



STATE OF OKLAHOMA  
*Board of Examiners of Psychologists*  
421 NW 13<sup>th</sup> Street, Suite 180  
Oklahoma City, OK 73103  
405/522-1333

The Oklahoma State Board of Examiners of Psychologists is partnering with the Association of State and Provincial Psychology Boards to create a Universal Application. This application will be retained in the ASPPB databank for future use as applicants wish to become licensed in other states or provinces. Once this form and application fee has been received by OSBEP, the applicant's information will be provided to ASPPB for further processing. ASPPB will contact the applicant to obtain additional application information.

**Identifying Information**

Full Name (first, middle, last) \_\_\_\_\_ Doctoral Degree \_\_\_\_\_  
Area \_\_\_\_\_ Date Conferred \_\_\_\_\_ University \_\_\_\_\_ Dept: \_\_\_\_\_  
Was your Doctoral Program APA accredited at the time your degree was conferred? Y \_\_\_\_\_ N \_\_\_\_\_  
Master's Degree \_\_\_\_\_ Date Conferred \_\_\_\_\_ University \_\_\_\_\_  
Name as it will appear on license \_\_\_\_\_  
Previous names or aliases \_\_\_\_\_  
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 (\_\_\_\_\_) \_\_\_\_\_  
Preferred Mailing/Contact Address: Bus. \_\_\_\_\_ Home \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

\* This application must be typed

Do you hold any other licenses? \_\_\_\_\_ In which jurisdiction(s)? \_\_\_\_\_  
Have you completed a minimum of 2000 hours of postdoctoral supervision with at least 75 hours of individual, face-to-face supervision? \_\_\_\_\_ If no, please complete the IPUS or PPUS form. If yes, please have your postdoctoral supervisor verify with ASPPB and complete the Health Service Psychologist application form.

There is a non-refundable \$400 application fee.  
Checks and money orders must be made out to OSBEP and mailed with this application.  
Two passport photos are also due at the time of application.

Please return this form along with two passport photos, \$400 licensure fee, Citizen's Affidavit Form and Application for IPUS/PPUS (if needed) or Submit Post Verification and HSP form to ASPPB.

