



# KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)  
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Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

## NONRESIDENT PSYCHOLOGIST REGISTRATION FORM

### NONRESIDENT PSYCHOLOGIST INFORMATION

|                                  |  |                      |  |                        |          |
|----------------------------------|--|----------------------|--|------------------------|----------|
| First Name                       |  | Middle Name          |  | Last Name              |          |
| Current Business Address: Street |  | City                 |  | State                  | Zip Code |
| Current Business Phone           |  | Current Business Fax |  | Current Business Email |          |
| Home Address: Street             |  | City                 |  | State                  | Zip Code |
| Home Phone                       |  | Home Fax             |  | Home Email             |          |

**KRS 319.015(8) allows a nonresident psychologist temporarily employed in the state to render psychological services for no more than thirty (30) days every two years. See also 201 KAR 26:215 for more information regarding nonresident psychologists. Per 201 KAR 26:165, the fee for registration as a nonresident psychologist is \$100.**

Where will you be employed in Kentucky and on what dates?

Have you ever held this designation in Kentucky? If yes, when?

Indicate a contact person (address and telephone number) who can verify your employment and scope of work.

In which state(s) or jurisdiction(s) are you currently licensed or certified to practice psychology? **Direct verification of your license and its standing must be received from each jurisdiction in which you are licensed before the Board can approve your registration.**

Have you had any complaints against your license in the past, or pending? Is your license presently in good standing? Describe in detail.

**Upon completion of the two years or thirty (30) day period, whichever comes first, the nonresident licensee or certificate holder shall submit to the Board a written report of each date on which psychological services were rendered in this state, and the location of the site of those services. Services rendered on a given date, regardless of the period of time of those services, shall constitute one (1) day.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_