



# 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 PSYCHOLOGIST

### 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
- Take the structured exam
- Retake the structured exam
- Other: \_\_\_\_\_

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

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**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: \_\_\_\_\_

Approved

Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_