

APPLICATION FOR LICENSURE
Oklahoma State Board of Examiners of Psychologists

The requirements for licensure in Oklahoma, including the following requests for information, are pursuant to the Psychologists Licensing Act Title 59, OS 1991, Sections 1352.1, 1353, 1362 through 1368, and the Rules of the Board, Title 575, Chapter 10, Sections 575:10-1-1 through 575:10-1-4. The Board encourages you to carefully consider each specific item and request for information. Omissions, errors and inconsistencies will cause significant delays in the processing of your application.

☐ **MUST BE TYPED** ☐

Identifying Information

Full Name (first, middle, last) _____
Name as it will appear on license _____
SSN _____ Gender _____ Date of Birth _____ Are you a U.S. citizen? _____
Business Address _____
City _____ State _____ Zip _____
Business Telephone (_____) _____ Business Fax (_____) _____
Home Address _____
City _____ State _____ Zip _____
Home Telephone (_____) _____ Home Fax (_____) _____
E-Mail Address _____
Preferred Mailing Address: Bus. _____ Home _____

Educational Background

Doctoral Degree _____ Date Conferred _____ University _____
Department _____ *Major Program of Study _____
(*Major Program of Study = Clinical, Counseling, School, Industrial/Organizational, Social, Developmental, etc.)
Was your Doctoral Program APA accredited at the time your degree was conferred? Y _____ N _____
Master's Degree _____ Date Conferred _____ University _____
Department _____ Major _____
Bachelor's Degree _____ Date Conferred _____ University _____
Department _____ Major _____

Credential / Licensure History	Yes	No
Are you Board Certified by the American Board of Professional Psychology? If so, please provide Diplomate number: _____ Specialty: _____		
Have you ever been licensed as a Psychologist in another jurisdiction? If yes, State(s) or Province(s): _____		
Do you hold a certificate of Professional Qualification in Psychology from the Association of State and Provincial Psychology Boards (ASPPB)? _____ If so, please provide number: _____ Date Issued: _____		
List jurisdictions in which you are currently licensed as a psychologist: _____		
Have you requested that the Board of the State(s) or Province(s) send a statement regarding the status of your license and indicate whether any complaints are pending against you.		
Have you completed the EPPP with a score at the ASPPB pass point of 70% or a scaled score of 500? If so, have verification sent to the Board from the ASPPB Score Transfer Service.		
Are you certified as a Health Service Psychologist(Provider) in another state(s) or province(s)?		
Are you licensed or certified as another professional? Profession: _____ State(s) or Province(s): _____		

Ethical / Legal History	Yes	No
Have you ever been called before the Committee on Ethics of any professional organization of which you were, or are, a member?		
Have you ever been convicted of, or pled guilty or nolo contendere, to a violation of any federal or state statute, any city or country ordinance, or law of another country (other than a traffic violation)?		
Are you currently, or have you ever, engaged in any activities that misrepresent your professional qualifications, affiliation, or purposes, or those of institutions, organizations, products, or services, with which you were associated?		
Have you ever been denied any license or certificate as a psychologist in any state or country, or denied the right to take an examination?		
Have you ever been denied any license or certificate for any other profession in any state or province?		
Has your license or certificate as a psychologist ever been suspended or revoked?		
Has your license or certificate in any other profession ever been suspended or revoked?		
Have you ever been found guilty of unprofessional conduct under the Laws or Rules of any jurisdiction?		
Have you ever been found guilty of fraud or deceit in any services you rendered as any licensed professional?		
Have you ever aided or abetted any person who has misrepresented him/herself as a psychologist?		
Have you ever used any name other than that on this Application? (aka maiden name)		
If you currently hold any professional license or certificate, are you aware of any complaint pending against you?		
Are you unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other substance, or as a result of any mental or physical condition?		
Have you ever had your Medicaid and/or Medicare privileges restricted or revoked?		

If your answer is "Yes" to any of the above questions, please explain on an attached sheet.

Declared Areas of Competence

Describe the areas in which you believe you are competent to offer psychological services by virtue of your education and training. Specify each area by using descriptive phrases such as: "Individual diagnostic evaluations using objective and projective techniques;" "Play therapy with young children;" "Group validation of personnel selection instruments." Briefly support each area of competence with relevant coursework, training, supervision or continuing professional education. You may list as many competencies as you wish. **Any area of competence may be selected and used as a part of your oral examination.** Duplicate the next page if necessary.

DECLARED COMPETENCY:

Course Number and Title		
Content as described in official catalog or syllabus		
Course Number and Title		
Content as described in official catalog or syllabus		
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:

DECLARED COMPETENCY:

Course Number and Title		
Content as described in official catalog or syllabus		
Course Number and Title		
Content as described in official catalog or syllabus		
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:

Declared Areas of Competence

DECLARED COMPETENCY:		
Course Number and Title		
Content as described in official catalog or syllabus		
Course Number and Title		
Content as described in official catalog or syllabus		
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:

DECLARED COMPETENCY:		
Course Number and Title		
Content as described in official catalog or syllabus		
Course Number and Title		
Content as described in official catalog or syllabus		
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:
Supervised Experience Site		Dates From: To:
Supervisor		Total Hours:

• Duplicate this page as necessary. •

Content Areas of Graduate Courses

Record appropriate graduate courses in the content areas listed below. **Note any internet course or distance learning course.** Use the official course number and title; do not use abbreviations. **You must have a minimum of three (3) or more graduate semester hours in each of the following substantive content areas, for a total of twenty-one (21) hours.** Each course may be counted only once. If the course title does not reflect adequately the course content being documented, please provide supporting documents (e.g., a course syllabus or letter confirming coverage from the professor or your department chair).

Scientific and Professional Ethics and Standards

Course #	Course Title	Credit Hours

Research Design and Methodology

Course #	Course Title	Credit Hours

Statistics and Psychometrics

Course #	Course Title	Credit Hours

Biological Bases of Behavior

(e.g., physiological psychology; comparative psychology; neuropsychology; sensation and perception; psychopharmacology)

Course #	Course Title	Credit Hours

Content Areas of Graduate Courses

Cognitive-Affective Bases of Behavior (e.g., learning; thinking; motivation; emotion)		
Course #	Course Title	Credit Hours

Social Bases of Behavior (e.g., social psychology; group processes; organization and systems theory)		
Course #	Course Title	Credit Hours

Individual Difference (e.g., personality theory; human development; abnormal psychology)		
Course #	Course Title	Credit Hours

Subtotal A _____

You must have a total of forty-two (42) hours of graduate level courses that are primarily psychological in content. List below all graduate courses in your specialty area (i.e., the area of your major program of study, such as clinical, counseling, or school psychology). If necessary to comprise the requisite 42-hour total, list any other graduate psychology courses taken that are not included in Subtotal A .

Subtotal B _____

Grand Total (A + B) _____

References

1. A minimum of three references from licensed psychologists is required. The references must be familiar with the type and quality of services you render, your character and your professional ethics and conduct.
2. The Doctoral Department Chair must complete the Doctoral Chair Reference form. (This may count as one of the three references from licensed psychologists)
3. If your program requires an internship, one reference must be from the Director of the Internship Program.
4. If you have completed your postdoctoral supervised experience, your supervising psychologist(s) must provide a reference.

Specific Training References				
Position	Name	*Area	Licensed as Psychologist	
			Yes	No
Doctoral Department Chair				
Director of Internship				
Postdoctoral Supervisor				
Postdoctoral Supervisor				

Additional Licensed Psychologist References				
Position	Name	*Area	Licensed as Psychologist	
			Yes	No

*Area of Psychology = Clinical, Counseling, School, I/O, Social, Developmental, Experimental, etc.

Transcripts

You must arrange to have official copies of all graduate transcripts sent directly from your University to the Board. If the transcript for your doctoral degree does not show the major program of study, you must have the Chair (or Head) of the Department granting the degree document the title of your major program of study in a letter sent directly to the Board. The transcript must indicate the date of the doctoral degree. If not, the Board must have a letter from the University Registrar stating the date that all requirements for the doctoral degree were completed.

Curriculum Vitae and Photograph

Include a copy of your current Vitae and two passport photographs of yourself.

Affidavit

The undersigned, being duly sworn, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she is of good moral character, and will conform to the ethical standards and conduct of the profession; that he/she has otherwise met all statutory requirements, and believes him/herself eligible for licensure; and that he/she has read and understood this affidavit.

State of _____ County of _____ Subscribed and sworn to before me, to certify which witness my hand and seal of this office this _____ day of _____ 20 ____	_____ Signature of Applicant _____ Date _____ Notary Public _____ My commission expires:
---	---

Oklahoma State Board of Examiners of Psychologists
201 N.E. 38th Terrace, Suite 3
Oklahoma City, Oklahoma 73105
405-524-9094

Doctoral Department Chair Reference
Page 1 of 3

Instructions to Applicant:

Complete and mail with attached form to reference.

Applicant will complete and mail with attached form to Reference:

Applicant Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Training for which verification is sought:

Academic Department (Official University Title) _____

Official Major Program of Study _____

Doctoral Degree _____ Date Conferred _____

Department Chair Name _____

University _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Instructions to Reference:

The above named Applicant for licensure as a psychologist in Oklahoma has given your name as a reference, as someone who can verify the nature of his/her professional training and attest to his/her moral character, professional ethics and competence. Complete pages 2 and 3, and return all 3 pages to the Board Office. If a response needs an explanation, provide appropriate comments on a separate sheet.

Doctoral Department Chair Reference
Page 2 of 3

Applicant Name: _____

Information about the Reference

Reference Name _____ Degree _____ When conferred _____

Are you licensed as a Psychologist? _____ State(s) _____

Certified as a Health Service Psychologist (Provider) in Oklahoma or another state? _____

If not, what is your specialty area as listed in the Oklahoma Directory or the directory of your home state? _____

Date Applicant completed all requirements for the doctoral degree _____

Doctoral Department _____

Major Program of Study _____

Is the information provided by the Applicant on the attached sheet correct? _____

(If not, please explain on attached sheet)

	Yes	No
Was the Program APA accredited at the time the Applicant's degree was conferred?		

Did the program meet the following criteria?		Yes	No
1.	Was the program clearly identified and labeled as a psychology program, and did pertinent institutional catalogs and brochures specify its intent to educate and train psychologists?		
2.	Did the program stand as a recognizable, coherent entity within the institution?		
3.	Was there clear authority and primary responsibility for the core and the specialty areas?		
4.	Was the program an integrated, organized, sequence of study?		
5.	Was there an identifiable psychology faculty and a psychologist responsible for the program?		
6.	Was an identifiable body of students matriculated in the Program for a degree?		

If any answers from 1 to 6 are "No", please explain on an attached sheet.

Doctoral Department Chair Reference

Page 3 of 3

Respond to the following questions in regard to the Applicant's Academic Program Of Study.		Yes	No
1.	Did the program include three academic years leading to the doctoral degree and a minimum of two years (one year for school psychology) of full time, on campus, graduate study (excluding internship)?		
2.	Did the program include at least 42 semester hours of course work primarily psychological in content?		
3.	Did 21 of the 42 hours include instruction in each of the following basic areas of psychology? _____ scientific and professional ethics and standards _____ research design and methodology _____ statistics and psychometrics _____ biological bases of behavior _____ cognitive-affective bases of behavior _____ social bases of behavior or individual differences		
4.	Did the remaining 21 hours provide instruction in the specialty area and were those hours primarily psychological in content?		

If any answers from 1 to 4 are "No", please explain on an attached sheet

	Yes	No
To the best of your knowledge does this Applicant for licensure have good moral character and exhibit professional conduct as defined in the Code of Ethics for Psychologists?		
Do you recommend the Applicant for licensure?		

If you have any reservations about recommending this Applicant for licensure, please explain on an attached sheet.

Signature of Doctoral Department Chair Reference

Return this completed 3 page form to:

Oklahoma State Board of Examiners of Psychologists
 201 N.E. 38th Terrace, Suite 3
 Oklahoma City, Oklahoma 73105
 Telephone: (405) 524-9094
 Fax: (405) 524-9427

Internship Information
Page 1 of 2

Applicant will complete this page and mail with the entire four page form to Reference:

Applicant Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____ Telephone _____
 Applicant's title in the Internship _____
 (e.g., Clinical Psychology Intern, Counseling Psychology Intern, School Psychology Intern)
 Internship Agency _____
 Address _____
 City _____ State _____ Zip _____ Telephone _____
 How many interns were in the program for the entire time you were? _____
 Inclusive dates of internship _____

Hours of Internship Supervision

Licensed Psychologist Supervisors (List primary first)	*Area	State	Individual Supervision total hours	Group Supervision total hours

*Area = Clinical, Counseling, School, Experimental, Social, etc.

Totals A _____

Internship Information
Page 2 of 2

Hours of Internship Supervision				
Other Licensed Professional Supervisors	*Area	State	Individual Supervision total hours	Group Supervision total hours

*Area = Clinical, Counseling, School, Experimental, Social, etc. Totals B _____ _____

Hours of Internship Supervision Totals		
	Total A	_____
	Total B	_____
	Grand Totals	_____

Summary of Internship Supervision	
Total number of weeks worked excluding vacation time	
Hours worked per week including supervision	
Total number of hours worked during internship (weeks x hours per week = total hours)	

Director of Internship Reference
Page 1 of 2

Applicant Name: _____

Instructions to Reference:

The applicant for licensure as a psychologist in Oklahoma named above has given your name as the Director of his/her Internship Program. Review each page of this reference form and answer questions where indicated. Return the entire three page form to the Board Office. If your responses need explanation, provide appropriate comments on an attached sheet.

What was the *Area of the Internship? _____
(*Area = Clinical, Counseling, School, Experimental, Social, etc.)

Director's Name _____ Degree _____ Year conferred _____

Are you licensed as a Psychologist? _____ State(s) _____

Certified as a Health Service Psychologist (Provider) in Oklahoma or another state? _____

If not, what is your doctoral area as listed in the Oklahoma directory or the directory of your home state? _____

What was your job title and primary place of employment during this Applicant's Internship?

Was the primary supervisor on staff at the institution and present most of the time the Applicant was there?

	Yes	No
Is the information provided by the applicant correct?		

(If no, explain in detail on an attached sheet)

Director of Internship Reference
Page 2 of 2

		Yes	No
Was the Internship APA approved when the applicant completed			
Did the Internship meet the following 9 criteria?			
1.	Was the internship a planned, programmed sequence of training experiences with a primary focus assuring both breadth and quality of training in contrast to simply supervised experience or on-the-job training?		
2.	Did the internship provide training in a range of assessment and treatment activities conducted directly with patients or clients seeking psychological services?		
3.	Was at least 25 percent of the trainee's time in direct patient or client content?		
4.	Was the internship at the post-clerkship, post-practicum, and post-externship level?		
5.	Was a written statement and brochure describing the goals and content of the internship, and stating clear expectations for the quality and quantity of the trainee's work furnished to all prospective interns?		
6.	Was a licensed and clearly designated staff psychologist of the internship agency responsible for the integrity and quality of the training program?		
7.	Was at least half of all the supervision in regularly scheduled, formal, face-to-face individual meetings with licensed psychologist supervisors with the intent of dealing with psychological services rendered directly by the intern?		
8.	Did the intern have a minimum of three licensed psychologists as supervisors during the internship?		
9.	Did the internship program have a minimum of two interns at the doctoral level of internship training during the entire period of this training?		

If any of the answers to questions 1 through 9 above are "No," comment on an attached sheet.

	Yes	No
To the best of your knowledge does the Applicant have good moral character, and has he/she exhibited professional conduct as defined by the Code of Ethics for Psychologists?		
Do you recommend this Applicant for licensure?		

If your answer to either of the above two questions is "No," explain on an attached sheet.

Director of Internship Program

Date

Return this completed four page form to:

Oklahoma State Board of Examiners of Psychologists
201 N.E. 38th Terrace, Suite 3
Oklahoma City, Oklahoma 73105
Telephone: (405) 524-9094
Fax: (405) 524-9427

General Professional Reference

Page 1 of 2

Applicant will complete and mail with attached form to Reference:

Applicant Name _____ Doctoral Degree _____ Date _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Describe the nature of your direct professional experience with this Reference. Include type of contact, beginning and ending dates (month, day, year), setting (institution or firm) and location:

Reference Name _____ Institution or Firm _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Instructions to Reference:

The above named Applicant for licensure as a psychologist in Oklahoma has given your name as someone who can serve as a general professional reference and attest to his/her moral character, professional ethics and competence. Complete the attached form. If your responses need explanation, provide appropriate comments on the form or a separate sheet.

General Professional Reference
Page 2 of 2

Applicant Name:

Information about the Reference

Reference Name _____ Degree _____ Year conferred _____
 Are you a licensed as a Psychologist? _____ State(s) _____
 Certified as a Health Service Psychologist (Provider) in Oklahoma or another state? _____
 If not, what is your major academic program of study as listed in the Oklahoma directory or directory of your home state? _____

Information about the Applicant

	Yes	No
To the best of your knowledge does the Applicant have good moral character, and has he/she exhibited professional conduct as defined by the Code of Ethics for Psychologists?		
Do you recommend the Applicant for licensure?		

If you have any reservations about recommending this Applicant for licensure, explain on an attached sheet.

Signature of Reference

Date

Return this form and the attached form completed by the Applicant for licensure to:

Oklahoma State Board of Examiners of Psychologists
 201 N.E. 38th Terrace, Suite 3
 Oklahoma City, Oklahoma 73105
 Telephone: (405) 524-9094
 Fax: (405) 524-9427

Postdoctoral Supervision Reference
Page 1 of 2

Complete the following after a supervisory relationship has been terminated, or after the postdoctoral supervision requirements have been completed.

Mail this form with the attached form to Supervisor.

Applicant Name _____ Doctoral Degree _____ When Conferred _____
Address _____
City _____ State _____ Zip _____ Telephone _____
Major Program of doctoral study _____
Institution where supervised _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Supervisor's Name _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Instructions for Supervisor:

The above applicant for licensure as a psychologist in Oklahoma has given your name as a supervising reference, as someone who could verify his/her postdoctoral supervision experience and attest to his/her character, professional ethics, and competence. Review and complete the attached Postdoctoral Supervisor Confirmation form and send it, together with this form, to the Board Office at the address below. If your response needs explanation, or if you have any reservations about recommending this Applicant for licensure, provide appropriate comments on an attached sheet.

Oklahoma State Board of Examiners of Psychologists
201 N.E. 38th Terrace, Suite 3
Oklahoma City, Oklahoma 73105
Telephone: (405) 524-9094
Fax: (405) 524-9427

Postdoctoral Supervision Reference
Page 2 of 2

Applicant Name: _____

Information about the Supervisor

Reference Name _____ Degree _____ Year conferred _____
 Psychologist License Number _____ State _____ Licensed in what other States? _____
 Certified as a Health Service Psychologist (Provider) in Oklahoma or another state? _____
 If not, what is your major academic program of study as listed in the Oklahoma directory or the directory of your home state?

 Are you currently rendering psychological services to the public? _____

Information about your supervision of the Applicant

Institution where Applicant did the postdoctoral work: _____
 Address _____
 City _____ State _____ Zip _____ Telephone _____

Date Supervision Began _____ Date Ended _____
 Total number of weeks worked excluding vacation timeweeks: _____
 Hours worked per week including supervisionhours: _____
 Total number of hours worked during postdoctoral experience.....hours: _____

Did the Applicant accumulate at least seventy-five (75) hours of individual, face-to-face supervision for each twelve (12) months of postdoctoral experience?

Was the postdoctoral supervision reasonably distributed throughout each month at a rate of ninety (90) minutes per week?

Briefly describe the activities you supervised:

	Yes	No
To the best of your knowledge does this Applicant have good moral character, and has he/she exhibited professional conduct as defined by the Code of Ethics for Psychologists?		
Do you recommend this Applicant for licensure?		

Signature of Postdoctoral Supervisor

Date