

STATE BOARD OF PSYCHOLOGY OF OHIO
Nonresident Application for 30-Day Permit
Revised February 2006

INSTRUCTIONS

This application is restricted to the use of nonresidents seeking a permit to practice psychology in Ohio for no more than 30 days per year. The thirty (30) days may be consecutive or intermittent, although those granted this permission are required to limit practice to thirty (30) days in a given calendar year. Extensions of the 30-day limit are not permissible under this statute.

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:

(B) 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, and who holds whatever license or certificate, if any, is required for such practice in his home state or home country.

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

§ **4732.10** Examination qualifications.

(A) The state board of psychology shall appoint an entrance examiner who shall determine the sufficiency of an applicant's qualifications for admission to the appropriate examination.

(B) Requirements for admission to examination for a psychologist license shall be that the applicant:

(4) Has received from an educational institution **accredited** or recognized by national or regional accrediting agencies as maintaining satisfactory standards an earned doctoral degree in psychology, school psychology, or a doctoral degree deemed equivalent by the board;

(5) Has had at least two years of supervised professional experience in psychological work of a type satisfactory to the board, at least one year of which must be postdoctoral.

The institution granting the doctoral degree must be accredited by an organization listed in OAC 4732-03:

(E) **"Accreditation"** shall be a procedure for recognizing or certifying that an educational institution meets prescribed standards that qualify its graduates for consideration for licensure pursuant to section 4732.15 of the Revised Code or for admission to a licensure examination pursuant to section 4732.10 of the Revised Code or for approval by the board pursuant to division (B) of section 4732.22 of the Revised Code.

(F) "National or regional accrediting agencies" means one of the following agencies:

(1) "Middle States Association of Colleges and Schools – Commission on Higher Education"

(2) "New England Association of Schools and Colleges"

(3) "North Central Association of Colleges and Schools"

(4) "Northwest Association of Schools and Colleges"

(5) "Southern Association of Colleges and Schools"

(6) "Western Association of Schools and Colleges – Accrediting Commission for Senior Colleges"

The following are required before the Board will consider granting a permit 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 under the supervision of a psychologist. This requirement might be waived depending on the licensing history of the applicant and requirements of the home jurisdiction.

4) All of the these requirements might be waived for individuals with Active ABPP status or the CPQ. Applicants with either of these credentials must request direct verification to the Board.

Note: 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, an/or referral to your home jurisdiction(s) for review.

Nonresident Application for 30-Day Permit

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

Application files, except for social security number, are public records available to anyone on request.

Identifying Information**① Applicant Name**

 Last First Middle Maiden

② Social Security # (required) _____ - _____ - _____ **③** Sex __M __F

④ Birth Date _____ **⑤** Age _____ **⑥** Birthplace _____

⑦ Email _____

⑧ Please indicate your preferred mailing address for use by the Board: ___ Business
 ___ Home

⑨ Business/Agency _____

Street Address _____

County _____

Business phone (_____) _____ - _____ Extension _____

[Optional]

⑩ Home Address _____

City _____ State _____ ZIP + 4 _____ - _____

County _____

Home phone (_____) _____ - _____

ASPPB/ABPP Credentials**Please indicate if you currently hold:**

① Active Diplomate status from ABPP: Specialty: _____
 Date Issued: _____ N/A: _____

② CPQ from ASPPB: 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.

① License # _____

② License Type: _____

③ Date Issued: _____

④ Valid Until _____

⑤ 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:

① _____ My license is in good standing with _____ Board/No history of disciplinary action on my license
(Name of Jurisdiction)

② _____ My license has been subject to disciplinary action*.

_____ License reprimanded*

_____ License suspended*

_____ License revoked*

_____ Other* _____

*Please give details on separate page.

Professional, Ethical, and Legal Conduct

- ❶ Have you ever been charged with unethical behavior or unprofessional conduct by any licensing/certification board or professional association? ____NO ____YES*
- ❷ 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*
- ❸ 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.

Location(s) where you will be offering psychological services if granted nonresident 30-day permit:

❶ Business/Agency _____

❷ Address _____

❸ Time Frame _____

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 _____, 200__

Notary Public
My Commission Expires:

NOTARY SEAL

Informed Consent to Release of 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 licensure or an application for temporary permission to practice in Ohio as a psychologist or school 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.
- ✓ 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