

Instructions and Information for Applicants for Psychologist License
State Board of Psychology of Ohio
Revised April 2009

- ❖ **\$125 APPLICATION/INITIAL LICENSE FEE.** Check made payable to Treasurer, State of Ohio.
- ❖ **NOTARIZED APPLICATION FOR PSYCHOLOGIST LICENSE.** Complete the enclosed application.
- ❖ **NEW!! CRIMINAL BACKGROUND CHECK.** *All persons submitting an application after March 23, 2008 are subject to a criminal background check requirement pursuant to HB104. See Enclosure for instructions and requirements.*
- ❖ **GRADUATE TRANSCRIPTS.** Arrange to have official copies of all graduate transcripts sent directly to the Board office by each university. The Board accepts data from the databank of the Association of State and Provincial Psychology Boards (ASPPB). If your degree must be evaluated for equivalency (deadline to complete degree and file application is May 1, 2010), use the Equivalency Applicant Worksheet (available under Licensing at www.psychology.ohio.gov) to substantiate courses according to OAC rule 4732-9-01 (A)(2) or (D)(2). When available, send dissertation abstract and list of dissertation committee members with qualifications in psychology or school psychology. A copy of transcript(s) may be used for pre-doctoral course evaluation; eventually the Board will need an official transcript directly from university, including graduate credit for all courses credited toward equivalency.
- ❖ **TRAINING SUPERVISION DOCUMENTATION FORMS.** Applicants must confirm supervision of a total of two years of psychological work, including at least one year post-doctoral. Please note that statements are not required for applicants who hold the designation of CPQ from ASPPB, National Register of Health Service Provider in Psychology, or active diplomate status from ABPP. A year of "experience" entails at least 1800 hours of work, including at least 1500 hours in your applied area(s), or equivalent amount in part-time work. The Board credits a maximum of 40 hrs/wk and allows three years to complete one year's equivalence. An annual minimum of 375 direct client contact hours is required. Teaching or research experience is credited only if it directly affects client welfare in the practice of psychology or school psychology and cannot exceed 30% of year's credit. Teaching and research cannot replace 375 client contact hours that are required in each year of experience.
- ❖ **THREE REFERENCE LETTERS.** Three psychologists must submit letters of reference to the Board in support of your application. Enclosed please find forms to be used to request these letters. The Board has the authority to request additional letters as deemed appropriate.
- ❖ **PHOTOGRAPH.** A recent photograph is required to help identify applicants during the oral examination.
- ❖ **EXAMINATIONS.** 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 post-doctoral supervision 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 \$450 no sooner than 6 months following the previous administration. Applicants who have passing scores reported to the Board, in conjunction with all other application materials, are scheduled for the Ohio oral examination. Oral examinations are scheduled with Board members or designees at various locations around Ohio, depending upon scheduling needs and demand. If the oral examination is failed, it may be repeated (\$50 fee) no sooner than thirty days following an unsuccessful attempt. After failing three examinations [EPPP or oral], applicants are not eligible for licensure until such additional training as the Board prescribes is completed.
- ❖ **\$450 EPPP EXAM SCHEDULING AND FEE.** DO NOT SEND THE EPPP FEE TO THE BOARD. Effective October 2008, candidates for the EPPP are required to apply online with a credit card at a secure website managed by the Professional Examination Service (PES). When approved for the EPPP by the Board, the candidate will receive instructions from the Board on how to complete the online EPPP application process. Our staff will guide you through the process by letter or email. Upon scheduling the examination, a separate \$65 fee to Prometric is required by credit card. Applicants who have 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.
- ❖ **LICENSURE.** Applicants who pass the oral examination are issued a license number, license card, and are admitted to the independent practice of psychology in Ohio within approximately five business days of the oral examination.

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.license@exchange.state.oh.us
(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
- Evaluation of coursework/dissertation for "equivalent" doctoral degree
- Oral examination on Ohio law/rules/ethics [licensed in another jurisdiction; meet requirements of 4732.10, including doctoral degree and supervised post-doctoral year; EPPP passed at 70% or higher]

Education

Your **graduate** transcript(s) evidencing the doctorate must be sent directly to Board office by each university. Please indicate if your doctoral program is approved by ___APA and/or ___ ASPPB/NRHSP *Doctoral Psychology Programs Meeting Designation Criteria*. Transcript not required for applicant who has Certificate of Professional Qualification (CPQ) from ASPPB or ABPP.

<u>Institution</u>	<u>Department</u>	<u>Degree</u>	<u>Date</u>	<u>Major</u>
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A note for applicants seeking licensure through evaluation of an "equivalent" degree:

If your doctoral degree has not been awarded and it will **not** be in psychology or school psychology from a fully accredited educational institution [OAC rule 4732-3-01 E & F), see application instructions or call/email Board office for information about applying for course equivalency evaluation **before** award of doctorate. This also applies to **any** doctorate from a "candidate for accreditation" university or university outside the U.S. **Pursuant to rules, Any degree not in psychology or school psychology must be completed and the application filed before May 1, 2010.**

Complete **only** if doctorate will need evaluation for equivalence to a doctorate in psychology or school psychology from an accredited university in the United States:

Department _____ Major _____

Psychologist(s) on Dissertation Committee _____

Name	Degree	Professional Area
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Name	Degree	Professional Area
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Dissertation Title:

Note: Send a copy of final dissertation abstract and list of committee members, including their qualifications in psychology.

Experience and Training in Psychology

Please provide a complete list of all psychological training and work experience. Training Supervision Documentation forms (enclosed) must be returned to the Board and verify **TWO YEARS** (including at least one year postdoctoral) unless you have the CPQ or active diplomate status from ABPP. Training supervision requires 5% of weekly client contact time to be in individual, face-to-face supervision weekly [OAC 4732-13-04 (B)(22)(c), 7/15/00]. Use additional page(s) if necessary.

_____ to _____
Mo/Yr Mo/Yr Institution/Agency Address City State

_____ Hrs/Week worked Your Position/Title _____

Professional Supervisor of Psychology Work Degree Specialty Area

Describe your activities and responsibilities: Average Hours/Week

1. _____

2. _____

3. _____



_____ to _____
Mo/Yr Mo/Yr Institution/Agency Address City State

_____ Hrs/Week worked Your Position/Title _____

Professional Supervisor of Psychology Work Degree Specialty Area

Describe your activities and responsibilities: Average Hours/Week

1. _____

2. _____

3. _____



_____ to _____
Mo/Yr Mo/Yr Institution/Agency Address City State

_____ Hrs/Week worked Your Position/Title _____

Professional Supervisor of Psychology Work Degree Specialty Area

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 in another jurisdiction: Jurisdiction: _____ Number: _____ Date Issued: _____ Expires: _____

Active Diplomate status from ABPP: Specialty: _____ Date Issued: _____

CPQ from ASPPB: Date Issued: _____

Have you taken the EPPP? No Yes If yes, for what State/Province? _____

Form # _____ ID# _____ Date Taken _____ Score _____

Please note:

ORC 4732.10 requires that all applicants have a doctoral degree approved by the Board, two (2) years of supervised psychological experience, at least one of which must be post-doctoral. Passing score on the EPPP is 70% for all Ohio applicants [effective April 1993], which equates to 140 on the written EPPP and a scale score of 500 on the computer-based EPPP. Applicants are responsible for having EPPP score reported to Ohio from ASPPB Score Transfer Service, including examination form number, exam date, your exam ID#, and name of jurisdiction that approved you as candidate. Applicants with CPQ or ABPP are still required to pass an oral examination, but do not need to show evidence of a passing EPPP score.

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:

- 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 enclosed reference request.

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 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 a 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: _____

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 (e.g., OPA or OSPA) or American Association of Marriage and Family Therapy? ___No ___Yes

If yes, list organization: _____ Approved? ___Yes ___No*

*If No, explain: _____

Have you ever voluntarily surrendered any license or had any professional 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, 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 State Board of Psychology in Ohio ("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' Healthcare Integrity and Protection Data Bank (HIPDB). 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 \$125 application/license fee payable to *Treasure of State*
- If applying after March 23, 2008, complete a **criminal background check** in accord with requirements outlined in the enclosed document
- Distribute the reference request forms to three psychologists/school psychologists
- Distribute Training Supervision Documentation forms to supervisors to confirm 2 years experience
- Request official transcript(s) of graduate education directed to the Board address
- Include a recent photograph for identification at oral examination
- When application is complete, and you are prepared to take the EPPP, send to the Board the EPPP application and \$450 money order/certified check payable to "PES"
- If applicable, arrange for verification of your current psychology license from another jurisdiction and EPPP score report from ASPPB
- Mail application and fee to:
State Board of Psychology
77 South High Street –Suite 1830
Columbus, OH 43215-6108