



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
 500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery)
 Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

APPLICATION FOR LICENSURE AS A PSYCHOLOGICAL PRACTITIONER

SUPPLEMENTARY INFORMATION REQUIRED

1. A check or money order made payable to the Kentucky State Treasurer for the application fee of \$200;
2. Three letters of reference from persons who are familiar with the clinical work of the applicant. One (1) letter shall be from the current board-approved supervisor of record outlining the candidate's scope of practice and the other two (2) letters shall be from licensed mental health professionals acceptable to the board; and
3. An official transcript for all levels of education required for licensure (undergraduate and graduate).
 *If no additional hours were earned after you submitted your transcripts with your application for licensure as a psychological associate, you do not need to resubmit your transcripts. The board has these on file.

Please type or print all information

APPLICANT INFORMATION

(Complete the following as you would like your name to appear on license)

First Name	Middle Name	Last Name	
Date of Birth (mm/dd/yyyy)	Gender	Social Security Number — — —	
Mailing Address: Street	City	State	Zip Code
Employer			
Business Address: Street	City	State	Zip Code
Home Phone	Cell Phone	Business Phone	
Home Email		Business Email	

1. Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your license or certification in Kentucky or any other state ever been suspended or revoked? If yes, attach details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a felony? If yes, what offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been or are you now Certified or Licensed in Kentucky?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you credentialed as a psychologist in any other state or province? If yes, list title of credential: _____ and where: _____ **Please have that jurisdiction's board provide verification that your license is in good standing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any professional training program, or from the program of any university? If yes, attach details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION					
School Name	School Location	Dates Attended From - To	Graduation Date Month/Year	Number of Hours	Degree Obtained
UNDERGRADUATE					
GRADUATE					

EMPLOYMENT HISTORY

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience.

Name of Employer		Title or Position	
Start Date	End Date	Hours Per Week	
Address of Employer			
Name and Title of Supervisor			
Describe Your Duties:			

Name of Employer		Title or Position	
Start Date	End Date	Hours Per Week	
Address of Employer			
Name and Title of Supervisor			
Describe Your Duties:			

STATUS QUESTIONNAIRE

Please complete the following questions related to your status. These must be submitted with your application materials.

1. Have you been denied licensure/certification in any state/jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your license/certification been suspended or revoked in any state/jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you surrendered or allowed your license/certification to lapse in any state/jurisdiction due to an action pending or threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has your license/certification been subject to any disciplinary action by any licensure/regulatory board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you entered into a consent or other agreement with any licensure or regulatory board in connection with disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you aware of any pending disciplinary action against your license or certification in any state/jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have your clinical privileges at any hospital or other health care institution or clinic been denied, limited, suspended, revoked, or not renewed for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you been denied professional liability insurance or has your policy been canceled or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you had psychiatric hospitalization in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you been treated for alcohol or drug abuse/dependence in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you suffer from any illness or health condition which limits or impairs your ability to practice in your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you been convicted of a felony in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Has any third party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to the quality of your professional practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you been disciplined by a professional organization for a violation of ethical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***If you have answered "yes" to any of the above questions, please explain on a supplementary sheet.**

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/certification revoked by the Board.

APPLICANT'S SIGNATURE: _____ DATE: _____
(Sign your name – Do not print or type)

CURRICULUM GUIDELINES

- Write in below the course number, course title, university, and term taken for each course which you believe meets each of the requirements as indicated.
- If the course title is **not self-evident** as meeting a particular requirement, it is your responsibility to submit, with this form, a **catalog description or course syllabus** substantiating its meeting of the requirement.
- In order to sit for the licensure examination as a Psychological Practitioner, the applicant is required to have completed 60 graduate hours in psychology and related areas.
 - To qualify for a credential as a licensed psychological associate, the individual must have already completed at least a 45 semester hour (54 quarter hour) master's degree from a regionally accredited educational institution with a clearly identified psychology program (i.e., identifiable psychology faculty, identifiable body of students, and a psychologist responsible for the integrated, organized sequence of study). This will have already been documented and will be available to the Credentials Review Committee. **These courses do not need to be repeated below.**
 - Some applicants will have completed (and documented) more than 45 graduate hours in their initial training that led to their psychological associate credential. **These additional hours do not need to be documented below.**
 - The applicant for a credential as a licensed psychological practitioner must only document those additional hours which are to be used to fulfill the 60 graduate hour requirement, as required by statute and regulation.
 - **If no additional hours are required to be documented, this form must be submitted with a notation indicating that the 60 graduate hour requirement has been previously met and documented.**
- Guidelines to be employed by the Credentials Review Committee in review of educational requirements:
 - In order to qualify as a licensed psychological practitioner, the applicant shall have been credentialed by this board as a certified psychologist or as a licensed psychological associate.
 - For the licensed psychological practitioner credential, the applicant shall have completed a minimum of sixty (60) semester hours of graduate study in psychology or a field related to psychological practice deemed acceptable by the board.
 - Graduate course work may include independent study and distance learning. All graduate course work shall have been offered by a regionally accredited university meeting the standards described in Sections 2 and 3 of 201 KAR 26:300. Continuing education credits shall not qualify to meet this requirement.
 - The applicant shall provide any documentation required by the board in the manner and form prescribed by the board to confirm compliance with or satisfaction of the requirements of this law.
 - At the discretion of the board, any deficiency in course work or other requirements may be corrected by appropriate remedial work.
 - A regionally accredited educational institution means accreditation by any one (1) of the following: Southern Association of Colleges and Schools, Middle States Association of Colleges and Schools, New England Association of Colleges and Schools, North Central Association of Colleges and Schools, North Western Association of Schools and Colleges, and Western Association of Schools and Colleges.
- **Failure to follow these instructions may result in this form being returned to you for proper submission and a delay in your application process.**

Additional hours which are to be used to fulfill the 60 graduate hour requirement must be documented below. Please enclose a syllabus or course description.

A.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
B.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
C.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
D.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
E.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
F.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
G.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
H.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN
I.			
COURSE NUMBER	COURSE TITLE	EDUCATIONAL INSTITUTION	TERM TAKEN

I have previously documented the 60 graduate hour requirement with my application for licensure as a psychological associate.

SUPERVISED PSYCHOLOGICAL EXPERIENCE

One of the requirements for licensure as a psychological practitioner is the equivalent of 5 years of full-time supervised psychological practice as a licensed psychological associate (or certified psychologist) with a Board-approved supervisor. One full-time year is comprised of at least 1,800 hours of supervised professional experience. Please document years of supervision below (add more pages, if needed). The information provided will be confirmed against Board records.

To be completed by applicant and signed by applicant and current supervisor.

Board-Approved Supervisor		Supervisor's Current Address	
Dates of Supervision	Hours of Supervision Per Week	Total Hours Supervised	

Board-Approved Supervisor		Supervisor's Current Address	
Dates of Supervision	Hours of Supervision Per Week	Total Hours Supervised	

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DECLARATION

I declare that, to the best of my knowledge, the foregoing is true and correct.

Applicant Signature: _____ Date: _____

Current Supervisor Signature: _____ Date: _____