Licensure by Endorsement Application Checklist

This form is to be used by applicants who possess and have maintained an active license to practice psychology issued by a board that is a member jurisdiction of the Association of State and Provincial Psychology Boards (ASPPB) for **less than 15 years**. An "active license" means a current, practicing status license. This includes semi-retired or semi-active statuses, so long as you are currently authorized by the jurisdiction to practice psychology. This does not include inactive status licenses, or those that have not been renewed or reregistered to practice psychology in the jurisdiction.

☐ **Application Form**
Including Social Security Authorization form (required) and Race, Ethnicity & Language Skills Questionnaire (optional).

☐ **License Documentation (File Transfer)**
Request that your file be sent directly to the Board's office from your original licensing state or from your credentialing body (ASPPB, ABPP, or National Register).

The Board will accept copies of transcripts, EPPP verification (date passed and score), and documentation of supervised work experience when received directly from the other licensing state or credentialing body. If these are not provided in your file, or do not provide sufficient information, the you will need to request:

- ☐ Official graduate level transcript(s) showing date degree was conferred, sent directly from the educational institution to the Board's office.
- ☐ EPPP score. You will need to request a score transfer from ASPPB.
- ☐ Documentation of post-doctoral work experience. You will need to request that the individual(s) who served as your primary supervisor during your post-doctoral supervised work experience complete and return to the Board's office a Supervisor Reference Form.

☐ **License/Credential Verification(s)**
Request an official license verification from each health care professional license or registration, current or expired (use the License Verification Request Form).

***Note: The file transfer and the license verification from your original licensing state are two distinct items. Both need to be requested by you, and received in our office, before your file may be reviewed.

☐ **Endorsement Reference Forms**
Three (3) reference forms from mental health professionals who can attest to your professionalism and fitness to practice psychology. These individuals must not also be submitting a Supervisor Reference Form.

☐ **Background Check**
Please visit the Board's website for more information on completing the background check.

If your doctoral degree program was NOT accredited by the American Psychological Association or the Canadian Psychological Association, you will also need:

- ☐ **University Accreditation Form**
- ☐ **Educational Record in Psychology Form**
- ☐ **University Director of Training Reference Form**
- ☐ **Internship Site Director Reference Form**

When all necessary items are received, your application is ready for review and will be processed by the Board's office. You will be notified if additional information is needed. The review process takes up to two weeks. You will receive notification when your application has been approved, and then may request to sit for the jurisprudence exam. Note: Approved applicants may qualify for a Temporary Permit. Please visit the website for more info.

State of Oregon

BOARD OF PSYCHOLOGIST EXAMINERS

OBPE Office Address:
3218 Pringle Road SE, Suite 130
Salem, OR 97302-6309
(503) 378-4154 ▪ Oregon.gov/OBPE
REV : 0486 $300

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

Please type (this form is fillable) or print clearly. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. The application fee is non-refundable.

Have you previously applied for licensure to the Oregon Board of Psychologist Examiners?

☐ Yes ☐ No

I hereby apply for status as a candidate for licensure by the Oregon Board of Psychologist Examiners under the standards, qualifications and procedures established under Oregon Revised Statutes and Oregon Administrative Rules.

I understand that the Board may request more information or further documentation to clarify my application. I may be requested to appear before the Board to answer questions about my education, work experience and personal history. I authorize the release of any information pertinent to my application for licensure in the State of Oregon.

I understand that it takes an average of two to four weeks for the Board to process my application once all the supporting materials have been received. 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: name or contact information, complaints, disciplinary actions, and civil, criminal or ethical allegations or actions. Failure to do so may be grounds for denial of my application or revocation of my license, once issued.

I understand that I am not authorized to provide psychological services in Oregon until I am either licensed or issued a Temporary Permit (see ORS 675.090 for exemptions).

Signature: _____ Date: _____

Please send this application and a check for $300 payable to OBPE:

OREGON BOARD OF PSYCHOLOGIST EXAMINERS
3218 Pringle Road SE, Suite 130
Salem, OR 97302-6309

1. QUALIFICATIONS

To qualify for Licensure by Endorsement, you must currently posses, and have maintained for less than fifteen years, an active license to practice psychology issued by a board that is a member jurisdiction of the Association of State and Provincial Psychology Boards (ASPPB) based on a doctoral degree in psychology. OAR 858-010-0017(1). Your education must meet the requirements of OAR 858-010-0010. Your post-doctoral supervised work experience must meet the requirements of OAR 858-010-0036.

THIS APPLICATION IS BASED UPON :

- ☐ A doctoral degree in psychology from a program that was accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) as of the date my degree was conferred.
- ☐ A doctoral degree in psychology from an institution that was regionally accredited or provincially/territorially chartered (Canadian institutions) as of the date my degree was conferred. This program submitted an application to the APA or the CPA for accreditation before my degree was conferred, and has been granted a site visit by the APA or CPA. As of the date I enrolled, this program had not withdrawn its APA or CPA accreditation application and had not been denied accreditation.
- ☐ Effective through July 22, 2019: A doctoral degree in psychology from an institution that was regionally accredited or provincially/territorially chartered as of the date my degree was conferred. I enrolled in this program prior to July 22, 2014.
- ☐ A doctoral degree in psychology from a foreign program. I am having my degree evaluated by a Board recognized credentialing body.

2. APPLICANT INFORMATION

Last Name: _____

First Name: _____ Middle Name: _____

Mailing Address ◉ This is my public address

Office Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ How long at this address?: _____

Secondary Address ○ This is my public address

Office Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ How long at this address?: _____

2. APPLICANT INFORMATION, *Cont.*

Private Email: _____

(Required. You will receive Board communications at this address)

Public Email: _____

(Optional)

Gender: ☐ Female ☐ Male

Date of Birth: _____ Place of Birth: _____

(City, State)

Other Names Used:

3. OTHER PROFESSIONAL LICENSES / CREDENTIALS / CERTIFICATES

List all other professional health care licenses or registrations, either locally or in other jurisdictions. An official licensure verification is required for each license, whether current or not. Please use the License Verification Request form.

STATE OR PROVINCE LICENSED IN AND TYPE OF LICENSE HELD	DATE ISSUED	LICENSE NUMBER	CURRENT LICENSE STATUS

4. NATIONAL WRITTEN EXAMINATION (EPPP)

Score: _____ Date Passed: _____

5. EDUCATION AND TRAINING

List in chronological order each graduate-level school attended.

NAME, CITY & STATE OF INSTITUTION	DATES ATTENDED (Month & Year)	PROGRAM	DEGREE AWARDED
	to		
	to		
	to		
	to		

6. CHARACTER AND FITNESS

If you answer "yes" to any question, attach a separate page with a complete explanation. Applicants are expected to be forthright on all application questions. Omissions or false, misleading or deceptive statements may result in disciplinary action, including but not limited to a civil penalty and application denial. You must disclose any and all misdemeanor or felony arrests and convictions (except expunged juvenile records), even if you believe they have been expunged or dismissed. Failure to do so will result in full Board review, delaying the application process, and a *minimum* $200 civil penalty for each violation.

Has any licensing board or professional organization ever rejected your application or revoked your license/certificate/membership?	☐ Yes	☐ No
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
Have you ever been investigated by a regulatory board, professional organization, educational institution, or employer?	☐ Yes	☐ No
Have you ever been **arrested** for any misdemeanor or felony?	☐ Yes	☐ No
Have you ever been convicted of, or plead no contest or guilty to, any misdemeanor or felony?	☐ Yes	☐ No
Are you currently being investigated for professional misconduct, incompetence, or incapacity to practice psychology or any other profession?	☐ Yes	☐ No
Have you ever been named defendant in a civil lawsuit, including malpractice? If yes, please explain and state the outcome.	☐ Yes	☐ No
To the best of your knowledge, have questions ever been raised by your supervisors during your education, training, or employment about your competence and fitness to practice psychology?	☐ Yes	☐ No

7. ENDORSEMENT REFERENCES

Please list three mental health professionals who can attest to your professionalism and fitness to practice psychology. You will need to request that each of these individuals complete and send directly to the Board's office an Endorsement Reference Form.

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

8. WORK EXPERIENCE

List all experience (paid or unpaid) beginning with current or most recent position. Please include all practicum and internship experiences, and any post-degree positions, accounting for all time including periods of unemployment.

a) Experience Type: ☐ Post-Degree ☐ Internship ☐ Practicum ☐ Other

Employer: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Primary Duties: _____

_____

Supervisor: _____ State/Year Licensed: ___/___

Supervision Hours per Week: Individual: _____ Group: _____

Total Hours of Psychological Services Performed: _____

b) Experience Type: ☐ Post-Degree ☐ Internship ☐ Practicum ☐ Other

Employer: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Primary Duties: _____

_____

Supervisor: _____ State/Year Licensed: ___/___

Supervision Hours per Week: Individual: _____ Group: _____

Total Hours of Psychological Services Performed: _____

c) Experience Type: ☐ Post-Degree ☐ Internship ☐ Practicum ☐ Other

Employer: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Primary Duties: _____

_____

Supervisor: _____ State/Year Licensed: ___/___

Supervision Hours per Week: Individual: _____ Group: _____

Total Hours of Psychological Services Performed: _____

WORK EXPERIENCE, Cont.

List all experience (paid or unpaid) beginning with current or most recent position. Please include all practicum and internship experiences, and any post-degree positions, accounting for all time including periods of unemployment.

d) Experience Type: ☐ Post-Degree ☐ Internship ☐ Practicum ☐ Other

Employer: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Primary Duties: _____

_____

Supervisor: _____ State/Year Licensed: ___/___

Supervision Hours per Week: Individual: _____ Group: _____

Total Hours of Psychological Services Performed: _____

e) Experience Type: ☐ Post-Degree ☐ Internship ☐ Practicum ☐ Other

Employer: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Primary Duties: _____

_____

Supervisor: _____ State/Year Licensed: ___/___

Supervision Hours per Week: Individual: _____ Group: _____

Total Hours of Psychological Services Performed: _____

f) Experience Type: ☐ Post-Degree ☐ Internship ☐ Practicum ☐ Other

Employer: _____ Position: _____

Address: _____

From: ___/___/___ To: ___/___/___

Primary Duties: _____

_____

Supervisor: _____ State/Year Licensed: ___/___

Supervision Hours per Week: Individual: _____ Group: _____

Total Hours of Psychological Services Performed: _____

Oregon Board Of Psychologist Examiners

SOCIAL SECURITY NUMBER AUTHORIZATION FORM

STATUTORY REQUIREMENTS REGARDING SOCIAL SECURITY NUMBERS

You are required to provide your Social Security Number to the Oregon Board of Psychologist Examiners as part of your application for an initial or renewed professional license. (ORS 1997, chapter 746, §117 (ORS 25.785); 42 USC §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)). Your Social Security Number will be used for child support enforcement, tax administration purposes and mandatory reporting to the Federal Healthcare Integrity and Protection Data Bank (HIPDB) only, unless you authorize other uses of the number.

NAME:_____

(Please type or print clearly)

SOCIAL SECURITY NUMBER: _____ - ___ - _____

SIGNATURE: _____

DATE SIGNED: _____/_____/_____

SUBMIT ORIGINAL SIGNED DOCUMENT

DO NOT SUBMIT COPY OR FAX

Oregon Board Of Psychologist Examiners

REQUEST FOR INFORMATION
Race, Ethnicity, and Language Skills Questionnaire

During the 2001 Legislative Session, a Senate bill was passed (Chapter 973, Oregon Laws 2001) requiring all health professional regulatory boards to maintain records of the racial and ethnic makeup of applicants and licensees of Oregon health regulatory boards. This law also encourages identification of professionals to promote the health of bilingual citizens of Oregon.

While the Board of Psychologist Examiners is required to seek, maintain, and report this information to the Legislature, providing such information to the Board is voluntary.

See the reverse of this page for racial and ethnic definitions.

Name: _____

RACE: *Please check one.*

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American (not of Hispanic origin)
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White/Caucasian (not of Hispanic origin)
- ☐ Other: _____

Ethnicity: _____ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

Languages: Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.

_____

_____

The following definitions are from the U. S. Census Bureau and Oregon Employment Documents

Race -- The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

White/Caucasian -- A person having origins in any of the original peoples of Europe, the Middle East, orNorth Africa. It includes people who indicate their race as "White" or report entries such *as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

Black/African American -- A person having origins in any of the black racial groups ofAfrica. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example,Cambodia,China,India,Japan,Korea, Malaysia,Pakistan, the Philippine Islands,Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Asian Indian -- Includes people who indicate their race as "Asian Indian" or identify themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.

Chinese -- Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

Filipino -- Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philipine, or Filipino American.

Japanese -- Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

Korean -- Includes people who indicate their race as "Korean" or who provide a response of Korean American.

Vietnamese -- Includes people who indicate their race as "Vietnamese" or who respond Vietnamese American.

Cambodian -- Includes people who provide a response such as Cambodian orCambodia.

Hmong -- Includes people who provide a response such as Hmong, Laohmong, or Mong.

Laotian -- Includes people who provide a response such as Laotian,Laos, or Lao.

Thai -- Includes people who provide a response such as Thai,Thailand, or Siamese.

Other Asian -- Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

Hispanic/Latino - A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

Native American Indian and Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

American Indian -- Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

AlaskaNative -- Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. TheAlaskatribes are the Alaskan Athabaskan, Tlingit, and Haida.

Native Hawaiian and Other Pacific Islander -- A person having origins in any of the original peoples ofHawaii, Guam, Samoa, or otherPacificIslands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

Native Hawaiian -- Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

Guamanian or Chamorro -- Includes people who indicate their race as such, including Chamorro orGuam.

Samoan -- Includes people who indicate their race as "Samoan" or who identified themselves as American Samoan or Western Samoan.

Other Pacific Islander -- Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

Some Other Race -- Includes all other responses not included in the "White," "Black or African American," "American Indian and Alaska Native," "Asian," "Hispanic" and the "Native Haander" race categories described above.

CODE:***Race - Bold, underlined (White, Black/African American, Asian, Hispanic etc.)***

Ethnicity - Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)