



GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
 237 Coliseum Drive Macon, Georgia 31217-3858
 (478) 207-2440 (Telephone) * www.sos.ga.gov/plb/psych

VERIFICATION OF LICENSURE – FORM I

APPLICANT: Complete the top section of this form (type or print). Make copies to send to each U.S. state where you hold or ever have held a license. **IF A JURISDICTION REQUIRES A FEE FOR THE VERIFICATION, BE SURE TO INCLUDE THAT PAYMENT WITH THIS FORM. Have the jurisdiction(s) send this form directly to our office.**

PART I – TO BE COMPLETED BY THE APPLICANT

NAME:		Social Security Number:
ADDRESS (Number, Street, City, State, Zip)		
License Number:	Date of Issuance (month, day, year)	Date of Birth (month, day, year)
APPLICANT'S VERIFICATION		
I hereby authorize the State of _____ to furnish the Georgia Board of Examiners of Psychologists with the information below.		
Date	Signature of Applicant	

APPLICANT: DO NOT WRITE BELOW THIS LINE

STATE BOARD: The above named psychologist has made application for licensure in the State of Georgia and has stated that he/she is or has been licensed to practice psychology in your jurisdiction. Please complete the form below and return it to the Board at your earliest convenience. **If there is a charge for this service, please contact the applicant listed above to request payment of any fees.**

PART II – STATE INFORMATION

License number/State	Date of Issuance (month, day year)	Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other
EPPP Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the Applicant obtain his/her original license from your state/jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give date. _____ If "No," which state issued the original license? _____	Is continuing education required for renewal of license? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," how man hours? _____
Is license current and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Expiration: _____	Is or has the license ever been invalid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there currently or has there ever been any disciplinary action on this license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has licensee voluntarily surrendered license while under Investigation for conduct that relates to unprofessional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this licensee have a complaint, allegation or Investigation pending before your board that relates to unprofessional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your records reflect that the Applicant has ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please attach a certified copy of the judgment rendered.

IF LICENSE HAS BEEN ENCUMBERED IN ANY WAY, PLEASE PROVIDE COPIES OF ALL RELATED DOCUMENTS.

FORM COMPLETED BY:

Date	Printed Name:	Please Affix Board Seal
Title	Signature	

RETURN TO: Georgia Board of Examiners of Psychologists, 237 Coliseum Drive, Macon, Georgia 31217-3858. Thank you for your assistance. In lieu of completing Part II above you may submit your state's verification form.