



APPLICATION FOR VOLUNTEER SERVICE LICENSURE

GEORGIA STATE BOARD OF PSYCHOLOGY

237 Coliseum Drive, Macon, Georgia 31208

Phone (404) 424-9966

[The Georgia State Board of Examiners of Psychologists](#) | [Georgia Secretary of State \(ga.gov\)](#)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Psychology in the state of Georgia. Please visit the Board's web site above for additional information.

****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 result in delayed processing. Incomplete applications are void after sixty (60) days.

VOLUNTEER SERVICE LICENSURE: A license issued by consent order by the board may be granted to persons who are retired from the practice of psychology or who have an inactive license and who are **not** currently engaged in the practice of psychology either full time or part time and who have prior to retirement or attaining inactive status, maintained full licensure in psychology in good standing. See Board rule **510-9-.04 Licensure for Volunteer Service** for additional details.

Applicant must submit the following to the Board to be approved to interview:

- NOTARIZED APPLICATION:** This application must be mailed to the Board's office at the address listed above. All questions must be answered. Any question answered "yes" requires additional documentation to be submitted. Attach a written explanation if you have had any criminal convictions, been arrested, or sanctioned by another state licensing or regulatory board.
- Verification that most recently held license was in good standing.
- Proof of meeting 20 hours continuing education requirements for licensure renewal in the two calendar years immediately prior to application for volunteer service.
- Notarized statement from the agency that will receive the volunteer services attesting to the fact that you, the psychologist, will not be compensated for their services and the agency will not bill for or in any way be compensated for the services provided by you, the psychologist.
- The notarized statement will also verify that the agency will provide malpractice insurance coverage for you, the volunteer psychologist.
- If continuing education requirements are not complete at the time of application the applicant may be granted a non renewable six (6) month temporary license by consent order with the provision that the person has successfully completed the personal interview with the Board and the understanding that all continuing education requirements shall be met within six (6) months after being issued the temporary license.

- Requirements for renewal for a license by consent order for volunteer service will be the same as required to renew a psychology license except that the time for renewal will be determined by the consent order and may require a personal interview if requested by the Board.

NEW: Complete the registration with COGENT/GAPS as required by the Board to cause the submission of a criminal background check as required by O.C.G.A. §§ 43-39-6 and 43-39-8(b)(6).

The applicant shall be responsible for all fees associated with the performance of such background check - see instructions on how to register and complete the fingerprint check posted on the Board website, Application/Form Downloads link (Same webpage you found this application on).

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



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

GEORGIA STATE BOARD OF PSYCHOLOGY

237 Coliseum Drive, Macon, Georgia 31217-3858 • (404) 424-9966

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APPLICATION FOR VOLUNTEER SERVICE LICENSURE

Application Fee: \$35.00

(Fee includes a \$10 mail in application processing fee)

NAME

 LAST FIRST MIDDLE MAIDEN

License Number: _____ Current Status of License: _____

State of Licensure: _____

SOCIAL SECURITY # _____ - _____ - _____ **DATE OF BIRTH** M | M | - D | D | - Y | Y | Y | Y |

(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 # _____
 CITY STATE ZIP

If you are granted a license, your name, city, state, 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 # _____
 CITY STATE ZIP

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.**

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

BACKGROUND INFORMATION:

NOTE: If you answer “yes” to any of questions below, you must submit a written explanation of the event(s) and attach any/all relevant documents. (Certified copies of documents from courts or other licensing agencies are required.)

Have you been denied licensure for any reason in any jurisdiction? () Yes () No

Have you had a license to practice revoked, suspended, surrendered, or annulled in any jurisdiction?
() Yes () No

Have you had any disciplinary action taken against you by any authority issuing a license in any jurisdiction? () Yes () No

Have you been refused renewal of a license for any reason in any jurisdiction? () Yes () No

Have you been subject to disciplinary action or had your membership revoked by a professional organization? () Yes () No

Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? () Yes () No

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

Have you ever had your Medicaid and/or Medicare privileges restricted or revoked?
() Yes () No

Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DUI and DWI are not minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. () *Yes () No

If “yes,” include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident. Failure to submit this information may result in delayed processing of the application.

APPLICANT SIGNATURE & AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

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 Georgia State Board of Examiners of Psychologist, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 6 & 7 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older 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 (See pages 6 & 7 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Examiners of Psychologist and/or criminal prosecution.

Signature of Applicant Date

Sworn to and subscribed before me this
_____ day of _____ 20_____

Notary Public Signature (Notary Seal)

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.



NON-COMPENSATED VOLUNTEER SERVICE CONTRACT

A notarized statement from the agency that will receive the volunteer services attesting to the fact that the psychologist will not be compensated for their services and the agency will not bill for or in any way be compensated for the services provided by the psychologist. The notarized statement will also verify that the agency will provide malpractice insurance coverage for the volunteer psychologist.

APPLICANT NAME: _____
Last First Middle

PHYSICAL ADDRESS: _____
Street (P.O. Box not acceptable) City State Zip Code

MAILING ADDRESS: _____
(If different from street address) Street/P.O. Box City State Zip Code

HOME PHONE: () _____ BUSINESS PHONE: () _____

E-MAIL: _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE _____

AGENCY/INSTITUTION

NAME: _____

ADDRESS: _____
Street (No P.O. Box) City State Zip Code

HOME PHONE: () _____ BUSINESS PHONE: () _____

E-MAIL: _____

LICENSE #: _____ DATE LICENSED: _____ STATE: _____

We attest that we have read and agree to abide by the Rules of the Board regarding Volunteer Service. Board Rule 510-9-.04.

Date

Signature of Supervisor

Date

Signature of Applicant

Sworn and subscribed before me

This ____ day of _____, 20 ____.

Notary Public

My commission expires: _____.

Notary Seal