

GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

237 Coliseum Drive • Macon, Georgia 31217-3858

404-424-9966 Customer Service

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

APPLICATION INITIATION FORM FOR REGISTRATION WITH THE GEORGIA BOARD FOR LICENSURE AS A PSYCHOLOGIST by EXAMINATION, ENDORSEMENT, EXAM WAIVER, CPQ OR I/O

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. This form only registers you with the Georgia Board, you will be completing the actual application for licensure through ASPPB.

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 apply for a license should you desire to practice in that jurisdiction. This new application processing system began on **July 1, 2014**.

NEW: ONCE YOU HAVE MAILED/SUBMITTED THIS INITIATION REGISTRATION FORM TO THE BOARD, THEN:

Complete the registration with Fieldprint/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).

Additional licenses of limited duration – these are optional:

****TEMPORARY LICENSE**

(See Board Rule 510-9-.01)

Available **ONLY** to applicants for licensure by **Endorsement**
(AN EXTRA ADDITIONAL FEE OF \$100.00 IS REQUIRED)

****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**
(AN EXTRA ADDITIONAL FEE OF \$100.00 IS REQUIRED)

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.

NOTE: Incomplete applications will be withdrawn after sixty (60) days.

IMPORTANT: IN ADDITION TO THE AFFIDAVIT OF CITIZENSHIP (Page 4 of this application), APPLICANTS MUST ALSO SUBMIT A SECURE AND VERIFIABLE DOCUMENT (SVD)

Application fees are Non-Refundable

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 a letter of explanation.

- 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 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? (DWI and DUI 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.

ADDITIONAL INFORMATION (Complete all applicable selections below):

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 having been licensed for **less than 10 years**? ___ Yes ___ No

Are you applying by Endorsement having been licensed **10 or more years**? ___ Yes ___ No

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

AFFIDAVIT REGARDING CITIZENSHIP

Please submit this document, signed and notarized, along with a copy of your secure and verifiable document with this application. Failure to do so will delay processing.

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 only 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 (information can be found @ [http://sos.ga.gov/index.php/licensing/secure and verifiable documents](http://sos.ga.gov/index.php/licensing/secure_and_verifiable_documents))**. Failure to do so will **delay your application processing**.

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 (information can be found @ [http://sos.ga.gov/index.php/licensing/secure and verifiable documents](http://sos.ga.gov/index.php/licensing/secure_and_verifiable_documents))**.

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 PUBLIC
My Commission Expires: _____

Notary Seal