

A FASTER AND MORE EFFICIENT PROCESS FOR LICENSED PSYCHOLOGIST APPLICATIONS IS NOW AVAILABLE!

(Applications for Psychological Associates and Psychological Practitioners will remain under Board Review)

For faster and more personalized assistance in processing Licensed Psychologist applications, the Kentucky Board of Examiners of Psychology (Board) has TEMPORARILY partnered with the Association of State and Provincial Psychology Boards (ASPPB) to process Licensed Psychologist applications through the **Psychology Licensure Universal System** (PLUS) program. PLUS is an online system allowing individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada currently participating in the PLUS program. This includes the Certificate of Professional Qualification in Psychology program (CPQ) with ASPPB, if the Applicant wishes. (CPQ is a designation provided by ASPPB providing mobility to be licensed in any jurisdiction that participates in their program without having to reapply for a license in that jurisdiction.) The PLUS Program also provides Applicants a permanent record of the application and supporting documents, retrievable from ASPPB for the entirety of the Applicant's professional career.

The benefits to Licensed Psychologist Applicants of using PLUS:

- PLUS Licensure Specialists are just a phone call or email away to answer questions in a timely manner.
- Applicants can apply online, track the status of their application, renew their license and receive electronic notifications.
- Applicants can modify their existing licensing information and upload documents.
- PLUS allows for electronic transmissions, reducing the time waiting for traditional mail communications.
- When Licensed Psychologist Applicants submit an application through PLUS, PLUS communicates with the Applicant to organize primary source verification, then forwards the application to the Board for determination of license eligibility.
- When applications are incomplete, PLUS professionals are readily available to help.

Upon consent to defer the application process to PLUS, Licensed Psychologist Applicants are under the jurisdiction of the Kentucky Board of Examiners of Psychology as the application is processed through PLUS and beyond. Applicants should be familiar with the laws and rules governing the practice of psychology in the State of Kentucky. For more information, please visit the Board's website for links to references regulating Kentucky licensure.

At this time, the \$200.00 application fee is the same for Licensed Psychologist Applicants regardless if Applicants elect referral to PLUS or having the application processed through the Board.

The PLUS process is fast, simple, and efficient.

1. Licensed Psychologist Applicants send a completed Application Initiation Form for Licensure as a Psychologist and a \$200 application fee to the Board using a check or money order made payable to the **Kentucky State Treasurer**.
2. Upon consent to defer their application to PLUS, the Board sends the Applicant's information to PLUS. A PLUS Licensure Specialist contacts the Applicant via email. This email will contain detailed instruction on completing the application as well as provide contact information for a designated PLUS Licensure Specialist.
3. The Licensed Psychologist Applicant completes the PLUS application process. A PLUS Licensure Specialist will be available by telephone and/or email to answer questions and guide Applicants throughout the process. Meanwhile, the Board will receive scheduled updates on the Applicant's progress.
4. Once the Licensed Psychologist Applicant has completed all items, including sending supplemental materials, the PLUS Licensure Specialist completes a primary source verification process then forwards the application to the Board for final review.
5. The Credentialing Committee of the Board reviews the application and determines the Applicant's eligibility for licensure.
6. Licensed Psychologist Applicants are informed of the licensure determination.

****Important:** The Board cannot process incomplete applications provided directly to it or through the PLUS Program.



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

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APPLICATION INITIATION FORM FOR LICENSURE AS A PSYCHOLOGIST

GENERAL INSTRUCTIONS

The Kentucky Board of Examiners of Psychology (hereafter the "Board") has established a new more efficient, streamlined, mobile and revised application process for our applicants. We have partnered with the Association of State and Provincial Psychology Boards (ASPPB) to process our applications through their **Psychology Licensure Universal System** (PLUS) program.

As a result, the application process will provide you with a permanent record of your application and supporting documents that will be retrievable from ASPPB for the rest of your professional career. In addition, participation is available to you in the Certificate of Professional Qualification in Psychology program (CPQ) with ASPPB if you desire to apply for it. CPQ is a designation provided by ASPPB that will provide you mobility to be licensed in any jurisdiction that participates in the program without having to reapply for a license should you desire to practice in that jurisdiction. This new application processing system began on **April 5, 2021**.

Please read the instructions carefully. It is the responsibility of all applicants to be familiar with the laws and rules governing the practice of Psychology in the state of Kentucky. Please visit the Board's web site for links to the Board rules and Kentucky laws regulating the profession. Upon submission of the Application Initiation Form, you will be under the jurisdiction of the Kentucky Board of Examiners of Psychology

****Important:** The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications will result in delayed processing. **Incomplete applications are void after one year and will be withdrawn.**

FEE INFORMATION

You must submit a check or money order made payable to the Kentucky State Treasurer for the application fee of \$200. A copy of this application must be sent along with the payment. The application fee is ***nonrefundable***.

APPLICANT INFORMATION

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		

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

Have you ever served on active duty in the Armed Forces, the Reserves, or the National Guard during wartime, or during any conflict when military personnel were committed by the President? Yes No

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? Yes No

2. Has your license/certification been suspended or revoked in any state/jurisdiction? Yes No

3. Have you surrendered or allowed your license/certification to lapse in any state/jurisdiction due to an action pending or threatened? Yes No

4. Has your license/certification been subject to any disciplinary action by any licensure/regulatory board? Yes No

5. Have you entered into a consent or other agreement with any licensure or regulatory board in connection with disciplinary action? Yes No

6. Are you aware of any pending disciplinary action against your license or certification in any state/jurisdiction? Yes 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? Yes No

8. Have you been denied professional liability insurance or has your policy been canceled or restricted? Yes No

9. Have you had psychiatric hospitalization in the past five years? Yes No

10. Have you been treated for alcohol or drug abuse/dependence in the past five years? Yes No

11. Do you suffer from any illness or health condition which limits or impairs your ability to practice in your profession? Yes No

12. Have you been convicted of a felony in the past five years? Yes 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? Yes No

14. Have you been disciplined by a professional organization for a violation of ethical standards? Yes No

15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank? Yes No

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

ADDITIONAL INFORMATION		
Practice Area(s) <input type="checkbox"/> Clinical <input type="checkbox"/> Counseling <input type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Other:		
Name of Graduate Program		Graduation Year
City	State	Zip Code
Pre-Doctoral Internship Program Location		Dates Began and Ended
City	State	Zip Code
Was your internship supervised by a psychologist for a minimum of 80% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did your primary supervisor have responsibility for your cases during your internship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-Doctoral Program Location		Dates Began and Ended
City	State	Zip Code

Are you currently actively licensed and practicing psychology in any other state(s) or jurisdiction(s)? If so, in what state(s) or jurisdiction(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever held a license to practice psychology that is no longer active? If so, in what state(s) or jurisdiction(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for licensure (psychologist), <u>but not been issued</u> a license, in any other state/jurisdiction? If so, in what state(s) or jurisdiction(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying by Reciprocity (via CPQ or National Register) having been licensed for <u>5 or more years</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying as a Licensed Psychologist Licensed in Another State having been licensed for <u>5 or more years</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No