



Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

Board of Psychology

PO Box 30670

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

PSYCHOLOGY APPLICATION PACKET

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PSYCHOLOGY APPLICATION INSTRUCTIONS

* Please read application instructions carefully and answer all questions completely.
Failure to do so may cause a delay in your application process.*

APPLICANTS FOR A MASTER'S EDUCATIONAL (TEMPORARY) LIMITED LICENSE FOR POST-MASTER'S DEGREE EXPERIENCE MUST SUBMIT THE FOLLOWING:

1. A complete application with the \$95.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. Applicants for a Michigan health professional license or registration are required to submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. The Certification of Psychology Education form. The applicant must complete section I of the Certification of Psychology Education form. Section II of this form must be completed and returned to this office by the Director of the psychology education program or the Registrar of the institution where the master's degree in psychology was earned.
4. Final, official transcripts that show the date your master's degree was conferred must be submitted directly to this office by your educational institution.
5. The Supervision Confirmation Form confirming that a 500-hour practicum was completed during the master's degree program. The applicant must meet with a supervisor who is a fully-licensed psychologist for at least 8 hours a month during the practicum. The supervisor must list the duties performed, including assessment (testing), evaluation, and treatment, and must verify that the duties were performed in an organized health care setting. Credit for the practicum must be received from the University and should be listed on the transcripts. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted.
6. Once your master's educational limited (TLLP) is issued, you will be eligible to take the EPPP examination that is now required for a Michigan master's limited license. The EPPP requirement applies to any application for the master's limited license that is received on or after June 30, 2010. The EPPP passing score for a Michigan master's limited license is 450. When you are ready to take the exam, please notify the Michigan Board of Psychology by e-mail at bhcs-help@michigan.gov. Approximately 2-3 weeks later, you will receive an e-mail from the testing company with information about how to register for the EPPP examination. More information about the EPPP examination can be found at www.asppb.org.

NOTE: This temporary license is valid for two years, is not renewable, and must be obtained prior to beginning post-master's degree experience in Michigan. In order to obtain the master's limited license, you must complete at least 2,000 hours of supervised work experience. More details about the post-graduate work experience requirements can be found on the next page.

PSYCHOLOGY APPLICATION INSTRUCTIONS CONTINUED

The education and practicum requirements for the master's educational limited license must also be met before the master's limited license can be issued. If you are upgrading from the master's educational (temporary) limited license to a master's limited license, it is not necessary to resubmit transcripts, Certification of Psychology Education, and the Supervision Confirmation Form verifying completion of the 500-hour practicum. **APPLICANTS FOR THE MASTER'S LIMITED LICENSE MUST ALSO SUBMIT:**

1. A complete application with the \$120.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. Applicants for a Michigan health professional license or registration are required to submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. The Supervision Confirmation Form confirming the completion of 2,000 hours of post-master's degree experience. This experience must be completed after the receipt of your master's degree. A fully licensed psychologist must supervise the post-master's degree experience. If a fully licensed psychologist is not available to provide supervision and if the experience is in a governmental or non-profit agency, you may submit a written request to the Board to have a master's limited licensed psychologist who has been licensed for more than 3 years provide your supervision. If the hours are earned in Michigan, you must hold a master's educational (temporary) limited license for these hours to be credited. The applicant must meet individually and in person with the supervisor at least 4 hours per month for the duration of the post-master's degree experience. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and must verify that the duties were performed in an organized health care setting as defined by the Board's Administrative Rules. While accumulating the 2,000 hours of post-master's degree experience, you must work at least 16 hours per week, but not more than 40 hours per week. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will **not** be accepted.
4. Applicants must pass the EPPP examination before becoming a Michigan master's limited licensed psychologist. The EPPP requirement applies to any application for the master's limited license that is received on or after June 30, 2010. The EPPP passing score for a Michigan master's limited license is a scaled score of 450. The passing score for a full (doctoral) psychologist license is a scaled score of 500. If a master's level exam candidate receives a score of 500 or higher on the EPPP, that individual will not be required to retake the EPPP for a doctoral level license.

When you are ready to take the exam, please notify the Michigan Board of Psychology by e-mail at bhcshep@michigan.gov. Approximately 2-3 weeks later, you will receive an e-mail from the testing company with information about how to register for the EPPP examination. More information about the EPPP examination can be found at www.asppb.org.

NOTE: If you are upgrading a license from the Master's Educational (Temporary) Limited License to a Master's Limited License, it is not necessary to resubmit transcripts, Certification of Psychology Education, and the Supervision Confirmation Form verifying completion of the 500-hour practicum.

PSYCHOLOGY APPLICATION INSTRUCTIONS CONTINUED

APPLICANTS FOR A DOCTORAL EDUCATIONAL LIMITED LICENSE FOR POST-DOCTORAL DEGREE EXPERIENCE MUST SUBMIT THE FOLLOWING:

1. A complete application with the \$90.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. Applicants for a Michigan health professional license or registration are required to submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. The Certification of Psychology Education form. Section I of the Certification of Psychology Education form must be completed by the applicant. Section II of this form must be completed and returned to this office by the Director of the psychology education program or the Registrar of the institution where the doctorate degree in psychology was earned.
4. Final, official transcripts that shows the date your doctorate degree was conferred must be submitted directly to this office by your educational institution.
5. If your psychology education was not taught in English, you must achieve a score of 80 on the TOEFLibt examination administered by the Educational Testing Service (ETS). Information about the TOEFLibt is available on their website at www.toefl.org.
6. The Supervision Confirmation form confirming that a 2,000-hour internship was completed during the doctorate degree program. A fully licensed psychologist must supervise the internship. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting. The applicant must meet individually and in person with the supervisor for at least 8 hours per month during the internship. The applicant is required to work at least 20 hours per week in the internship program. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted. (If you have graduated from your doctoral program but have not yet completed the internship and would like your doctoral educational limited license to be issued without the internship documentation, please include a note stating this with your application.)
7. Once your Doctoral Educational Limited License is issued, you will be eligible to take the EPPP examination. In Michigan, you may sit for the EPPP exam if you have applied and are eligible for a Full license or if you have been issued a Doctoral Educational Limited License. When you are ready to take the exam, please notify the Michigan Board of Psychology by e-mail at bhcshep@michigan.gov. Approximately 2-3 weeks later, you will receive an e-mail from the testing company with information about how to register for the EPPP examination. More information about the EPPP examination can be found at www.asppb.org. If you have previously taken the EPPP examination, contact ASPPB at (334) 832-4580 or at their website www.asppb.org to have your results sent to this office.

NOTE: A Doctoral Educational Limited License must be obtained prior to beginning your post-doctoral degree experience in Michigan. The Doctoral Educational Limited License is renewed on a yearly basis and may be renewed a total of 5 times. No extensions are available.

PSYCHOLOGY APPLICATION INSTRUCTIONS CONTINUED

If you are upgrading from the doctoral educational limited license to a full psychologist license, it is not necessary to resubmit transcripts and the Certification of Psychology Education form. If the Supervision Confirmation Form verifying completion of the 2,000-hour of internship was submitted for your doctoral limited license, you do not need to re-submit the form. **APPLICANTS FOR A FULL LICENSE MUST SUBMIT:**

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Psychology.
2. Applicants for a Michigan health professional license or registration are required to submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. The Certification of Psychology Education submitted directly from the Director of the psychology of education program or the Registrar of the institution where the doctorate degree in psychology was earned.
4. Final, official transcripts that shows the date your doctorate degree was conferred must be submitted directly to this office by you educational institution.
5. An applicant whose psychology education program was taught in a language other than English shall satisfactorily complete the TOEFL (passing score is 550 on written examination or 213 on the computerized exam) and TSE (passing score is 50) examinations or the TOEFLibT (overall passing score of 89). Required section scores on the TOEFLIBT are:

Not less than 21 on the reading section	Not less than 18 on the listening section
Not less than 26 on the speaking section	Not less than 24 on the writing section
6. The Supervision Confirmation form confirming that a 2,000 hour internship was completed during the Doctoral degree program. A fully licensed psychologist must supervise the internship. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting. The applicant must meet individually and in person with the supervisor for at least 8 hours per month during the internship. You are required to work at least 20 hours a week in the internship program. This form **must** be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will **not** be accepted. This form does not need to be completed if the internship hours were submitted and approved at the time a Doctoral Limited License was issued.
7. The Supervision Confirmation Form confirming the completion of 2,000 hours of Post-Doctoral experience completed in not more than 2 consecutive years. A fully licensed psychologist must supervise the experience. If these hours were earned in Michigan, the applicant must hold a limited level of psychology licensure in the State of Michigan. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting as defined in the Board's Administrative Rules. You are required to work at least 16 hours a week and no more than 40 hours per week while accumulating the 2000 hours of experience. The applicant must meet individually and in person on a weekly basis with the supervisor for at least 4 hours per month. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted.
8. In Michigan, you may sit for the EPPP exam if you have applied and are eligible for a Full License or if you have been issued a Doctoral Educational Limited License. When you are ready to take the exam, please e-mail the Michigan Board of Psychology at bhcs-help@michigan.gov. You will receive an examination registration packet from the testing company, PES, about 2-3 weeks later. If you have previously taken the EPPP examination, contact ASPPB at (334) 832-4580 or at their website www.asppb.org to have your results sent to this office.
9. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**

Please Note: ● An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

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FOR BOARD USE ONLY
License Number:
Issue Date:

APPLICATION FOR PSYCHOLOGY LICENSURE

Select the license type you are applying for from the list below:

- | | |
|---|---|
| <input type="checkbox"/> Master's Educational (Temporary) Limited License Fee: \$95.00 [71-6301-04] | <input type="checkbox"/> Doctoral Educational Limited License Fee: \$90.00 [71-6301-05] |
| <input type="checkbox"/> Master's Limited License Fee: \$120.00 [71-6301-05] | <input type="checkbox"/> Psychologist by Examination Fee: \$150.00 [71-6301-01] |

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

1. Demographic Information					
First Name:		Middle Name:		Last Name:	
U.S. Social Security #:			Birth Date:		
Street Address:				Apt/Bldg #:	
City:		State:		Zip Code:	
Country:					
Phone Number:			Email Address:		
Have you ever held a health professional license in any profession in Michigan?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your health professional license issued after 2008?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent I.D./License Number:				Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received under any other name? If yes, list name(s):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application for this type of license in Michigan?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony?

 Yes No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

 Yes No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

 Yes No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

 Yes No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

 Yes No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

 Yes No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

 Yes No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

 Yes No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: _____

Have you taken a National examination for another U.S. Jurisdiction?
Please list exam name and date taken (month & year)

Yes
 No

Have you taken a State Constructed examination for another U.S. Jurisdiction? Please list state and date taken (month & year)

Yes
 No

3. Professional Education

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted

3. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES.** (Attach additional sheets if necessary.)

Yes
 No

State/Province	Permanent License/Registration Number	Date of Issue	How Obtained (examination or endorsement)

4. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Licensing and Regulatory Affairs
Board of Psychology
 PO Box 30670
 Lansing MI 48909
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CERTIFICATION OF PSYCHOLOGY EDUCATION

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Director of your education or the Registrar of the institution in which you completed your course work or psychology degree. This certification must be submitted directly to the Michigan Board of Psychology by your educational institution along with a final official transcript.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg #:
City:	State:	Zip Code:
SSN:	Date of Birth:	Email:
Name and Address of Educational Institution		
Degree Awarded		
Date of Admission		
Date of Completion		

Signature	Date
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APPLICANT: Upon completion of Section I, print, sign, and date the form then send the form to your educational institution for completion of Section II.

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SUPERVISOR CONFIRMATION FORM

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION:

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to the supervising psychologist for completion of Section II. This form must be submitted directly to the Michigan Board of Psychology by your supervisor.

First Name:	Middle Name:	Last Name:
Street Address:		Apt./Bldg.#:
City:	State:	Zip Code:
Email:		Phone #:

SECTION II - SUPERVISOR INFORMATION:

Instructions: Complete Section II of this form and then mail it directly to the Board office.

Name	
Michigan Permanent I.D. Number and Expiration Date (If Applicable)	
Current Business Address	Daytime Phone Number
Current Position	

Please answer the following questions about yourself at the time you supervised the applicant.

1. If you were licensed as a psychologist in Michigan, indicate level:

- Licensed Psychologist
- Limited Licensed Psychologist

2. If applicant's experience was gained outside Michigan, indicate:

State _____

Your level of licensure/certification at the time of supervision _____

a. Identify the highest psychology-related degree you had earned at the time of supervision:

Degree _____ School _____ Major _____

b. When providing this supervision, did you have at least three years' experience in the practice of psychology following receipt of your degree? If "No", Indicate number of months.

- Yes
- No _____ months

Full Name:

Please answer the following questions about your supervision.

1. Supervision was for:

- Practicum (Master's Level) Post-Master's Professional Experience Internship (Post-Doctoral)
- Post-Doctoral Professional Experience

2. Name of Agency or Organization _____

3. Address _____

4. Indicate the dates you were working/supervising at the Agency or Organization _____

5. Your Title (at the time) _____

6. Applicant's Title (at the time) _____

7. Applicant worked from: _____ to: _____

8 Number of hours applicant worked per week _____

9. Total hours worked _____

10. Describe applicant's duties _____

11. Describe the range of clientele served _____

12. Identify other health care professional(s) with whom applicant came into contact:

- Psychiatrists Physicians Social Workers Nurses
- others (list) _____

13. The Public Health Code requires that: (1) the supervisor must be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant; (2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication; and (3) the supervisor assumes ultimate responsibility for the practice of the person being supervised.

The Administrative Rules of the Board of Psychology state that the applicant must be supervised:

Practicum (master's level): At least 8 hours per month

Post-master's Professional Experience: Individually and in person for at least 4 hours per month

Doctoral Internship: Individually and in person for at least 8 hours per month.

Post-Doctoral Professional Experience: Individually and in person on a weekly basis for at least 4 hours per month.

Did your supervision fulfill these requirements: Yes No

If No, explain _____

Supervisor's Signature _____

Date _____

Please print out the Application (Pages 7-9), the Certification of Psychology Education form (pages 10-11, if applicable) and the Supervision Confirmation Form (pages 12-13, if applicable). Sign and date your application, and submit the application along with any supporting documentation and with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Psychology
PO Box 30670
Lansing MI 48909

Complete Section I, of the Certification of Psychology Education Form, sign and date it, then submit it to your educational institution to complete Section II and send directly to our office.

Complete Section I of the Supervision Confirmation Form then submit it to your supervision psychologist to complete Section II and send directly to our office.

APPLICATION CHECKLIST

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

1. Demographic Information: Social Security Number: Please list only a United States Social Security number.

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

2. Personal Data Questions: All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

3. Professional Education: List your current or completed professional school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

4. License in Other State(s) and/or Province(s): List all states/provinces where you have held an psychologist license or registration. Indicate method of licensure - examination or endorsement.

5. Certification: You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

- 1. NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and **DO NOT** send the checklist to the Board of Psychology office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. **SPECIAL ACCOMMODATIONS:** If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Psychology, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.
8. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Psychology in writing to request a partial refund.
9. If your name and/or address changes please notify the Board of Psychology in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Psychology, Application Sections, PO Box 30670, Lansing, MI 48909. Telephone calls are **NOT** accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Psychology, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming August 31 renewal date. Each subsequent license will cover a full two-year cycle.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Licensing Division	www.michigan.gov/healthlicense
Michigan Board of Psychology Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

Identogo	www.identogo.com
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