

State of Maine

STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

Psychologist Applying by Endorsement



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station, Augusta, ME 04333

Office Direct Line (207) 624-8626 or Main Receptionist (207) 624-8603

TTY users call Maine relay 711

Web address: www.maine.gov/professionallicensing
Email: psych.board@maine.gov



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	

State Board of Examiners of Psychologists
Psychologist Applying by Licensure By Endorsement
Required Fees: \$271.00 (non refundable)
(includes jurisprudence examination, license and criminal records check fee)

LICENSE TYPE:

Psychologist (PS1421)

Office Use Only:
PS 1447 - \$50.00
1421 - \$200.00
2619 - \$21.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

Rev. 10/2022

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:	
NAME OF CARDHOLDER (please print)	<i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print and make sure the address matches the address on the cardholder account exactly in order to process payment)	
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____ <input type="checkbox"/> I understand that fees are non-refundable	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
SIGNATURE	DATE

SECTION 1: EDUCATION

Please check all that apply:		
<input type="checkbox"/> Ed. M. Master's of Education <input type="checkbox"/> M.ED. Master's of Education <input type="checkbox"/> Ed. D Doctor of Education		
<input type="checkbox"/> M.S.E.D. Master's of Science in Education <input type="checkbox"/> M.S. Master's of Science		
<input type="checkbox"/> M.A. Master's of Arts <input type="checkbox"/> Ph.D. Doctor of Philosophy <input type="checkbox"/> Psy.D. Doctor of Psychology		
<input type="checkbox"/> APA accredited <input type="checkbox"/> NASP Accredited <input type="checkbox"/> ASPPB/NR accredited		
<input type="checkbox"/> Non Accredited Educational Program Other describe: _____		
Name of Educational Provider		Date of Graduation
Contact Address: Street or P.O. Box		
City	State	Zip Code

SECTION 2: LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE. Use a separate sheet of paper if additional space is needed.

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES

If yes, enclose a detailed explanation and copies of all documents.

1. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
For each of the above, you must submit an official Verification of Licensure from the licensing jurisdiction. You may obtain an electronically produced License Verification directly from the State Board website. Please be sure each License Verification contains the State web-address, the date the License Verification was printed, and a disciplinary history.			

SECTION 3: EXAMINATION

Have you ever taken a licensing examination?

If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:

Jurisdiction	Examination Type	Date	Score

☐ Yes

☐ No

SECTION 4: CHECK APPROPRIATE RESPONSE TO THE QUESTIONS BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.

Had hospital or similar health care institution privileges ever been denied or which had previously been granted to you suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?

☐ Yes

☐ No

Have you ever received a sanction from Medicare or from a state Medicaid program?

1. ☐ Medicare OR ☐ Medicaid Program (State) _____
2. Submit a copy of the official action by the entity.
3. Provide a detailed explanation in your own words on a separate sheet of paper.

Clarification on programs:

- Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease.
- Medicaid – Health program administered by the United States government for people with limited incomes.
- MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid.

☐ Yes

☐ No

SECTION 5: NOTICES

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days. You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 6: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and may be cancelled. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

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 understand that the State Board of Examiners of Psychologists will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date

APPLICATION INSTRUCTIONS

PSYCHOLOGIST

Fax submissions of applications and supporting documentation will not be accepted.

- ✓ Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the Psychologists Laws and Rules. Please review them carefully for more detailed and clarifying information.)
- ☐ **Completed Application**
Complete and sign the application. Submit with appropriate fees and documentation.
- ☐ **Any other supporting documentation such as: verification of licensure**
Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine). You may also obtain an electronically produced License Verification directly from the State Board website. Please be sure each License Verification contains the State web-address, the date the License Verification was printed, and a disciplinary history.

CONTINUING EDUCATION

As a Psychologist you will be required to satisfy the Continuing Education requirements identified in Chapter 8 of the Board's rules. Please be sure to review this chapter carefully.

IMPORTANT NOTE:

- ✓ All persons applying for a Maine license must take and pass the Maine jurisprudence examination. Once your completed application has been reviewed and approved by the Board, you will be sent the jurisprudence exam via email and you will have 20 days to complete and return.

IMPORTANT NOTES:

The Board of Examiners of Psychologists requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and may be cancelled if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing.
- ✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are sent via email the day after the license is issued.
- ✓ All persons applying for a Maine license must take and pass the Maine jurisprudence examination. Once your completed application has been reviewed and approved by the Board, you will be sent the jurisprudence exam via email and you will have 20 days to complete and return it.

The test is based on the documents listed below. Copies of these documents are available as noted. You must review documents from the websites listed as these materials will **not** be provided. You may use this information during the examination.

The following laws and rules can be found by clicking on the "Laws & Rules" link on our website at www.maine.gov/professionallicensing.

⇒ The Maine Board of Examiners of Psychologists Law - 32 MRS Chapter 56

SUGGESTED REFERENCE MATERIAL FOR THE JURISPRUDENCE EXAMINATION

- ⇒ The Maine Board of Examiners of Psychologists Rules - Chapters 1 through 9
- ⇒ 10 MRS, Chapter 901, Part 9
- ⇒ Laws Related to the Practice of Psychology in Maine:
 - 22 MRS Chapter 958-A
 - 22 MRS Chapter 1071
 - 34-B MRS Chapter 3, Subchapter IV

The following related material can be found at the websites listed.

Codes of Conduct:

- ⇒ Ethical Principles of Psychologists and Code of Conduct (APA 2002)
 - Via Internet: www.apa.org/ethics
- ⇒ Code of Conduct (ASPPB, 2005)
 - Via Internet: www.asppb.org/publications/model/conduct.aspx
- ⇒ Maine Rules of Evidence – Rule 503
 - Via Internet: http://www.courts.state.me.us/rules_adminorders/rules/text/MREvidONLY1-12.pdf

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address- 35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website:
- <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §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 MRS §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 use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be cancelled)
- 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.