



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Psychology License Application  
Request for Certification of State Licensure

Name of Applicant \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
License Number \_\_\_\_\_

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Psychology of the District of Columbia for a license to practice psychology. The applicant claims to be currently licensed to practice psychology in your state and claims the above license number. This certification request is being forwarded to you to verify that the applicant is currently licensed and in good standing to practice psychology in your state.

Each applicant for a psychology license by endorsement in the District of Columbia is required by statute to submit proof that the jurisdiction where the applicant is licensed will currently grant licenses to licensees from the District of Columbia without further examination. If your licensing board requires a reciprocity candidate from the District of Columbia to take any type of examination (written, oral, or practical) or any type of interview, your requirements should be specified in the "Remarks" section on Page 2 of this certification form.

Please complete and return this form to:

DC Board of Psychology  
P.O. Box 37802  
Washington, D.C. 20013

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.



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This document certifies that \_\_\_\_\_(name of applicant) is the holder of a license in good standing to practice psychology in the state of \_\_\_\_\_.

License Number \_\_\_\_\_was issued on \_\_\_\_\_(date of issuance).

Is the license current?  Yes  No

If not current, please provide the expiration date: \_\_\_\_\_

Applicant was examined after submitting a diploma conferring the degree of \_\_\_\_\_(type of degree) from \_\_\_\_\_(name of education institution)

Does your state grant licenses in psychology to licensees from the District of Columbia without further examination?

Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Official (please print or type)

Seal