

GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

237 Coliseum Drive • Macon, Georgia 31217-3858
478-207-2440 Customer Service * www.sos.ga.gov/plb/psych

APPLICATION INITIATION FORM FOR LICENSURE AS A PSYCHOLOGIST BY EXAMINATION OR ENDORSEMENT

GENERAL INSTRUCTIONS

The Georgia State Board of Examiners of Psychologists (hereafter the "Board") has established a new more efficient, streamlined, mobile and revised application process for our applicants. We have partnered with the Association of State and Provincial Psychology Boards (ASPPB) to process our applications through their **Psychology Licensure Universal System** (PLUS) program.

As a result, the application process will provide you with a permanent record of your application and supporting documents that will be retrievable from ASPPB for the rest of your professional career. In addition, participation is available to you in the Certificate of Professional Qualification in Psychology program (CPQ) with ASPPB if you desire to apply for it. CPQ is a designation provided by ASPPB that will provide you mobility to be licensed in any jurisdiction that participates in the program without having to reapply for a license should you desire to practice in that jurisdiction. This new application system began on **July 1, 2014**.

VERY IMPORTANT-PLEASE NOTE:

Please note: the use of a third-party organization to complete any portion of the ASPPB PLUS application process is not permitted. Only materials gathered by ASPPB are recognized as being submitted from the primary source when provided to the licensing agency through PLUS. Any documents not gathered by ASPPB directly from the primary source or any forms not completed directly by the applicant will not be included in your completed PLUS application packet.

TEMPORARY LICENSE

(See Board Rule 510-9-.01)

Available **ONLY** to applicants for licensure by Endorsement*

PROVISIONAL LICENSE

(See Board Rule 510-9-.02)

Available **ONLY** to an individual who is in the process of completing the post-doctoral supervised experience requirement.

Please read the instructions carefully. It is the responsibility of all applicants to be familiar with the laws and rules governing the practice of Psychology in the state of Georgia. Please visit the Boards web site for links to the Board rules and Georgia laws regulating the profession. Upon submission of the Application Initiation Form, you will be under the jurisdiction of the Georgia Board of Examiners of Psychologists

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications will result in delayed processing.

* **ENDORSEMENT APPLICANTS PLEASE NOTE:** Each state or jurisdiction you are currently licensed as a psychologist in, or have ever held a license in, **MUST** verify the license including any disciplinary actions or sanctions, active or not, to the Georgia Board of Examiners of Psychologists. If you are currently licensed as a psychologist in another state or jurisdiction, please check the obtained by method on the next page of this application: **Endorsement** Fee \$100.00, do not check the Exam Waiver option.

Incomplete applications are void after one year and will be withdrawn

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

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APPLICATION INITIATION FORM FOR LICENSURE AS A PSYCHOLOGIST

Examination Fee \$100.00 Exam Waiver* Fee \$100.00 Endorsement Fee \$100.00
 (*CHECK HERE only if you are NOT applying by Endorsement, but have taken the EPPP)

****REQUIRED: Must include an ADDITIONAL FEE if also applying for a Provisional or a Temporary License:**

(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20)

****Provisional License Fee \$100.00**

****Temporary License Fee \$100.00**

NAME: _____
LAST FIRST MIDDLE (MAIDEN)

If applicable, name as shown on documentation, exam records or transcripts if different:

NAME: _____
LAST FIRST MIDDLE

*SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH MM - DD - YYYY

**(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)*

PHYSICAL ADDRESS

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE) _____ APT # _____
 _____ STATE _____ ZIP _____ - _____
CITY

***If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change).*

MAILING ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS) _____ APT # _____
 _____ STATE _____ ZIP _____ - _____
CITY

DAYTIME PHONE _____ - _____ - _____ OTHER PHONE _____ - _____ - _____

*****E-MAIL ADDRESS:** _____ Male: _____ Female: _____
 (Please print clearly)

***** (Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime, Or, during any conflict when military personnel were committed by the President? () Yes () No

If yes, you may be eligible for veteran's preference points to be added to your licensure examination score. You may obtain the necessary forms and additional information from the Board website, or Board office.

BACKGROUND QUESTIONS – ALL APPLICANTS MUST COMPLETE #'s 1-9 BELOW

NOTE: If you answer “yes” to questions 1-8 below, a written explanation and all relevant documents must be submitted with your initiation application. Certified copies of documents from courts or other licensing agencies are required. ***If the answer to question #9 **BELOW is yes**, you must submit certified court or other legal documents indicating the final disposition of any prior arrests or convictions, and you **MUST** print out, complete and submit to the Board the “BACKGROUND INVESTIGATION CONSENT FORM” found on the same webpage as this and other applications and forms. Failure to follow these instructions and submission of the consent form may result in delays in the processing of your application.

1. Have you been denied licensure for any reason, in any jurisdiction? () Yes () No
2. Have you had a license to practice revoked, suspended, surrendered, or annulled in any jurisdiction?
() Yes () No
3. Have you ever been subject to any disciplinary action(s) taken against you by any authority issuing a license in any jurisdiction? () Yes () No
4. Have you been refused renewal of a license for any reason in any jurisdiction? () Yes () No
5. Have you been subject to disciplinary action or had your membership revoked by a professional organization?
() Yes () No
6. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? () Yes () No
7. Are you now or have you ever been *unable* to practice psychology with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of substance, or as a result of any mental or physical condition? () Yes () No
8. Have you ever had your Medicaid and/or Medicare privileges restricted or revoked? () Yes () No
9. Have you ever been arrested, charged or convicted of any felony or of any crime involving moral turpitude? ***
() Yes () No

ADDITIONAL INFORMATION

Practice Areas: Clinical __ Counseling __ School__ Education__ Industrial__ Other__, Specify: _____

Name of Graduate Program: _____ **Graduation Yr.:** _____

City _____ State _____ Zip _____ **APA Approved:** __ Yes __ No

Dates of Residency (Physical, Continuous, Presence & In Person at Degree Granting Institution): _____

Pre Doctoral Internship Program Location: _____ **APA Approved:** __ Yes __ No

Date Began _____ Ended _____ City _____ State _____ Zip _____

Was your internship supervised by a psychologist for a minimum of 80% of the time? __ Yes __ No

Did your primary supervisor have responsibility for your cases during your internship? __ Yes __ No

Post-Doctoral Program Location: _____

Date Began _____ Ended _____ City _____ State _____ Zip _____

Do you now HOLD, or ever have HELD, a license to practice psychology (currently active or not)? __ Yes __ No

If so, in what state(s) or jurisdiction(s): _____

Have you applied for licensure (psychologist), but not been issued a license, in any other state/jurisdiction? __ Yes __ No

Are you **currently actively licensed** and practicing psychology in any other state(s) or jurisdiction(s)? __ Yes __ No

If so, in what state(s) or jurisdiction(s): _____

Are you applying with specialties in: IO ____ MDMR ____ School Psychologist ____

Are you applying by Endorsement w/less than 10 years licensed? __ Yes __ No

Are you applying by Endorsement w/10 or more years licensed? __ Yes __ No

(Verifications of other states licensure may be sent via e-mail to: verifications@sos.ga.gov, by fax to 866-888-7127 or USPS mail service to the Board's administrative offices, address is on page one of this application)

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Psychologist)

(Printed Name of Applicant)

Secure and Verifiable Documents under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

YOU MUST SUBMIT ONE OF THE ABOVE DOCUMENTS WITH THIS APPLICATION

AFFIDAVIT REGARDING CITIZENSHIP

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____
(Please Print Clearly)

(Psychologist)

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) ___ I **am** a United States citizen. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on page 4 of this application.

2) ___ I **am not** a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number as indicated on page 4 of this application.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (City), _____ (State)

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____

Notary Seal

NOTARY PUBLIC
My Commission Expires: _____