



State of Oregon

BOARD OF PSYCHOLOGIST EXAMINERS

3218 Pringle Road SE, Suite 130
Salem, OR 97302-6309
503-378-4154

Application for a Limited Permit to Practice Psychology in the State of Oregon

I hereby apply for a limited permit to practice psychology in the State of Oregon under Oregon Administrative Rule 858-010-0055. I have enclosed the \$100 non-refundable limited permit fee. (Please make check payable to the Oregon Board of Psychologist Examiners.)

In its sole discretion, the Oregon Board of Psychologist Examiners may grant a limited permit to practice psychology in the State of Oregon to individuals licensed as psychologists in another jurisdiction with no record of disciplinary action. Limited permits may be issued for a period not to exceed 180 calendar days, and expire no later than six months after the date the permit is granted.

I am applying for the following type of limited permit (check only one):

 Visitor's Permit: *A visitor's permit may be issued to psychologists that do not intend to seek full licensure in Oregon, and are providing psychological services for a limited, time-specific period only. A statement of work must be submitted with the application with a complete description of the work to be performed, including location of the activity, the specific dates of the activity, and the names of the parties requesting the activity to the extent permissible under confidentiality laws. Any changes made to this statement must be submitted to the Board's office, including adjustments to dates.*

 Temporary: *The Board may grant a temporary permit to an applicant for full licensure in Oregon who possesses and has maintained an active license as a psychologist in another state that is in good standing. Those applying for a temporary permit that do not have a minimum of five years of licensure in another state must consult with an Oregon licensed psychologist at least one hour per week on matters pertaining to Oregon laws. The consultant must agree and be named on this application for a temporary permit prior to approval of the permit. Applicants who are granted a temporary permit must take the first jurisprudence examination for which they would be eligible to sit. Failure to pass the jurisprudence examination shall result in cancellation of the temporary permit. The Board has discretion to extend the temporary permit cancellation date for an additional 30 days in order to allow the applicant time to transition clients to another provider. Applicants whose temporary permit is cancelled may submit a resident supervision contract for approval to continue providing services after the cancellation date.*

I have requested that all jurisdictions where I am currently licensed submit proof of my licensure and good standing in its jurisdiction. This information must come directly from the jurisdiction's licensing board to the Oregon Board of Psychologist Examiners. My request for a limited permit shall not be reviewed until this information is received.

Temporary Permit Applicants with less than 5 years of licensure in another state, MUST complete the following:

Consultant's Name: _____ OR License # _____
(Must be an Oregon Licensed Psychologist)

Consultant's Signature: _____ Date: _____

GENERAL INFORMATION

1. Legal Name _____
2. Other Names that you have used: _____
3. Employer's Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone Number: () _____ Message Number: () _____
Working Title: _____
Home Address: _____ City: _____ State: _____
Zip Code: _____ Home Phone Number: () _____

Preferred Mailing Address (***Please note: Your mailing address is a public record***)
___ Office ___ Home

4. Date and Place of Birth: _____

5. Social Security Number: _____
Visitor Permits ONLY: You must also sign the attached Social Security Authorization Form.

6. Institution from which you received your Highest Degree: _____

Date of Degree _____ Type of Degree _____

School/Department _____

7. Diplomate of American Board of Examiners in Professional Psychology? ___ Yes ___ No

If yes, give Diploma Number _____ Date _____ Specialty _____

8. Other States where you are Licensed as a Psychologist (please attach additional sheets if necessary):

State: _____ Date Licensed: _____ Active? ___ Yes ___ No

State: _____ Date Licensed: _____ Active? ___ Yes ___ No

State: _____ Date Licensed: _____ Active? ___ Yes ___ No

Date of ASPPB Written Examination _____ Score _____

9. Are you Licensed or Certified by any other Professional Organization, Licensing Agency, or Regulatory Board? (i.e., ASPPB CPQ; National Register Credentialed; School Psychologist; Counselor; Nurse, etc.)
___ Yes ___ No

If yes, please list each state, type of License or Certification, and date of issuance:

10. CHARACTER AND FITNESS

(a) Has any licensing board or professional organization ever rejected your application or revoked your license/ certificate/membership?

Yes _____ No _____

(b) Have you ever been investigated by, or been the subject of, disciplinary actions (e.g., reprimands, demotion, dismissal, expulsion, probationary status) by an employer, educational program, or training program for personal or professional misconduct?

Yes _____ No _____

(c) Has your conduct ever been reviewed by a regulatory board, professional organization, educational institution, or employer?

Yes _____ No _____

(d) Have you ever been arrested or convicted for any misdemeanor or felony?

Yes _____ No _____

(e) Are you currently being investigated for professional misconduct, incompetence, or incapacity to practice psychology or any other profession?

Yes _____ No _____

(f) Have you ever been named defendant in a civil lawsuit, including malpractice?

Yes _____ No _____

(g) To the best of your knowledge, have questions ever been raised by your supervisors or colleagues during your education, training, or employment about your competence and fitness to practice psychology?

Yes _____ No _____

NOTE: If you answered "Yes" to any question please attach a separate page with a complete explanation.

13. I have _____ have not ____ previously applied for licensure to the Oregon State Board of Psychologist Examiners.

14. I have _____ have not ____ previously applied for a limited permit in the State of Oregon. If you have, please list the date(s) when you received the permit: _____.

11. CERTIFICATION

I certify that I have read and understand Oregon laws relating to the practice of psychology. I understand that Oregon's laws may differ from my home jurisdiction and that I am specifically responsible for correctly applying Oregon's standards of practice. I will follow the laws of Oregon for all of my work related activities occurring in or arising from my activities in Oregon.

I understand that my failure to provide complete, accurate, and truthful information on this application for a limited permit may result in delay or termination of my limited permit, and may subject me to discipline. In addition, I understand that it is my responsibility to notify the Board immediately if the status of any information contained in this application changes, including but not limited to: complaint; disciplinary actions; and civil, criminal or ethical issues. Failure to do so may be grounds for denial and/or termination of my limited permit, once issued.

I understand that it is against the law for me to practice psychology in the State of Oregon until I receive limited permit authorization in writing from the Board.

Your signature: _____ Date: _____

SEND THIS APPLICATION AND YOUR CHECK FOR \$100 TO:

**OREGON BOARD OF PSYCHOLOGIST EXAMINERS
3218 PRINGLE ROAD SE, SUITE 130
SALEM, OR 97302-6309**



SOCIAL SECURITY NUMBER AUTHORIZATION FORM
STATUTORY REQUIREMENTS REGARDING
SOCIAL SECURITY NUMBERS

As part of your application for an initial or renewed professional license, or a limited permit issued by the Oregon Board of Psychologist Examiners (OBPE), you are required to provide your Social Security Number to the OBPE. This is mandatory. The authority for this requirement is Oregon Laws 1997, chapter 746, section 117 (ORS 25.785); 42 USC section 666(a)(13); ORS 305.385; 42 USC § 405 (c)(2)(C)(i); and 45 CFR part 61(a) and (b)(1)(ii), § 1128E(b)(2)(A). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license you seek. This record of your Social Security Number will be used for child support enforcement, tax administration purposes (including identification) and mandatory reporting to the Federal Healthcare Integrity and Protection Data Bank (HIPDB) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses issued by the OBPE, your Social Security Number will remain on file with the OBPE.

In addition, the Professional Examination Service (P.E.S.) requires that your Social Security Number be used as your identification number. By requesting to take the EPPP, you are also authorizing the OBPE to forward your Social Security Number to P.E.S. for examination identification purposes only.

NAME: _____

(Please print)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SIGNATURE : _____

DATE SIGNED: _____

SUBMIT ORIGINAL SIGNED DOCUMENT

DO NOT SUBMIT COPY OR FAX