



**State of Tennessee
Department of Health
Board of Examiners in Psychology**

(Local) (615) 741-5735 or (Toll Free) (800) 778-4123 ext. 741-5735
<http://www.tn.gov/health/>

Psychologist Application

Dear Applicant:

This application packet is for those who are applying for a Psychologist license and includes the form for those applying for Health Service Provider (HSP) designation. The requirements for application are detailed in the Board Rules (<https://publications.tnsosfiles.com/rules/1180/1180.htm>) and State licensure statutes (Title 63, Chapter 11 <http://tn.gov/health/article/psych-statutes>). Please read the instructions, statutes and rules carefully to ensure that your application is complete.

All documents submitted to the Board become part of your file and are not returnable or transferable. Your application will be reviewed for completeness and you will be notified when the review is completed. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you by mail.

Typically, application materials are in the applicant's file within two weeks of the postmarked date. Absent any complicating factors, the average application processing time is four to six weeks. The Board's administrative staff is dedicated to the professional management of all applicant files. If you would like to personally review your file, please call the board office and make an appointment.

Acceptability of licensure application is a Board decision, not an administrative staff decision. Please be aware that the review for completeness of your file does not indicate whether you are accepted as a candidate for licensure.

The Board meets regularly throughout the year and at these meetings the Board considers applications, written examination results, and HSP support materials for the purpose of licensure. The Division of Health Related Boards is empowered to issue licenses to those applicants deemed qualified by the Board of Examiners in Psychology. Licenses are generally issued within thirty days of the Board meeting.

Please understand that applicants and licensees have the responsibility to notify the board office whenever a change of name or mailing address occurs. Notification needs to be in writing. Please reference your profession and the board in your correspondence. A change of name request must be accompanied by the document that changed your name (i.e., marriage certificate, divorce decree, etc.).

Absent any complicating factors, the average application processing time is eight (8) weeks. Once the application is completed, your file will be reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination.

Every effort will be made to keep you informed of your application's status and to process your application in a timely manner. Inquiries regarding your file will receive a response by mail.

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

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

Directions for Application for Licensure

- a) You are obligated to complete the application truthfully and completely. To ensure the accurate completion of these forms, it is recommended that you carefully read both the state law and the Board rules before completing this application. In particular, the Rules in 1180-02 provide information that might be helpful in completing your application.
- b) Please provide information about the three individuals whom you have asked to provide the board with letters of recommendation. Rule 1180-02-.03(6) details the credentials that are required for those who write your recommendation letters. Please review this rule before soliciting letters of recommendation.
- c) Please provide information about your graduate training in Psychology. If you attended more than one graduate program in psychology, use a separate page to provide information on other institutions.
- The issue of designation or accreditation of the degree program only matters for the training program where you completed your doctoral degree or specialty retraining. Please check with the training program if you are unsure about whether your program was accredited by American Psychological Association's (APA) Committee on Accreditation or listed by Council for the National Register of Health Service Providers in Psychology/Association of State and Provincial Boards' (NR/ASPPB) "Designated Doctoral Programs in Psychology" at the time you graduated.
- d) If you are applying for the Health Service Provider (HSP) Designation, please provide information about your internship. If you are **not** applying for this designation, do not complete this item. Please check with your internship if you are unsure about whether the internship was accredited by APA's Committee on Accreditation or a member Association of Psychology Postdoctoral and Internship Centers (APPIC).
- e) If you are applying for the HSP Designation and you have completed at least one year of post-doctoral supervised experience (1900 hours required), you need to provide information about this experience. If you are not applying for this designation or have not yet completed the post-doctoral supervised experience, do not complete this item. If this postdoctoral year was completed at more than one setting, please use a separate page to provide information on other settings.
- f) Please provide information about previous employment where you provided mental health services or any type of healthcare employment. You need not include paid or unpaid graduate training-related practicums or placements. If you had more than one mental health employment setting, please use a separate page to provide information on other settings.
- g) Please to provide two (2) recent signed passport type photographs. Passport photos are head-and-shoulders pictures. After signing the back of the photos, attach them to the space indicated.
- h) All applicants must complete a criminal background check. The instructions can be found at: <https://www.tn.gov/health/health-professionals/criminal-background-check.html>
- i) All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form. The Declaration is available online at <https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board/applications.html>
- j) Please complete the Mandatory Practitioner Profile which can be found at: <https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board/applications.html>
- k) You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.
- l) You have now completed the general application for licensure. This application will need to be signed. Please be aware that depending on the type of application and your current status in another jurisdiction, you might need to complete additional forms.
- m) Please request that the institution(s) of higher education submit the **transcript(s) of all graduate coursework** directly to the Board office. The transcript needs show the highest degree granted, coursework and credits and must carry the official seal of the institution. Unofficial transcripts are not acceptable.

If the transcript shows that you have completed the required course work but have not received your degree, you need to have the Registrar submit a letter attesting to the date upon which you will graduate, affixed with the seal of the institution. We will use the transcript and letter to complete our initial review of your application. Please remember that a final transcript showing your degree must be received before licensure can be granted.

Foreign trained applicants must send their transcripts to World Education Service, P.O. Box 745, Old Chelsea Station, New York, NY 10113-0745, (212) 966-6311 for assessment and their results must be mailed directly to the Board of Examiners in Psychology, 665 Mainstream Dr., Nashville, TN 37243. Supporting documents such as course descriptions, syllabi, and thesis or dissertation summaries must be supplied in order to determine equivalency of education training.

- n) Payment of the application fee (\$175), licensure fee (\$200), state regulatory fee (\$10), and ethics and jurisprudence exam fee (\$100) must accompany your application. Other fees might also need to be paid. **For example, those asking for a Temporary License must pay an additional \$100 and those requesting a Provisional License must pay an additional \$125.** Please consult Chapter 1180-01 of the Board's Rules in order to determine if you will need to pay any additional fee(s). A personal check or money order should be made payable to the "State of Tennessee." The application fee is non-refundable, however the other fees may be refunded if the application is withdrawn or denied. Please contact the Board administrator if you believe that any fees should be refunded to you. Refunds will take approximately eight weeks to process. You can submit one check to pay all necessary fees.
- o) The **written examination**, or EPPP, is a computer delivered 225-item test covering basic psychological science, professional application, ethics, and related considerations in psychology. Information concerning the exam can be obtained by writing to Association of State and Provincial Psychology Boards (ASPPB), P.O. Box 3079, Peachtree, Georgia 30269. Upon approval by the board to take the EPPP the applicant's name will be submitted to the ASPPB. Written authorization for testing will be sent to the applicant by ASPPB with instructions to contact the chosen testing provider and information regarding the exam fee.
- p) **Ethics and Jurisprudence examinations** will be scheduled by the Board administrator after it has been determined that you have passed the EPPP. The purpose of the exam is to test your knowledge of Tennessee law related to the practice of psychology, the code of ethics as it is represented in the Board's Rules, and current professional standards and guidelines promulgated by the state and national organizations of psychologists. Relevant materials and references to sources will be provided. This is an open-book test.
- q) **Temporary License Forms.** If you are eligible and need this license, separate forms need to be completed by you and the person who will be supervising while you work under the Temporary License. If you do not need a Temporary License, then do not submit this form.

When your file is administratively complete, reviewed by the Board and approved, your Temporary License will be issued. In the event an application is not approved, a refund of the Temporary License fee may be requested in writing. Allow 6-8 weeks for processing this refund.

- r) **Provisional License Forms.** This license is required for anyone completing a post-internship, post-doctoral supervised year of experience in Tennessee. If you are eligible and need this license, separate forms need to be completed by you and the person who will be supervising you while you work under the Provisional License. Both forms need to be notarized and submitted with the Provisional License fee. If you do not need a Provisional License, then do not submit this form.

When your file is administratively complete, reviewed by the Board and approved, your Provisional License will be issued. You may begin working toward your 1900 post-doctoral supervised hours once you receive this Provisional License. In the event an application is not approved, a refund of the Provisional License fee may be requested in writing. Allow 6-8 weeks for processing this refund.

- s) **Licensure Endorsement Form.** Please provide each person writing a letter of recommendation with a copy of this form and ask that the completed form accompany the recommendation letter. Be aware that it is essential that you request references from individuals who have personal knowledge of, and can attest to, your education, training and performance. All letters shall be current (attesting to current or recent work), original letters on professional letterhead written specifically for this licensure application and mailed directly to the Board by the person providing the information. Such letters are valid for one year from date of receipt. **Make certain that the psychologists writing your letters clearly indicate that they are endorsing you as a Psychologist or Psychologist with HSP designation.** They should also avoid using a letter already written for a job application. The Board may initiate inquiries if additional information is needed.
- t) Please complete the **Postdoctoral Supervised Experience Documentation Form.** This form provides the board with verification that your post-doctoral year of supervised experience has been completed and it should not be

submitted to the board until you have finished the required 1900 hours. The form needs to be signed by you and your supervisor. If you accumulated your 1900 hours at more than one location, please provide the information on a copy of this form.

Checklist

You send	You request others to send
___ Signed application	___ Official transcripts
___ Certified Original or Notarized Copy of Birth Certificate	___ 3 Recommendation Letters with Licensure Endorsement Forms
___ Notarized Declaration of Citizenship form found at: https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board/applications.html	___ Verification of Licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive)
___ 2 signed passport photographs	___ Results of the EPPP sent to the board administrative office
___ Temporary License Application (if applicable)	___ Letter from Internship Director
___ Temporary License Supervisor Affidavit (if applicable)	___ Criminal Background Check
___ Provisional License Application (if applicable)	___ https://www.tn.gov/health/health-professionals/criminal-background-check.html
___ Provisional License Supervisor Affidavit (if applicable)	
___ Completed Mandatory Practitioner Profile Questionnaire (mail with the application) https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board/applications.html	
___ Postdoctoral Supervised Experience Documentation Form (if applicable)	
___ Check or money order for all applicable fees	

PLEASE
ATTACH
PHOTO
HERE



1410-001 - \$175.00
1410-001 - \$200.00
1410-006 - \$10.00
1410-001 - \$100.00
\$485.00

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243**

Temporary License
add \$100.00

Provisional License
add \$125.00

**BOARD OF EXAMINERS IN PSYCHOLOGY
Psychologist Application**

Type of license sought (check one) _____ Psychologist _____ Psychologist with Health Service Provider Designation

Are you applying for a Temporary license? ___Yes ___ No Are you applying for a Provisional license? ___Yes ___ No

NAME _____
(Last) (First) (Middle/Maiden)

CURRENT HOME MAILING ADDRESS: _____ CURRENT PRACTICE NAME & ADDRESS: _____

*If you have no practice address, notify the Board of your practice address within 30 days of obtaining a practice address. If you have multiple practice address, please attach an additional page listing all practice addresses.

HOME PHONE _____ PRACTICE PHONE _____

E-MAIL ADDRESS: _____

Do you wish to receive notifications, including renewal notification, from the Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. ___ Yes ___ No

Social Security No. _____ - _____ - _____ Birth Date: ____/____/____

Race: _____ Gender: Female ___ Male ___ U.S. Citizen: Yes ___ No ___

All applicants must complete the Declaration of Citizenship form.

Entitled to Live and Work in the U.S. Yes ___ No ___ (MUST check one)

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes ___ No ___

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes ___ No ___

Have you ever been known by any other names besides what is listed above? Yes ___ No ___
If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known:

EDUCATIONAL INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of [this page](#) if you need additional space. Request an official transcript be submitted directly from the APA accredited educational institution where you completed your psychology program.

From:	To:	Educational Institution	City, State	Degree Earned	Year Graduated
Mo./Yr.	Mo./Yr.				
Mo./Yr.	Mo./Yr.				
Mo./Yr.	Mo./Yr.				
Mo./Yr.	Mo./Yr.				

LICENSURE INFORMATION

	Yes	No
Have you ever taken or registered for the Exam for Professional Practice in Psychology (EPPP)? If yes, please have the ASPPB send a copy of your test scores directly to the board administrative office.	_____	_____
Are you or have you ever been licensed in this profession in another state?	_____	_____
Are you or have you ever been licensed in any other profession in Tennessee or another state?	_____	_____

List below **ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED.** Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

STATE	PROFESSION	LICENSE NUMBER	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever held a job in a healthcare profession? YES: _____ NO: _____

Please complete your entire healthcare employment history (**NOT** including psychology) starting with the most current position first. Use the back of [this page](#), if you need additional space. Dates of employment must be included.

Company/ Employer:	Address: (City, and State)	Position:	Duties:	Dates Mo./Yr. Mo./Yr.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PSYCHOLOGY EMPLOYMENT HISTORY:

CURRENT EMPLOYER: _____

TYPE OF FACILITY: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF POSITION: _____ WORK PHONE: _____

JOB TITLE: _____ TYPE OF POSITION: _____

EMPLOYMENT DATES: FROM: ____ / ____ TO: ____ / ____

SUPERVISOR'S NAME: _____ SUPERVISOR'S POSITION: _____

SUPERVISOR'S LICENSURE STATUS: _____

TYPES OF CLIENTS SERVED AND PSYCHOLOGICAL SERVICES RENDERED: _____

FORMER EMPLOYER: _____

TYPE OF FACILITY: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF POSITION: _____ WORK PHONE: _____

JOB TITLE: _____ TYPE OF POSITION: _____

EMPLOYMENT DATES: FROM: ____ / ____ TO: ____ / ____

SUPERVISOR'S NAME: _____ SUPERVISOR'S POSITION: _____

SUPERVISOR'S LICENSURE STATUS: _____

TYPES OF CLIENTS SERVED AND PSYCHOLOGICAL SERVICES RENDERED: _____

FORMER EMPLOYER: _____

TYPE OF FACILITY: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF POSITION: _____ WORK PHONE: _____

JOB TITLE: _____ TYPE OF POSITION: _____

EMPLOYMENT DATES: FROM: ____ / ____ TO: ____ / ____

SUPERVISOR'S NAME: _____ SUPERVISOR'S POSITION: _____

SUPERVISOR'S LICENSURE STATUS: _____

TYPES OF CLIENTS SERVED AND PSYCHOLOGICAL SERVICES RENDERED: _____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. **IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION.** Additional information may be requested and/or required before a licensure decision may be made.

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

YES NO

- | | | |
|--|-------|-------|
| 1.
1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? | _____ | _____ |
| 2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | _____ | _____ |

If so, please list:

(If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to be determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.)

	YES	NO
3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	_____	_____
4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	_____	_____
5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	_____	_____
6. Have you ever held or applied for a license, privilege, registration or certificate to practice psychology in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?	_____	_____
9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	_____	_____
10. Have you ever been rejected or censured by a professional association or society?	_____	_____
11. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered against you;	_____	_____
b. Have you ever entered into any settlement of any legal action; or	_____	_____
c. Are there any legal actions pending against you or to which you are a party?	_____	_____
12. Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?	_____	_____
13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)	_____	_____

RECOMMENDATION INFORMATION

Recommendation letter writers:

Full name	License #	Licensing Jurisdiction
_____	_____	_____
_____	_____	_____

Graduate Training in Psychology :

Department & program name: _____

Program address: _____

Degree received: _____ Major: _____

Dates of attendance from _____ (month/year) to _____ (month/year)

During the time you attended this doctoral program was it:	Yes	No
Accredited by APA's Committee on Accreditation?	___	___
Listed in the NR/ASPPB's Designated Doctoral Programs in Psychology?	___	___

Pre-doctoral Internship in Psychology:

Internship name _____

Internship address _____

Internship Director's Name _____

Dates of attendance from _____ (month/year) to _____ (month/year)

During the time you attended this internship program was it:	Yes	No
Accredited by APA's Committee on Accreditation?	___	___
A member of APPIC?	___	___

Post-doctoral Supervised Experience:

Facility name _____

Type of facility _____

Facility address _____

Supervisor name _____ License # _____ Licensing Jurisdiction _____

Dates of post-doctoral experience _____ (month/year) to _____ (month/year)

Hours worked per week	_____
Number of face-to-face client contact hours per week.	_____
Number of face-to-face individual supervision hours per week	_____
Number of group supervision hours per week	_____

Describe types of clients served and psychological services delivered:

AFFIDAVIT OF APPLICANT

I, _____ of _____ being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a psychologist in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a psychologist.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE



**State of Tennessee
Department of Health
Board of Examiners in Psychology**

Temporary Psychologist License Application

The Temporary License will allow the applicant to perform the functions specified in T.C.A. § 63-11-203 only under qualified supervision. Statutory requirements for a Temporary License can be found in T.C.A. § 63-11-206 and detailed in section 1180-02-.05 of the Board Rules. Applicants for this license need to supply to the Board a completed application, a completed Supervisor Affidavit, and required fees. If granted, the Temporary License is valid for one year.

1. Name _____
Last First Middle Maiden

2. Type of license sought (check one) _____ Psychologist
_____ Psychologist with Health Service Provider Designation

3. Social Security Number _____
You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

4. Have you ever been issued a temporary license to practice psychology in Tennessee? _____ Yes _____ No

5. Have you within the last year failed the Examination for Professional Practice in Psychology? _____ Yes _____ No

If yes, provide date(s) _____

6. Have you within the last year failed the Ethics and Jurisprudence Exam for licensure as a psychologist or psychological examiner in Tennessee? _____ Yes _____ No

If yes, provide date(s) _____

I, _____ certify that the statements on this temporary license application are true and correct. In signing this affidavit, I am aware that Chapter 9, Public Acts of 1947, provides that a person filing a forged affidavit of identification is subject to punishment prescribed by law for the crime of forgery.

Signature of Applicant



**State of Tennessee
Department of Health
Board of Examiners in Psychology**

**Temporary Psychologist License Application
Supervisor Affidavit**

The Temporary License will allow the applicant to perform the functions specified in T.C.A. § 63-11-203 only under qualified supervision. Statutory requirements for a Temporary License can be found in T.C.A. § 63-11-206 and detailed in section 1180-03-.05 of the Board Rules. Applicants for this license need to supply to the Board a completed application, a completed Supervisor Affidavit, and required fees. If granted the Temporary License is valid for one year.

_____ has applied for a Temporary Psychology license. I will have the responsibility for direct supervision of psychological services delivered by the above named applicant during the tenure of his/her Temporary License in accordance with Standards of Supervision in the current Board Rules.

The applicant will provide psychological services at the following locations:

Describe the types of clients that will be seen and services that will be provided.

Signature of Supervisor

Print Name of Supervisor

Tennessee License Number

NOTE: No Temporary License will be issued until this form is completed and received in the Board office. Should the applicant's Temporary License expire, both the supervisor and the applicant will be notified by the Board within ten (10) days.

Area of Competency/Health Services Provider



**State of Tennessee
Department of Health
Board of Examiners in Psychology**

Provisional Psychologist License Application

The Provisional License will allow the applicant to perform the functions specified in T.C.A. § 63-11-203 only under qualified supervision. Statutory requirements for a Provisional License can be found in T.C.A. § 63-11-206 and detailed in section 1180-02-.06 of the Board Rules. Applicants for this license need to supply to the Board a completed application, a completed Supervisor Affidavit, and required fees. If granted the Provisional License is valid for one year.

1. Name _____
Last First Middle Maiden

2. Social Security Number _____
You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

The applicant will provide psychological services at the following location.

Describe the types of clients that will be seen and services that will be provided.

I, _____ certify that the statements on this Provisional License application are true and correct. In signing this affidavit, I am aware that Chapter 9, Public Acts of 1947, provides that a person filing a forged affidavit of identification is subject to punishment prescribed by law for the crime of forgery.

Signature of Applicant



**State of Tennessee
Department of Health
Board of Examiners in Psychology**

**Provisional Psychologist License Application
Supervisor Affidavit**

The Provisional License will allow the applicant to perform the functions specified in T.C.A. § 63-11-203 only under qualified supervision. Statutory requirements for a Provisional License can be found in T.C.A. § 63-11-206 and detailed in section 1180-02-.06 of the Board Rules. Applicants for this license need to supply to the Board a completed application, a completed Supervisor Affidavit, and required fees. If granted the Provisional License is valid for one year.

_____ has applied for a Provisional Psychology License. I will have the responsibility for direct supervision of psychological services delivered by the above named applicant during the tenure of this Provisional License in accordance with Standards of Supervision in the current Board Rules.

The applicant will provide psychological services at the following locations.

Describe the types of clients that will be seen and services that will be provided.

Signature of Supervisor

Print Name of Supervisor

Tennessee License Number

NOTE: No Provisional License will be issued until this form is completed and received in the Board office. Should the applicant's Provisional License expire, both the supervisor and the applicant will be notified by the Board within ten (10) days.

Area of Competency/Health Services Provider



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

Date _____

Applicant's Name _____

Endorser's Name _____

Endorser's License _____

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



Board of Examiners in Psychology
Postdoctoral Supervised Experience Documentation Form

Applicant Name _____

_____ Last _____ First _____ Middle _____ Maiden _____
TN Provisional License # _____ Date Issued _____

Other Psychology License _____ State Issued _____

Date Issued _____ Current? ____ Yes ____ No

List the name and address of the facility where you provided psychological services during the postdoctoral supervised experience.

What type of facility was this? (e.g., Community Mental Health Center, Hospital, etc.).

Provide a description of the types of clients seen and services provided during the postdoctoral supervised experience.

What was your title? _____

Month and year experience started _____ completed _____

What was the average number of hours per week that you worked? _____

What was the number of hours of direct, individual face-to-face supervision per week? _____

Name and Degree of Supervisor _____

License number _____ State of License _____

Supervisor's Title _____

Is Supervisor licensed as a Health Service Provider? ____ Yes ____ No

If not, what was the Supervisor's license designation? _____

What was the total number of postdoctoral supervised hours completed? _____

What was the total number of hours of supervision? _____

I hereby certify that all the above information is true and correct to the best of my knowledge.

Signature of Supervisor _____ Date _____

Signature of Applicant _____ Date _____

VERIFICATION OF PRE-DOCTORAL INTERNSHIP

If you are applying for licensure as a psychologist with designation as a Health Service Provider, you must have successfully completed an Internship. Please complete the top portion of this form and have the director of your internship complete the verification portion and mail it directly to the Board. This form is considered part of your application; therefore, your file will not be reviewed if you are applying for licensure as a psychologist with Health Service Provider designation until this form is in your file. A notarized copy of a signed serialized certificate of completion of an APA approved pre-doctoral internship in professional psychology may be sent in lieu of the Internship Director Verification form.

I am applying for a license to practice as a psychologist in Tennessee. The Tennessee Board of Examiners in Psychology requires that I submit evidence of successful completion of an internship. Please complete the form and return it to:

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

You are hereby authorized to release any information, favorable or otherwise, directly to the Tennessee Board of Examiners in Psychology. Your prompt attention will be appreciated.

Signature: _____

Print or type name: _____

Credentials of Director (to be completed by director)

This is to certify that I was the training director of the internship for _____
(applicant's name)

and the following information is true and complete to the best of my knowledge.

Your name: _____
(Signature)

Print or type name: _____

Office Address: _____

Your highest degree: _____

Are you licensed as a psychologist? Yes _____ No _____

State(s) and license number(s): _____

What specialty designation if any? _____

Are you in the National Register of Health Service Providers in Psychology? Yes _____ No _____

Are you a fellow/diplomat of ABPP? Yes _____ No _____

If yes, specialty: _____

What is your title within your organization? _____

Internship Information:

Person supervised: _____

Title and location of Internship: _____

APA approved: Yes _____ No _____

Listed in the Directory of Internships for Doctoral Students in School Psychology (until December 31, 1999). Yes ___ No ___

APPIC listed: Yes _____ No _____

Number of Internship hours: _____

Date Internship began: _____ Date Internship ended: _____

I certify that _____ successfully
(Name of Candidate)

completed this Internship on : _____
(Date)

PLEASE SIGN:

Signature

Title

If the internship described was APA approved or APPIC listed STOP HERE and return this entire form to the Board of Examiners in Psychology. If the internship was **NOT** APA approved or APPIC listed, please fill out the following additional information:

How many hours (per week) were spent in regularly scheduled, formal face-to-face individual supervision with a psychologist, dealing with the psychological services rendered by the intern? _____

What percentage of the total Internship hours does this represent? _____

Was the Internship training post-clerkship and post-practicum? Yes _____ No _____

How many Interns were present during the trainee's training period? _____

Is there a written statement or brochure describing the goals and content of the Internship and expectations regarding the trainee's work available to intern applicant? Yes _____ No _____

If there is such a statement or brochure, please include it with this form.