

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Psychologist

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

**Driver License
or State ID Card**

State of Issue License/ID Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You **do not need to report** Juvenile Court adjudications; however, you do need to report convictions as a minor tried outside of Juvenile Court.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see [DOPL's criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession.
(Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

Yes No a hospital or health care facility

Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes No malpractice insurance coverage

Yes No other entity: _____

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

Yes No a hospital or health care facility

Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes No malpractice insurance coverage

Yes No other entity: _____

3. Is any action pending against you now by:

Yes No a hospital or health care facility

Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes No malpractice insurance coverage

Yes No other entity: _____

4. Yes No Have you been named as a defendant in a malpractice suit?

5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

ENDORSEMENT APPLICANTS

To be completed by endorsement applicants only. See the checklist at the end of this application for additional instructions.

If you are currently licensed in good standing in another state, and have practiced for a minimum of 2,000 hours or one year (whichever is greater), you may apply for **Licensure by Endorsement**. For additional information, see our website, www.dopl.utah.gov.

Please select one and provide supporting documentation*.

I am a Diplomate of the American Board of Professional Psychology. Specialty: _____

I am currently credentialed as a Health Service Provider by the National Register of Health Service Providers in Psychology.

I currently hold a Certificate of Professional Qualifications (CPQ) granted by the Association of State and Provincial Psychology Boards.

I have enclosed evidence that the education, supervised experience, examination and all other requirements for licensure at the time my license was issued was substantially equivalent to the requirements in Utah.

*Supporting documentation can be a copy of your certification, credentials, etc. Please do not send originals.

CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>. Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ **Date:** _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

Verification of Supervised Experience

Each supervisor must complete a separate form. Endorsement applicants do not need to complete this form.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EXPERIENCE INFORMATION

To be completed by the supervisor.

Name of Establishment: _____

Name of Supervisor: _____ **License Number:** _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Inclusive Dates of Predoctoral Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Hours of supervised experience in mental health therapy: _____

Hours of direct supervision for mental health therapy: _____

Hours of other supervised experience: _____

Total of all predoctoral supervised experience: _____

Inclusive Dates of Postdoctoral Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Hours of supervised experience in mental health therapy: _____

Hours of direct supervision for mental health therapy: _____

Hours of other supervised experience: _____

Total of all postdoctoral supervised experience: _____

Describe the applicant's duties: _____

Hours of direct supervision per week: _____ Hours worked per week: _____

I do hereby certify that the applicant for licensure as a psychologist has successfully completed the above hours of supervised experience. I certify that the experience supervised meets the requirements outlined in R156-61-302b.

I further certify that the applicant is qualified and competent to practice as a licensed psychologist.

Signature of Supervisor: _____ **Date:** _____

Verification of Active Practice as a Psychologist in Another State

*For [endorsement applicants](#) only.
Each employer must complete a separate form.*

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ **State of Issue:** _____

EMPLOYMENT INFORMATION

To be completed by the employer, human resources, supervisor or colleague within the profession.

Name of Establishment: _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number _____ **Email:** _____

Applicant's Dates of Employment as a Psychologist: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours did the applicant work per week? _____

Total number of hours worked: _____

Describe the applicant's duties: _____

Is the applicant still employed? Yes No

If no, is the applicant re-hirable? Yes No, **Please explain:** _____

I do hereby certify that the applicant for licensure as a licensed psychologist was actively engaged in the lawful practice as a psychologist at the above named establishment for the time frame listed.

I further certify that the applicant is qualified and competent to practice as a licensed psychologist.

Signature of Supervisor: _____ **Date:** _____

Relationship to Applicant: _____ **License Number (if applicable):** _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$230.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires.
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.
- Pass the Utah Psychologist Law and Ethics Exam. See the exam section of our [website](#) for additional information. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must register directly with the Division's exam provider to sit for the examination. Submit the exam fees directly to the testing agency.

LICENSURE BY APPLICATION

If applying for **licensure by application**, *in addition* to the items required for all applicants, you must submit:

- Official transcripts documenting completion of a doctorate degree from an APA accredited program.
Note: Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.
****If you currently hold a Utah Certified Psychology Resident license, you do not need to submit these items again.***
- Verification of Supervised Experience. See page 4 of this application. **NOTE:** *You must have each supervisor complete a separate form, and the hours from all forms must total 4,000.*
- If you took the EPPP in another state, request an EPPP Score Transfer. See [ASPPB's website](#) for instructions.

LICENSURE BY ENDORSEMENT

If applying for **Licensure by endorsement**, *in addition* to the items required for all applicants, you must submit:

- Official verification of license from one or more states in which you are currently licensed. Verifications must cover the time period used to qualify for endorsement.
- Verification of Active Practice as a Psychologist found in this application. **NOTE:** *You must have each employer complete a separate form.*
- Documentation showing you meet the educational equivalency option selected in the application section titled "Endorsement Applicants".

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions, please contact the Division via our direct email address, b3@utah.gov, or via the phone or fax number listed below. Do not send applications via email or fax.