



ENDORSEMENT APPLICATION INSTRUCTIONS FOR LICENSURE AS A CLINICAL, SCHOOL, OR APPLIED PSYCHOLOGIST

Completed Application: The application must have an **original signature**. To avoid delays, please provide a complete application packet. Incomplete packets will not be reviewed by the Credential Reviewer.

Application Fee: A fee of **\$200.00** is required for an application to be processed. All fees paid by check or money order must be made payable to the "Treasurer of Virginia". This fee is non-refundable. The application is valid for one year from date of receipt.

The below supplemental documentation must accompany your application and fee in one packet:

- Out-of-State Licensure Verification(s):** If you have ever held or hold a licensure or certification as a mental health or health professional, whether current or expired, you must submit a license verification. Please send the enclosed verification form (**Form 5**) to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and mailed back to you and included in your application packet, or you can provide an online verification printed from your licensure jurisdiction website if the verification indicates that you have no disciplinary actions.
- NPDB Self-Query:** A current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be included. You may request a self-query at <https://www.npdb.hrsa.gov>.
- Name Change:** If applicable, documentation must be provided if your name has legally changed by marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.
- One of the following:**
 1. **ABPP:** Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 2. **National Register:** Current listing in the National Register of Health Service Psychologists;
 3. **CPQ:** A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB);
 4. **Ten years of active licensure:** If you have 10 years of active licensure in a category comparable to the one in which licensure is sought, with an appropriate degree as required for that licensure category in Virginia, then you must submit the following:
 - a. **Official Transcript:** Must include the date conferred. If the degree program is not APA accredited, you must also submit the **Areas of Graduate Study (Form 6)**.
 5. **Less than Ten years of active licensure:** If you have less than 10 years of active licensure, then you must submit all of the following:
 - a. **Verification of Clinical Active Practice Form:** evidence of post-licensure independent clinical active practice in counseling for 24 of the last 60 months immediately preceding your application in Virginia.
 - b. **Clinical Scores:** EPPP scores must be provided by ASPPB directly to the VA Board of Psychology.
 - c. **Official Transcript:** Must include the date conferred. If the degree program is not APA accredited, you must also submit the **Areas of Graduate Study (Form 6)**.
 - d. **Verification of Experience:** Licensure file from the state where you were originally licensed or a copy of the regulations that were in effect at the time you were licensed.



Psychologist Application for Licensure by Endorsement

Check one: Clinical Psychologist School Psychologist Applied Psychologist

Check the appropriate endorsement provision:

National Register CPQ ABPP at least 10 yrs. of active licensure 24 of the past 60 months of active licensure

Military/Military Spouse:

Are you active duty military personnel? Yes No

Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? Yes No

<p>Complete All Sections.</p> <p>Application Fee of \$200.00 is Non-Refundable.</p> <p>Application forms lacking a Social Security or VA DMV number will not be processed.</p> <p>Mail all required documentation and fee to:</p> <p>Board of Psychology 9960 Mayland Dr., Suite 300, Henrico, Virginia 23233</p> <p><u>All signatures must be original.</u></p>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;">Legal Name (First, Middle, Last)</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; flex-grow: 1; height: 40px;">Other Names Used on Official Documents (i.e. transcripts)</div> <div style="border: 1px solid black; padding: 2px;">Sex (Circle) Male Female</div> </div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;">Public Address (Street/Box Number, City, State, Zip) *</div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;">Mailing Address (Street/Box Number, City, State, Zip)</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; flex-grow: 1; height: 40px;">Home Phone</div> <div style="border: 1px solid black; flex-grow: 1; height: 40px;">Cell Phone</div> </div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;">Business Phone with extension</div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;">Email</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; flex-grow: 1; height: 40px;">Social Security Number (or VA DMV #)</div> <div style="border: 1px solid black; flex-grow: 1; height: 40px;">Date of Birth</div> </div> <p style="font-size: small; margin-bottom: 5px;">Education/Training (List in chronological order all graduate schools attended.)</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:25%;">Degree Earned</th> <th style="width:25%;">Date Degree Received</th> <th style="width:25%;">Major</th> <th style="width:25%;">Institution Name/State</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Degree Earned	Date Degree Received	Major	Institution Name/State								
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** The address provided in this section is subject to disclosure under the Freedom of Information Act.*



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Ethics Attestation: Please answer the ten questions below.

If you answer yes to any question, include a detailed explanation AND supporting documentation. Refer to Guidance Document 125-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

- | | | |
|---|-----|----|
| 1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? | Yes | No |
| (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | Yes | No |
| 2. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? | Yes | No |
| 3. Within the past five years, have you been disciplined by any entity?
Please provide a full explanation and any associated orders or letters from the entity. | Yes | No |
| (A) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | Yes | No |
| 4. Have you voluntarily surrendered your license, certification or registration while under investigation?
If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation. | Yes | No |
| 5. Have you ever been denied the issuance of a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency. If yes, provide detail(s), jurisdiction(s) and date(s). | Yes | No |
| 6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance?
(This includes convictions for driving under the influence, but does not include other traffic violations).
If yes, include an explanation of the charges/convictions, and attach documentation required in the Board’s Guidance Document #125-2. | Yes | No |
| 7. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner?
“Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing psychologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | Yes | No |
| 8. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing psychologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | Yes | No |
| 9. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing psychologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | Yes | No |
| 10. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.) | Yes | No |



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Licenses / Certifications: List all mental health or health professional licenses or certificates that you hold or have ever held.

State	License #	Current License Status	Issue Date	Type of License

Attestation of Accuracy & Review of Virginia Regulations & Statutes: *By signing this document, I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief. I also certify that I have carefully read, understand and agree to apply the Statutes and Regulations Governing the Practice of Psychology. I understand that my signature must be original.*

Signature of Applicant: _____

Date: _____

AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a psychologist in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary: _____

My Commission expires: _____

My Commission No.: _____

(SEAL)