" basis. For example, permission granted by letter dated July 8, 2014 begins a one-year period ending July 7, 2015. **Any service rendered on any given day counts as one of the thirty days. Permission granted is not intended to allow for the establishment of a new telepsychology relationship.**

The Board is authorized to review applications for temporary permission to practice under State law:

§ 4732.22 Exceptions from licensing requirements.

The following persons are exempted from the licensing requirements of this chapter:

(2) Any nonresident temporarily employed in this state to render psychological services for not more than thirty days a year, who, in the opinion of the board, meets the standards for entrance in division (B) of section 4732.10 of the Revised Code, who has paid the required fee and submitted an application prescribed by the board, and who holds whatever license or certificate, if any, is required for such practice in the person's home state or home country.

Applicants must be judged to meet Ohio requirements for licensure under State law:

§ **4732.10 Qualifications for admission**

http://codes.ohio.gov/orc/4732.10

The following are required before the Board will consider granting permission for 30-day practice.

1) Verification of valid license from another U.S. state or Canadian province.
2) Official transcript from the accredited academic institution that awarded the doctoral degree.
3) Verification of at least two (2) years of supervised professional experience acceptable to the Board. This requirement might be waived depending on the licensing history of the applicant and requirements of the home jurisdiction.
4) All of these requirements might be waived for individuals with Active ABPP status, the ASPPB CPQ, or the National Register Health Service Provider in Psychology credential.

Please Note: Applicants do not have permission to practice until in receipt of a dated letter from the Board office bearing the official seal of the Ohio Board of Psychology. Letters granting permission to practice are sent by U.S. mail and will be sent via email upon request.

Successful applicants are required to comply with Ohio Laws and Rules Governing Psychologists. Alleged violations may result in termination of a permit, denial of future application for licensure, and/or referral to your home jurisdiction(s) for review.

Nonresident Application for 30-Day Permission to Practice

State Board of Psychology of Ohio
77 South High Street Suite 1830
Columbus, OH 43215-6108
(614) 466-8808

Applications, except for social security number and date of birth, are public records available to anyone on request.

Declaration of request to practice in person or via telepsychology with existing clients:

___ **Entering Ohio to Practice** ___ **Telepsychology with current client temporarily in Ohio**

Identifying Information

Applicant Name

_____
Last First Middle Maiden

Social Security # (required) _____- _____ - _____ Sex __M __F

Birth Date _____ Age _____ Birthplace_____

Email _____

Please indicate your preferred mailing address for use by the Board: ____Business
____Home

Business/Agency_____

Street Address_____

County _____

Daytime phone (_____) _____ - _____ Extension _____

[Optional]
Home Address_____

City _____ State _____ ZIP + 4 _____ -_____
County _____

Home phone (_____) _____ - _____

ASPPB/ABPP Credentials

Please indicate if you currently hold:
Active Diplomate status from ABPP: Specialty _____
Date Issued _____ **N/A** _____
CPQ from ASPPB: Date Issued: _____ **N/A**: _____
NRHSPP: Date Issued _____ **N/A**: _____

Professional Credentials

Doctoral Education:
Academic Institution granting the doctoral degree: _____

Field of Study: _____

Year of graduation: _____

PLEASE ARRANGE TO HAVE AN ORIGINAL COPY OF YOUR ACADEMIC TRANSCRIPT REFLECTING RECEIPT OF THE DOCTORAL DEGREE FORWARDED TO THE BOARD OFFICE, ATTN: ENTRANCE EXAMINER.

License Information:
List any license or certificate you hold or have held as a psychologist or other mental health treatment provider.

License # _____ License Type: _____

Date Issued: _____ Valid Until _____

Jurisdiction: _____

Please list additional licenses/certificate information on separate page.

Status of License:

Please mark all applicable statements and supply additional information as requested below:

_____ My psychologist license is in good standing with _____Board/No history of disciplinary action on my license
(Name of Jurisdiction)

_____ My license has been subject to disciplinary action*

_____ License reprimanded
_____ License suspended
_____ License revoked
_____ Other licensure action _____

*Please provide written details on a separate page and include copies of any board orders or settlement agreements.

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*

Have you ever been convicted of a felony or a misdemeanor in a court in this or any other state or in a federal court? ____NO ____YES*

Have you ever voluntarily surrendered any license or had any license, certificate, or membership revoked, suspended or limited by disciplinary action (other than secondary to non-renewal) or been called before any board or its agent for disciplinary reasons? _____NO _____YES*

*If "Yes" to either of the above questions, give details on separate page, including identities of any court and state/province and address/telephone number of the appropriate clerk of court.

If providing services in-person, indicate location(s) where you will be offering psychological services if granted nonresident 30-day permission to practice:

_____
Business/Agency

_____
Address

_____
Time Frame

If providing services via telecommunications, you attest to:

Studying, being knowledgeable about, and being held to the Ohio Board of Psychology telepsychology rules, including being competent with the telecommunication technologies that will be used to provide Telepsychology services. The rules are available via this link:

http://www.psychology.ohio.gov/pdfs/ALL%20NEW%20TELEPSYCH%20RULES%20FOR%20WEB.pdf

Notarization

State of _____, (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.

_____
Signature of Applicant

Sworn to before me, subscribed in my presence this _____ day of _____, 20____

_____
Notary Public
My Commission Expires:

NOTARY SEAL

Informed Consent to Release Information

I hereby consent to the release to the State Board of Psychology of Ohio ("Board") any documents or information considered by the Board to be relevant to an application for temporary permission to practice in Ohio as a psychologist. 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, which shall 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' Healthcare Integrity and Protection Data Bank (HIPDB). I understand that releasing my social security number is mandatory for child support enforcement purposes, pursuant to R.C. sec. 3123.50 and will facilitate the processing of the application.

I understand that making false statements or giving untruthful answers may constitute the use of fraud, misrepresentation, or deception" [OAC 4732-17-01 (I) (2)] in obtaining a license and may subject me to Board action pursuant to Ohio Revised Code § 4732.17 (B). I understand that the Board may conduct any investigation considered appropriate to verify qualifications and/or any data reported on this application.

Signature of Applicant _____ Date_____

Please remember…

Sign your application and have it notarized. There is no fee for this application.

Arrange for verification of any current or past psychology or mental health provider license or certificate you hold/have held.

Arrange for your graduate school to send an original of your doctoral transcript to the Board.

Note: Applications are typically reviewed and determinations made within 7-10 days after all materials are received in the Board office.

Direct all materials to:

Entrance Examiner
State Board of Psychology
77 South High St., Suite 1830
Columbus, OH 43215-6108