

**OHIO BOARD OF PSYCHOLOGY
2016-2018 PSYCHOLOGIST APPLICATION
TO REINSTATE EXPIRED LICENSE
Please print clearly**

① IDENTIFYING INFORMATION

NAME: _____
DEGREE: _____ LICENSE NUMBER: _____
EMAIL: _____

② CONTACT INFORMATION

Preferred address for Board correspondence:

Number and Street Address

City State ZIP
(_____) _____
Telephone

③ SECONDARY ADDRESS [LIST YOUR PRIMARY BUSINESS ADDRESS IF YOUR HOME IS YOUR PREFERRED MAILING ADDRESS].

N/A

Number and Street Address

City State ZIP
(_____) _____
Telephone

④ REINSTATEMENT FEES DUE BY CHECK/MONEY ORDER

\$610 (\$360 license renewal plus \$250 reinstatement penalty)
 Active Duty in U.S. Armed Forces (**No fee or MCE**) Please attach documentation/deployment orders.

⑤ MANDATORY CONTINUING EDUCATION

I acknowledge the requirement (ORC 4732.141) to cause the Board to receive a report from OPA-MCE or OSPA-MCE of compliance with approved MCE **completed after 9/1/14** (includes 4 hours in ethics; professional conduct; and/or culture/ethnic identity in psychological practice):

23 MCE hours (license issued before 10/1/14)
 13 MCE hours (license issued between 10/1/14 and 9/30/15)
 No MCE required (license issued after 9/30/15 or Active Duty)

⑥ COMPETENCE AREAS I claim competence as follows:

<input type="checkbox"/> Applied Behavior Analysis	<input type="checkbox"/> Civil Forensic Services
<input type="checkbox"/> Family Psychotherapy	<input type="checkbox"/> Criminal Forensic Services
<input type="checkbox"/> Group Psychotherapy	<input type="checkbox"/> Telepsychology
<input type="checkbox"/> Individual Psychotherapy	<input type="checkbox"/> Health Psychology
<input type="checkbox"/> Marital/Couples Therapy	<input type="checkbox"/> Neuropsychology
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> School Psychology

Others: _____

I claim competence to provide services to the following populations:

Infants Children Adolescents Adults Elderly

⑦ RECORDS

Identify a psychologist, school psychologist, or other appropriate person who in the event of your absence, emergency or death has knowledge of **your written plan** for responsibility for your records.

Name

Mailing Address

City State ZIP
(_____) _____
Telephone

Email address

⑧ CRIMINAL/ETHICAL CONDUCT

a) During the past five years have you been the subject of any formal regulatory or disciplinary action, whether by agreement or adjudication (other than by this Board), regarding your suitability to be licensed, certified, or registered or have you been denied professional licensure, certification or registration by any other credentialing body? NO YES

b) Are criminal charges currently pending or, during the past five years, have you been convicted of, or pled guilty or no contest to, violating any municipal, state or federal law other than minor traffic offenses? NO YES

If "YES" on either of the above two questions, attach details on a separate page, including the agency/court and state/province and address/telephone number of the appropriate clerk of court.

⑨ SIGNATURE/SOCIAL SECURITY NUMBER

By signature hereon, I affirm that all information on this form is true to the best of my knowledge. I also authorize all government entities, educational institutions, professional associations, and past or present business or professional employers or associates to release to the State Board of Psychology any information necessary to verify the information set forth in this registration or which is related to any questions in Section 8 answered "Yes." I also consent to the release of my Social Security Number (SSN), which 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' Healthcare Integrity and Protection Data Bank. I understand that provision of my SSN is mandatory for child support enforcement purposes, pursuant to R.C. 3123.5.

SIGNATURE _____

SSN (LAST FOUR) _____

DATE _____

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MAIL YOUR FORM AND APPLICABLE FEE PAYABLE TO “STATE TREASURER” TO:

OHIO BOARD OF PSYCHOLOGY
77 S. HIGH ST., 18TH FL
COLUMBUS, OH 43215-6108

PURSUANT TO ORC 149.43 REINSTATEMENT FORMS ARE DEFINED AS PUBLIC RECORDS

- ① **IDENTIFYING INFORMATION.** Please be certain to provide your license number and email address.
- ② **CONTACT INFORMATION [ORC 4732.14].**
- ③ **SECONDARY ADDRESS.** If a home address is your primary mailing address for Board correspondence, you are required to list your primary business address for Board records. Remember that listing a home address is always voluntary, but the Board must have your primary business address in section ② or ③.
- ④ **REINSTATEMENT FEES DUE BY CHECK/MONEY ORDER [ORC 4732.14; OAC 4732-1-03].** Remit \$610 by check or money order payable to “State Treasurer.”
- ⑤ **MANDATORY CONTINUING EDUCATION [ORC 4732.141].** Check the appropriate box indicating the number of MCE hours that you are required to have reported to the Board.
- ⑥ **COMPETENCE AREAS [OAC 4732-1-06].** Indicate your areas of competence established by education, training, and experience.
- ⑦ **RECORDS [OAC 4732-17-01 (B) (6)].** Provide the name and contact information of a person who knows of your arrangements regarding transfer of and accountability for your records in the event of your absence from practice, emergency, or death.
- ⑧ **CRIMINAL/ETHICAL CONDUCT [OAC 4732-1-06].** Please complete both items, and provide any details on a separate page. Attach any correspondence to the renewal form.
- ⑨ **SIGNATURE/LAST 4 OF SSN.**

The license reinstatement process is governed under the following statutes and rules:

ORC 4732.14 Biennial Registration
Orc 4732.141 Continuing education in psychology
OAC 4732-1-03 Fees
OAC 4732-1-06 Biennial registration

Please note the following: The State Board was granted authority by the Ohio General Assembly, effective March 20, 2014, to take action against any license holder practicing on an expired license.

ORC 4732.17 Actions against applicants or license holders.

(14) Offering or rendering psychological services after a license issued under this chapter has expired due to a failure to timely register under section 4732.14 of the Revised Code or complete continuing education requirements;