



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF HEALTH – HEALTH REGULATION LICENSING ADMINISTRATION**  
**NEW LICENSE APPLICATION**  
**BOARD OF PSYCHOLOGY**



Please read instructions before completing this form. If you have any questions, call HRLA's Customer Service at **1-877-540-5827**, Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**

<b>SECTION 1. REQUESTED LICENSE TYPE/FEEES (includes non-refundable application fee – see instructions)</b>											
<input type="checkbox"/> PSY – Psychologist by Examination	\$322.00	Make check or money order payable to: DC Treasurer. <b>MAIL TO:</b> P.O. Box 37802 Washington, D.C. 20013									
<input type="checkbox"/> PSY – Psychologist by Re-Examination	\$119.00										
<input type="checkbox"/> PSY – Psychologist by Endorsement	\$322.00										
<input type="checkbox"/> PSY – Psychologist by Re-Endorsement	\$322.00										
<input type="checkbox"/> Duplicate License Print (limit 5) ___X \$34.00 =	\$ _____.00										
<b>Total Enclosed</b>	<b>\$ _____.00</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th colspan="3" style="text-align: center; padding: 2px;"><b>HRLA ONLY</b></th> </tr> <tr style="background-color: black; color: white;"> <th style="width: 33%; padding: 2px;"><b>Check \$</b></th> <th style="width: 33%; padding: 2px;"><b>Check #</b></th> <th style="width: 33%; padding: 2px;"><b>Staf</b></th> </tr> </thead> <tbody> <tr> <td style="height: 40px; vertical-align: bottom; padding: 2px;"><b>\$ _____.00</b></td> <td></td> <td></td> </tr> </tbody> </table>	<b>HRLA ONLY</b>			<b>Check \$</b>	<b>Check #</b>	<b>Staf</b>	<b>\$ _____.00</b>		
<b>HRLA ONLY</b>											
<b>Check \$</b>	<b>Check #</b>	<b>Staf</b>									
<b>\$ _____.00</b>											

<b>SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION</b>																												
Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.																												
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FIRST NAME	MI	LAST NAME																										
M	M	D	D	Y	Y	Y																						
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<b>SECTION 3. SUPPORTING DOCUMENTS REQUIRED</b>								
Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Psychology. Keep a photocopy of all supporting documents for your records.		HRLA ONLY						
A.	Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
B.	Character Reference List – On a separate sheet of paper list the names and addresses of three (3) responsible people (other than relatives, instructors, or employers) who have known you for at least one year and can attest to your character.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
C.	Official transcript (with seal) from the applicant's college or university. May be sent directly from the school, but is preferred that it accompany the application in a sealed envelope. Please see Section 6A.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
D.	If the following is submitted, an official transcript, test score or 4000 hours is not needed. CPQ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
E.	Passing national exam at recommended score of 500 for the Examination of Professional Practice in Psychology (EPPP) examination, sponsored by the American Association of State and Provincial Psychology Boards (ASPPB).	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
F.	If you are or have ever been licensed in another state/jurisdiction: Verification of State Licensure from EACH state/jurisdiction.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
G.	Verification of Supervised Employment Form(s).	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
H.	Copies of legal documents supporting all name changes.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I.	A completed and signed Clean Hands Form.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YES</td> <td style="text-align: center; font-size: small;">NO</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**SECTION 4. PREVIOUS NAMES**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by:  Marriage  Divorce  Court Order  Spouse Death Certificate

FIRST NAME		MI	LAST NAME	SUFFIX (Jr, Sr, etc.)
_____	_____	_____	_____	_____

Changed to current name by:  Marriage  Divorce  Court Order  Spouse Death Certificate

FIRST NAME		MI	LAST NAME	SUFFIX (Jr, Sr, etc.)
_____	_____	_____	_____	_____

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_____	_____	_____	_____	_____

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FIRST NAME		MI	LAST NAME	SUFFIX (Jr, Sr, etc.)
_____	_____	_____	_____	_____

**SECTION 5A. HOME ADDRESS**

Even if you have a PO Box, a street address should also be provided, if applicable.

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ HOME FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**SECTION 5B. BUSINESS ADDRESS**

Please note: This information will be made available to the public.

COMPANY NAME \_\_\_\_\_

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ BUSINESS FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**SECTION 5C. PREFERRED MAILING ADDRESS**

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.

HOME  BUSINESS

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at [oig.dc.gov](http://oig.dc.gov).

**SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED**

List all colleges and universities attended prior to and including medical/professional schools. List in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

**SECTION 6B. POSTGRADUATE EXPERIENCE**

List all experience since graduation from medical/professional school, in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

- \* TYPE OF POSITION KEY
- A. Employment
  - B. Private Practice
  - C. Instructor
  - D. Clinical Rotations
  - E. Other (specify on separate sheet of paper)

**SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you have ever held a similar professional license. You must request and provide verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number

**SECTION 6D. DOCTORAL PROGRAM OR PREDOCTORAL INTERNSHIP/APA APPROVED**

Please answer the questions that correspond to you:

- A. Was your doctoral program APA, CPA, or National Register approved?    \_\_\_ YES    \_\_\_ NO
- B. Was your predoctoral internship APA, CPA, or APPIC approved?    \_\_\_ YES    \_\_\_ NO

