



**State of Tennessee
Board of Examiners in Psychology
Psychologist Application
Licensure Endorsement Form**

Date _____

Applicant's Name _____

Endorser's Name _____

Endorser's License # and Degree _____

Endorser's City and State _____

If licensed, is license active? Yes No

Is endorser licensed as a Health Services Provider (HSP)? Yes No Equivalent License

If no, does your jurisdiction designate HSP? Yes No

(A Health Service Provider (HSP) is a licensed psychologist who delivers direct, preventive, assessment and therapeutic intervention services to individuals whose growth, adjustment, or functioning is actually impaired or may be at risk of impairment)

Is endorser listed in the National Register? Yes No

Is endorser ABPP? Yes No

Please list specialty. _____

Do you recommend this applicant as a designated Health Services Provider? Yes No

In your accompanying letter (on your letterhead), please describe in detail the nature of your relationship with the applicant, the dates of contact with the applicant, and the basis of your knowledge of the applicant's suitability to practice psychology such as the quality of the applicant's performance, education and training, experience, ethics and character. As endorser, you will have direct knowledge of and attest to the applicant's competency in the areas. Mail your letter directly to the Board of Examiners in Psychology.

Please indicate which of the following best reflects your opinion of the applicant's application for licensure.

- Recommended without Reservation
- Recommended with Reservation
- Not recommended

To ensure timely receipt of materials, all information is to be addressed as follows:

Board of Examiners in Psychology
665 Mainstream Drive
Nashville, TN 37243