Virginia Department of Health Professions
Board of Psychology

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: psy@dhp.virginia.gov
Phone: (804) 367-4697 **E-Fax:** (804) 767-3626
www.dhp.virginia.gov/Boards/Psychology/

ADD/CHANGE REGISTRATION OF RESIDENCY as a CLINICAL PSYCHOLOGIST
Paper Application Checklist Instructions

This application is for individuals who previously received approval from the Board of Psychology for a residency in clinical psychology but need to change or add a supervisor.

APPLICATION INSTRUCTIONS

Follow these steps to apply for Add/Change of Residency:

1. **Read** the Laws and Regulations regarding the Practice of Psychology in Virginia and utilize the detailed information in the Clinical Psychology Licensure Process Handbook for detailed information about the required documents and process to obtain a license.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE submitting your application. A complete application provides the best opportunity to avoid delays in the review and approval process.
3. **Complete** the enclosed application form.
4. **Mail** the completed application form, **non-refundable** application fee, and all necessary documents to:

   Department of Health Professions
   Attn: Board of Psychology
   Perimeter Center
   9960 Mayland Drive, Suite 300
   Henrico, VA 23233

5. **Wait** for Board review of your application and reply to any correspondence from the Board.
   - Applications that are complete, fully documented and meet the minimum requirements for the Regulations Governing the Practice of Psychology will be reviewed within **30 days** of receipt of a **complete** application.
   - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
   - Your online checklist will be your primary source of application status.
   - As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.

RULES AND GUIDELINES

- Virginia law states that a person who has neither passed the examination nor been issued a license as a Clinical Psychologist, even if they have completed the necessary number of supervised practicum or residency hours, must not engage in the provision of Clinical Psychology services except as a Board approved "Resident in Clinical Psychology". The only exception is providing Clinical Psychology services in an exempt setting. See, Law 54.1-3601 for exemptions.
- Please notify the Board in writing within 30 days of a name change or address change by completing the **Name/Address Change Form**.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to Virginia Code § 54.1-2400.02 addresses of residents are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with same address on the application.
- Pursuant to Virginia Code § 54.1-116 (A), you are required to submit your social security number, or your control number issued by the *Virginia* Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. ***No license will be issued to any individual who has failed to disclose one of these numbers.***

ADD/CHANGE APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION
Required	**1. APPLICATION**
☐	The enclosed application must be completed and mailed to the Virginia Board of Psychology along with the application fee and required documentation from this checklist.
Required	**2. APPLICATION FEE**
☐	A **$25.00** application fee is required with your Add/Change Registration of Residency for Clinical Psychologist Application. • The fee must be in the form of a check, cashier's check or money order made payable to the "**Treasurer of Virginia".** • Your application will not be reviewed until you have submitted payment. • All fees submitted to the Board are **non-refundable**.
Required	**3. SUPERVISORY CONTRACT**
☐	Submit a copy of the signed contract between you and your supervisor outlining the expectations and responsibilities during your residency. A sample supervisory contract to use as a template is available on the Board's website.
If Applicable	**4. PROOF OF NAME CHANGE**
☐	You must provide documentation if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in another jurisdiction or is other than what is listed on your application. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.
If Applicable	**5. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS**
☐	If you answer "YES" to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to Guidance Document 125-2, for a list of required documentation and further information. All applications are reviewed on a case-by-case basis.

End of Instructions

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Paper Application

Part I. Applicant Identification & Contact Information

Applicant's Last Name:	First Name:	Middle/Maiden Name:	Suffix:

Social Security Number or Virginia DMV Control Number	Date of Birth: (MM/DD/YYYY)
___ ___ ___ ___ ___ ___ ___ ___ ___	___ ___ / ___ ___ / ___ ___ ___ ___

Published Address: This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or practice location if you wish.

Street Address:

City:	State:	Zip Code:
		___ ___ ___ ___ ___

Address of Record: The address information you provide below is your Address of Record with the Board. Please be advised that all notices from the Board, to include licenses and other legal documents, will be sent to the Address of Record provided. If you provided a different Published Address above, the Address of Record is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

Street Address:

City:	State:	Zip Code:
		___ ___ ___ ___ ___

Home Number:	Alternate Number:
(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Email Address:

Part II. Education Information

List in chronological order each graduate school or other institution where course work has been completed.

Institution Name:	Type of Degree Received:	Date Graduated:
		___ ___ / ___ ___ / ___ ___ ___ ___
Institution Name:	Type of Degree Received:	Date Graduated: ___ ___ / ___ ___ / ___ ___ ___ ___
Institution Name:	Type of Degree Received:	Date Graduated: ___ ___ / ___ ___ / ___ ___ ___ ___

Part III. Licensure History Information

List in order of attainment all the states in which you now hold or have ever held a health or mental health license, certification or registration, whether current or expired.

State	Title of License/Certificate	License/Certificate Number	Issued Date	Current Status

First Name: _____ Last Name: _____

Part IV. Proposed Supervisor & Worksite Location Information

A. Proposed Supervisor Information

Supervisor's Last Name:	Supervisor's First Name:

Supervisor's Virginia License Number (10 Digit Number) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

B. Proposed Worksite Information. Location where you, the applicant will complete you supervised residency toward licensure.

Name of Proposed Worksite:

Worksite Street Address:	Worksite City:	Worksite State:	Worksite Zip Code:

Part V. Licensure Questions

Applicant must answer the following questions. Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to Guidance Document 125-2 for additional information needed regarding criminal convictions, past actions, or possible impairments. Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and /or registration. Please use a separate sheet of paper to provide detailed explanations are required.

1.	**Have you ever been denied the privilege of taking an occupational licensure, certification, or registration examination?** *If Yes, please state what type of occupational examination, where (jurisdiction), when (dates) and why denied.*	☐ Yes ☐ No
2.	**Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?** *If Yes, please explain in detail and provide supporting documentation to the Board.*	☐ Yes ☐ No
3.	**Have you ever been convicted, pled guilty to or pled Nolo Contendere to the violation of any federal, state, or other statute or ordinance constituting a felony or misdemeanor? *(Including convictions for driving under the influence, but excluding traffic violations). Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.*** *If Yes, please explain in detail and provide supporting documentation to the Board.*	☐ Yes ☐ No
4.	**Have you voluntarily surrendered your license, certification, or registration while under investigation?** *If Yes, please explain in detail and provide supporting documentation to the Board.*	☐ Yes ☐ No
5.	**Are you the respondent in any pending or unresolved Board action in another jurisdiction or in a malpractice claim?** *If Yes, please explain in detail and provide supporting documentation to the Board.*	☐ Yes ☐ No
6.	**Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients?** *If Yes, please provide a full detailed explanation. Note: the Board may ask for additional documentation.*	☐ Yes ☐ No
7.	**Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation?** *If No, please provide a full detailed explanation. Note: the Board may ask for additional documentation.*	☐ Yes ☐ No
8.	**Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?** *If Yes, please provide a full explanation.*	☐ Yes ☐ No

First Name: _____ Last Name: _____

9. Have you been disciplined by any entity related to your work in a health or mental health setting? *If Yes, please provide a full explanation and any associated orders or letters from the entity.*	☐ Yes ☐ No
10. 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

Part VI. Military Service

1. Are you a spouse of someone who is on federal active-duty orders pursuant to Title 10 of the U. S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?	☐ Yes ☐ No
2. Are you active-duty military?	☐ Yes ☐ No

Part VII. Certification:

This application is not valid unless properly certified by your wet/original or verifiable electronic signature.

I certify by my signature below that I am the person applying for licensure and meet the qualifications required by Virginia laws and regulations. I attest that I have carefully read the laws and regulations Governing the Practice of Psychology in the Commonwealth of Virginia, which are available at https://www.dhp.virginia.gov/Boards/Psychology/ and agree to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia.

Further, I certify by my signature below that the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

SIGNATURE:	**DATE:**

Wet/Original or Verifiable Electronic Signature Only