



**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			
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.							
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.							
SIGNATURE				DATE			

**State Board of Examiners of Psychologists
Retake Jurisprudence Exam Application
Required Fees: \$50.00 (Non-Refundable)**

Office Use Only:

1447 - \$50.00

Office Use Only:

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

Pending License # _____

Rev. 10/2021

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>
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		