



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
CONTINUING EDUCATION APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME			
FEIN OR SSN			
PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
<p>By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.</p>			
SIGNATURE		DATE	

State Board of Examiners of Psychologists

Continuing Education Program Approval Requests

(check *one* box and insert information requested):

Continuing Education Sponsor Request for Program Approval _____ Number of programs accompanying this application	\$75.00 per program Total Amount \$ _____
Continuing Education Individual Request for Program Approval _____ Number of programs accompanying this application	\$20.00 per program Total Amount \$ _____

Office Use Only:

1470 - See amount in the box to the left

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
I understand that fees are non-refundable			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035
TEL: (207) 624-8603 – FAX: (207) 624-8637

APPLICATION FOR CONTINUING EDUCATION (CE) PROGRAM PRIOR APPROVAL
(For instructors and presenters)

Before completing this form, please review the attached instructions for CE application. Details for program approval can be found in Chapter 8 of the Board's rules regarding continuing education requirements and CE approval requests. You may access board rules online at the following web address: www.maine.gov/professionallicensing

Date of application: _____

Date(s) of proposed program (if known): _____

Name of presenter(s): _____

Sponsoring agency and address: _____

Contacts: Phone #: (____) _____ Email: _____

Title of program: _____

Location of program: _____

Web site address of program offering *(if available)*: _____

Number of CE hours requested: _____

FOR OFFICE USE ONLY:

Program Reviewer's Name _____

Approved on _____ **Activity Number** _____

of Contact Hours

Denied on _____ **Reason for denial:**

**INSTRUCTIONS FOR COMPLETING CE APPLICATION
FOR CONTINUING EDUCATION (CE) PRIOR PROGRAM APPROVAL**

1. Complete and submit this application together with appropriate payment. Please note this office will not accept fax or email submissions of program approvals.

Submit to: State Board of Examiners of Psychologists, 35 State House Station, Augusta, ME 04333

2. Application for CE prior approval should be submitted NO LESS THAN 60 days prior to the end of the licensing biennium during which the activity took place.

CRITERIA FOR CE PROGRAM APPROVAL

1. The activity must be at least one hour in length;
2. The activity must include specified learning objectives;
3. The instructor must be a psychologist or other professional who has recognized expertise in the specific subject area of the activity;
4. Where appropriate, the announcement materials for the activity must clearly state the name of the sponsor and provider, the name of the individual(s) delivering instruction, the number of contact hours for which the activity has been approved by the board, and the learning objectives of the activity;
5. The activity must distribute its articulated learning goals to participants at the beginning of the activity; and
6. Participants (including licensees who complete commercially-prepared self-study) must be given a certificate of participation or other documentation of completion of the activity stating the hours of continuing professional education credit earned.

Note: This is an abbreviated checklist please review the Board's Laws and Rules for specific requirements at the Board's website at:

<http://www.maine.gov/pfr/professionallicensing/professions/psychologists/laws.html>

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, ME 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.