

STATE BOARD OF EXAMINERS OF PSYCHOLOGY  
COMMONWEALTH OF KENTUCKY  
PO BOX 1360  
FRANKFORT, KY 40602  
<http://psycho.state.ky.us/>

**PLEASE TYPE or PRINT ALL INFORMATION**

- APPLICATION FOR: LICENSED PSYCHOLOGICAL ASSOCIATE ( )
- LICENSED PSYCHOLOGICAL PRACTITIONER ( )
- LICENSED PSYCHOLOGIST ( )

1. \_\_\_\_\_ 2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**NAME:** LAST FIRST MIDDLE SOCIAL SECURITY NUMBER  
(As You Want It To Appear On License)

3. \_\_\_\_\_  
**MAILING ADDRESS:** STREET CITY STATE ZIP TELEPHONE NUMBER  
(OFFICE) (HOME)

4. Are You a U.S. Citizen: Yes \_\_\_ No \_\_\_ Sex: Male \_\_\_ Female \_\_\_  
DATE OF BIRTH

5. Has your license or certification in Kentucky or any other state ever been suspended or revoked? \_\_\_ Yes \_\_\_ No  
 If Yes, give details \_\_\_\_\_

6. Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, what offense? \_\_\_\_\_

7. Are you now Certified or Licensed in Kentucky? \_\_\_\_\_

8. Are you credentialed as a psychologist in any other state or province? \_\_\_\_\_ Where? \_\_\_\_\_  
 Title of credential \_\_\_\_\_

9. Are you applying for Reciprocity? \_\_\_\_\_. If Yes, give full particulars of current status: \_\_\_\_\_

10. 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? \_\_\_\_\_

**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.*

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_  
(Sign your name - Do not Print or Type)

Email address: \_\_\_\_\_  
(Required if EPPP is needed)

**DO NOT WRITE BELOW THIS LINE --- FOR BOARD AND OFFICE USE ONLY**

BOARD REVIEW DATE \_\_\_\_\_  
 APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

MEMBERS \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

SCHOOL	NAME AND LOCATION	DATES ATT.		DATE OF GRAD.		NUMBER OF HOURS OR CREDITS	DEGREES OBTAINED
		FROM	TO	MONTH	YEAR		
Under-Grad School							
Graduate School							

## 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.

<p>Employed: From: Mo. ____ Yr. ____ To: ____ Yr. ____</p> <p>Title of Position: _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____ _____</p> <p>Name and Title of Supervisor: _____ _____</p>	<p>Describe Your Duties:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p>Employed: From: Mo. ____ Yr. ____ To: ____ Yr. ____</p> <p>Title of Position: _____</p> <p>Name of Employer: _____</p> <p>Address of Employer: _____ _____</p> <p>Name and Title of Supervisor: _____ _____</p>	<p>Describe Your Duties:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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## SUPPLEMENTARY INFORMATION REQUIRED

1. A check or money order made payable to the Kentucky State Treasurer for the appropriate application fees. (See *instructions for fee schedule*).
2. Three letters of reference from persons qualified to evaluate your professional ability in the specialty area(s) applied for, two of whom must be Ph.D. or Ed.D. (See *Guidelines for requirements regarding letters*)
3. Official (original seals and or signatures) of all transcripts for all levels of education pertinent to this application.

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***Please complete the following related to your status:***  
***(Must be submitted with 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 you 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 cancelled 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.**

***I 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 license could be subject to disciplinary action by the Board.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

