



# State of Oregon

## BOARD OF PSYCHOLOGY

**OBOP Office Address:**

3218 Pringle Road SE, Suite 130  
Salem, OR 97302-6309  
(503) 378-4154 ▪ Oregon.gov/OBPE

REV: 0478 - \$120

### Application for a **Temporary Permit** to Practice Psychology in the State of Oregon

*A Temporary Permit may be granted to an **approved 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 law. The consultant must agree and be named on this application prior to approval.*

*Applicants must take the jurisprudence exam within 90 days from the date the permit is approved.*

*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 to allow the applicant time to transition clients to another provider.*

***A Temporary Permit shall be effective for no more than 90 days. Applicants granted a temporary permit must take the jurisprudence exam within 90 days from the date the permit is approved.***

To apply, please send the following to the Board Office:

- Completed Temporary Permit Application Form  
(attached)
- \$120 non-refundable limited permit fee.  
(Please make check or money order payable to OBOP)

Oregon Board of Psychology  
3218 Pringle Road SE, Ste. 130  
Salem, OR 97302-6309

# OBOP Temporary Permit Application

1. Legal Name: \_\_\_\_\_

2. Oregon Work Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OR Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Update:  Public address  Board mailing address to the above address. (check one or both)

## **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 application and/or 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 written notice from the Board that my permit has been issued.***

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **For Temporary Permit Applicants with LESS THAN 5 years of licensure in another state:**

Consultant's Name: \_\_\_\_\_ OR License #: \_\_\_\_\_

(Must be an Oregon Licensed Psychologist)

*I will consult with this applicant for at least one hour per week on matters pertaining to Oregon law.*

Consultant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_