State of Maine

# STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

# Psychological Examiner Having Passed the EPPP

*Do not* return the informational pages with your application; it is for your information only


Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
*(Mailing address)* 35 State House Station, Augusta, ME 04333
*(Office location)* Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345
Note: The office location address may be used for overnight deliveries only. The office address does not accept postal deliveries. You must use the mailing address for all other regular mail deliveries.

Office Direct Line (207) 624-8626 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: psych.board@maine.gov



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35 State House Station, Augusta ME 04333 Website: www.maine.gov/professionallicensing

# STATE OF MAINE
# DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
# OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
# INDIVIDUAL LICENSE APPLICATION

| APPLICANT INFORMATION (please print) | | | |
|---|---|---|---|
| FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST* | | | |
| ANY OTHER NAMES EVER USED: | | | |
| DATE OF BIRTH *mm / dd / yyyy* | | SOCIAL SECURITY NUMBER - - | |
| MAILING ADDRESS | | | |
| CITY | STATE | ZIP | COUNTY |
| PHONE # ( ) | FAX # ( ) | E-MAIL | |

## State Board of Examiners of Psychologists
## Psychological Examiner Applying Having Passed the EPPP
## Required Fees: $271.00 (Non-Refundable)

(includes jurisprudence examination, license and criminal records check fee)

**Office Use Only:**
PE 1447 - $50.00
1421 - $200.00
2619 - $21.00

LICENSE TYPE:

Psychological Examiner *(PE1421)*

*Office Use Only:*
Check #_____
Amount:_____
Cash #_____
Lic. #_____

Rev. 2/2024

| PAYMENT OPTIONS: |
|---|
| Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following: |
| NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST* |
| MAILING ADDRESS OF CARDHOLDER (please print) |
| I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS the following amount: $_____ ☐ **I understand that fees are non-refundable** |
| Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy* |
| **SIGNATURE** **DATE** |

## EDUCATION

| Please check one: |
|---|
| ☐ Ed. M. Master's of Education ☐ M.ED. Master's of Education ☐ Ed. D Doctor of Education<br>☐ M.S.E.D. Master's of Science in Education ☐ M.S. Master's of Science<br>☐ M.A. Master's of Arts ☐ Ph.D. Doctor of Philosophy ☐ Psy.D. Doctor of Psychology<br>Other describe: _____ |

| Name of Educational Provider | Date of Graduation |
|---|---|
| | |

| Contact Address: Street or P.O. Box | | |
|---|---|---|
| | | |
| City | State | Zip Code |
| | | |
| Official transcript demonstrating your education must be submitted with your application. | | |

**LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE, INCLUDING PSYCHOLOGIST, PSYCHOLOGICAL EXAMINER, OR OTHER MENTAL HEALTH PROFESSIONAL LICENSES.**

**Use a separate sheet of paper if additional space is needed.**

**Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES**

If yes, enclose a signed detailed explanation and copies of all documents.

| 1. State, Territory, Country | License Number/Type | Date Issued | Expiration Date |
|---|---|---|---|
| | | | |
| 2. State, Territory, Country | License Number/Type | Date Issued | Expiration Date |
| | | | |
| 3. State, Territory, Country | License Number/Type | Date Issued | Expiration Date |
| | | | |
| For each of the above, you must submit an official Verification of Licensure from the licensing jurisdiction. You may also obtain an electronically produced License Verification directly from the State Board website. Please be sure each License Verification contains the State web-address, the date the License Verification was printed, and a disciplinary history. | | | |

**EXAMINATION**

| | |
|---|---|
| Have you ever taken a licensing examination?<br>If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:<br><br>Jurisdiction \| Examination Type \| Date \| Score<br>\| \| \| \|<br>\| \| \| \|<br>\| \| \| \| | ☐ Yes<br>☐ No |

**CHECK APPROPRIATE RESPONSE TO THE QUESTIONS BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.**

| | |
|---|---|
| Have hospital or similar health care institution privileges ever been denied or suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review? | ☐ Yes<br>☐ No |
| Have you ever received a sanction from Medicare or from a state Medicaid program?<br><br>1. ☐ Medicare OR ☐ Medicaid Program (State) _____<br>2. Submit a copy of the official action by the entity.<br>3. Provide a detailed explanation in your own words on a separate sheet of paper.<br><br>Clarification on programs:<br>• Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease.<br><br>• Medicaid – Health program administered by the United States government for people with limited incomes.<br><br>• MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid. | ☐ Yes<br>☐ No |

## Psychology Board

**I agree to abide by the Maine Board of Examiners of Psychologists Statutes, Board Rules, Laws and Rules related to licensure as a Psychologist or Psychological Examiner. Below is a list of the relevant laws and rules and information to obtain these documents. This office cannot provide you with hardcopy documents, please visit the website(s) listed to obtain electronically available documents. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.**

- Licensing Law for Psychologists and Psychological Examiners

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: Title 32, Chapter 56: PSYCHOLOGISTS (mainelegislature.org)

- Licensing Rules for Psychologists and Psychological Examiners

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: Rule Chapters for the Department of Professional and Financial Regulation (Maine)

- Licensing Rules for the Department of Professional and Financial Regulation

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

Available: http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041

- Statutory Authority, Titles 5 & 10

Available: http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html
http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html

**By my signature below, I Attest that I have read all of the above listed laws and rules and will keep current by periodically revisiting them for any changes and updates.**

**By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.**

| Printed Name of Applicant | |
|---|---|
| | |
| Signature of Applicant | Date |
| | |

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
**STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**
35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035
FAX:(207)624-8637

# ***VERIFICATION OF SUPERVISED EXPERIENCE***

***Return this completed form directly to the applicant, not the Board.***

| Name and Address of Applicant: | | |
|---|---|---|
| City: | State: | Zip Code: |
| ***The following section is to be completed by supervisor only*** | | |
| Name of Facility: | Number of Professional Staff: | |
| Patient (client/resident) Population:<br>Number: Type: | | |
| Describe type of services provided at facility: | | |
| Describe Applicant's Duties and Functions: | | |

** Please review Board Rules Chapter 5 section 2 regarding Supervised Experience requirements. **

Beginning date of Supervision _____ End Date _____

The following questions are to be answered by the Supervisor:

1. Were you licensed or certified as a psychologist in the state where the supervision occurred?
   ☐ Yes ☐ No
2. Did the pre-degree supervision consist of an average of a minimum of at least 16 hours but not more than 40 hours per week? ☐ Yes ☐ No If no, list hours of supervision _____ per week
3. Did the pre-degree supervision consist of a minimum of 3 hours per week, with one hour devoted to face-to-face individual supervision and the remaining 2 hours devoted to additional learning activities? ☐ Yes ☐ No If no, list face to face _____ hours and additional learning activities _____hours weekly.

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**VERIFICATION OF SUPERVISED EXPERIENCE** — Page 2

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4. Did the Supervised experience include work experience earned in connection with practica for which academic credit has been awarded? ☐ Yes ☐ No
5. Did you provide at least two hours per week of learning activity supervision? ☐ Yes ☐ No
6. Was the supervised training completed with 24 months? ☐ Yes ☐ No
7. Did any of the hours described here accumulate while supervisee was functioning in a professional capacity not directly under your responsibility? ☐ Yes ☐ No
8. Was this supervisee's performance satisfactory? If not, please explain in detail on a separate sheet of paper. ☐ Yes ☐ No

If you answered NO to any of the above please provide a detailed explanation

_____

_____

_____

_____

9. What was the nature of the supervisee's duties while you were supervisor? _____

_____

_____

10. Total Number of hours worked while under my direct supervision: _____

I the supervisor of the above named applicant is certifying the information provided on this form is verifiable, factual and accurate.

**Print Name:** **License Number:**

**Signature:** **Date:**

# APPLICATION INSTRUCTIONS
# PSYCHOLOGICAL EXAMINER

**Fax submissions of applications and supporting documentation <u>will not be accepted.</u>**

✓ Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the Psychologists Laws and Rules. Please review them carefully for more detailed and clarifying information.)

☐ **Completed Application**
Complete and sign the application. Submit with appropriate fees and documentation.

☐ **Official, transcript from graduate program where qualifying degree was earned.**

☐ **Documentation of Supervised Work Experience, on forms supplied by board.**
Minimum 1500 hours (Review Chapter 5)

☐ **Examination – EPPP**
Please provide scores if exam has already been taken.

Go to <u>www.asppb.org</u> for transferring scores.

☐ **Any other supporting documentation such as: verification of licensure**
Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine). You may also obtain an electronically produced License Verification directly from the State Board website. Please be sure each License Verification contains the State web-address, the date the License Verification was printed, and a disciplinary history.

**CONTINUING EDUCATION**
As Psychologists you will be required to satisfy the Continuing Education requirements identified in Chapter 8 of the Board's rules. Please be sure to review this chapter carefully.

**<u>IMPORTANT NOTE:</u>**

✓ All persons applying for a Maine license must take and pass the Maine jurisprudence examination. Once your completed application has been reviewed and approved by the Board, you will be sent the jurisprudence exam via email and you will have 20 days to complete and return.

**IMPORTANT NOTES (Cont.):**

The Board of Examiners requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and may be cancelled if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way (including the use of any white out substance) will not be accepted.

✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete, a letter will be sent to you.

✓ Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

✓ Once your license is issued, it will be immediately visible online with an "Active" status. Licenses are sent via email the day after the license is issued.

## SUGGESTED REFERENCE MATERIAL FOR THE JURISPRUDENCE EXAMINATION

The test is based on the documents listed below. Copies of these documents are available as noted. You must print documents from the websites listed as these materials will **not** be provided. You may bring your copies to the examination.

The following laws and rules can be found by clicking on the "Laws & Rules" link on our website at www.maine.gov/professionallicensing.

⇒ The Maine Board of Examiners of Psychologists Law - 32 MRS Chapter 56
⇒ The Maine Board of Examiners of Psychologists Rules - Chapters 1 through 10
⇒ 10 MRS, Chapter 901
⇒ Laws Related to the Practice of Psychology in Maine:
  22 MRS Chapter 958-A
  22 MRS Chapter 1071
  34-B MRS Chapter 3, Subchapter IV

The following related material can be found at the websites listed.

Codes of Conduct:

Ethical Principles of Psychologists and Code of Conduct (APA 2002)
Via Internet: www.apa.org/ethics

Code of Conduct (ASPPB, 2005)
Via Internet: www.asppb.org/publications/model/conduct.aspx

Maine Rules of Evidence – Rule 503
Via Internet: http://www.courts.state.me.us/rules_adminorders/rules/text/MREvidONLY1-12.pdf

*STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION - OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION*
**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

## Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website: http://pfr.informe.org/almsonline/almsquery/welcome.aspx.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

**Before you seal the envelope, did you:**

- Complete every item on the application (incomplete applications may be cancelled)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.