



**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	

**CRIMINAL BACKGROUND DISCLOSURE**

*NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

1. **Have you ever been convicted by any court of any crime?** (circle one)                                **NO**            **YES**  
If yes, enclose a signed detailed description of what happened (including dates) and a copy of the court judgment.
2. **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 signed 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.

<b>SIGNATURE</b>	<b>DATE</b>
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**State Board of Examiners of Psychologists  
Temporary Psychological Examiner - Required Fees: \$200.00  
(non refundable)**

LICENSE TYPE:

- Temporary Psychological Examiner (*TPE1421*)
- This application must accompany the Psychological Examiner license application. If you have previously submitted this application, please check Here. List approximate date application was mailed to this office.
- \_\_\_\_\_

**Office Use Only:**

TPE 1421 - \$200.00

*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: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			

Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
<b>SIGNATURE</b>	<b>DATE</b>



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

**LETTER OF AGREEMENT**

This completed form must accompany your application.

- Type of License:  Temporary License for Psychological Examiner  
 or  
 Conditional License for Psychological Examiner

Applicant's Name	
Contact Address	Street
	City/State/ZIP
Supervisor's Name	
Supervisor's Address	Street
	City/State/ZIP

I hereby agree that I will be responsible for the professional work of the above named applicant. I am knowledgeable of the Maine laws and rules as it applies to psychologists who practice in Maine.

I have reviewed the terms of supervision within Chapter 3, section 2(3), and section 6 of the Board's rules as it applies for persons applying for either a Temporary License or a Conditional License.

I understand that a minimum of one (1) hour per week of one-on-one supervision is required and that additional supervisory time may be required to meet individual needs.

I will notify the Board of any significant interruptions to, or termination of, supervisory arrangements. I will further insure that supervisory responsibilities of the applicant will be transferred to another licensed psychologist who agrees, in writing, to accept such responsibility.

➡ Supervisor’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

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, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: [www.maine.gov/professionallicensing](http://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](http://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 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 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.