



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>

REQUEST FOR EXTENSION OF TEMPORARY LICENSURE AS A PSYCHOLOGICAL ASSOCIATE

SUPERVISEE'S INFORMATION

Name			
Mailing Address: Street	City	State	Zip Code
Phone Number	Email	License Number	

SUPERVISOR'S INFORMATION

Name			
Mailing Address: Street	City	State	Zip Code
Phone Number	Email	License Number	

Indicate which of the following needs to be completed during the extension:

- Take the EPPP
- Retake the EPPP
- Other: _____

Explain why the above was not completed during the initial temporary licensure period:

Attach a new Supervisory Plans and Goals form for the proposed timeframe of extension, or six months, whichever is earlier.

Supervisee Signature:	Date:
Supervisor Signature:	Date:

Reviewed by:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____			