

Michigan Department of Licensing and Regulatory Affairs
Board of Psychology
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

PSYCHOLOGY LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. You will be notified about the completeness of your file. It is your responsibility to have all required documentation sent to the Board of Psychology. Questions regarding your application can be directed to the Michigan Board of Psychology at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee will be returned.

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. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
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 bhphelp@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.

REQUIREMENTS FOR A MASTER'S LIMITED LICENSE

The education and practicum requirements listed on Page 1 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. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete. If you had fingerprints taken for a Michigan educational limited (temporary) license, you do not need to repeat the fingerprint process.
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 bphhelp@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.

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. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
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 TOEFLibit examination administered by the Educational Testing Service (ETS). Information about the TOEFLibit 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 bphelp@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.

REQUIREMENTS FOR A FULLY LICENSED PSYCHOLOGIST

The education and internship requirements listed on Page 1 for the doctoral limited license must also be met before the full psychologist license can be issued. If you are upgrading from the doctoral educational limited license to 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 internship was submitted for your doctoral limited license, you do not need to re-submit. Applicants for the full psychologist license must also submit:

1. A complete application with the \$150.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. 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.
4. 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.
5. 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 bhphelp@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.
6. Verification of licensure from any state where you hold or have ever held a permanent psychology license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

NOTE: If you are upgrading a license from a Doctoral Limited License to a Full license, it is not necessary to resubmit transcripts and the Certification of Psychology Education. If you have already submitted verification that you completed the 2000-hour internship, you do not need to re-submit.

APPLICANTS FOR FULL PSYCHOLOGIST LICENSE BY ENDORSEMENT MUST SUBMIT THE FOLLOWING:

NOTE: If you are currently licensed in another state, but do not meet the requirements of #3 below, you must apply for the Full License by Examination.

1. A complete application with the \$150.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Completed Verification of Licensure form showing ten years of licensure in another state(s) received in this office directly from the other state(s) **OR** Verification of a current Certificate of Professional Qualification in Psychology (CPQ) received in this office directly from the ASPPB. ASPPB can be reached by phone at (334) 832-4580 or at www.asppb.org.
5. Verification of licensure from any state where you hold or have ever held a permanent psychology license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Psychology in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Psychology in writing to request a refund.
3. **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.
4. ORIGINAL FULL, MASTER'S LIMITED, AND DOCTORAL EDUCATIONAL LIMITED LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO- YEAR PERIOD, WITH THE EXCEPTION OF THE DOCTORAL EDUCATIONAL LIMITED LICENSE THAT IS RENEWED ON A YEARLY BASIS.
5. If your psychology education was not taught in English, you must achieve an overall score of 80 on the TOEFLib administered by the Educational Testing Service (ETS). Information about the TOEFLib is available on their website at www.toefl.org.
6. 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. Also, you must submit documentation from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, submit documentation from your educational program that describes any accommodations that were provided to you during your education. These documents need to be submitted as soon as possible to Bureau of Health Professions, Attn: ADA Request/Examination Services, PO Box 30670, Lansing, MI 48909.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

Board of Psychology

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

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

I AM APPLYING FOR THE FOLLOWING:

- Full License by Examination Fee: \$150.00 71-6301-01
- Full License by Endorsement Fee: \$150.00 71-6301-01
- Doctoral Educational Limited License Fee: \$90.00 71-6301-05
- Master's Limited License Fee: 120.00 71-6301-03
- Master's Educational (Temporary) Limited License Fee: \$95.00 71-6301-04

Board Use Only
License Number
Date of Licensure

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.

First Name		Middle Name		Last Name	
U.S. Social Security Number		Date of Birth		Daytime Telephone Number	
Street Address				E-Mail Address	
City		State		ZIP Code	
All Previous Names and/or Birth Name Used (if applicable)				Have you ever held a health professional license in Michigan?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Michigan Permanent I.D. Number and Expiration Date			Have you ever taken the EPPP Examination?		
			<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of exam _____		

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No

9. Do you hold or have you ever held a psychology license in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** Yes No

State	License/Registration Number	Date of Issue	Source of license (Endorsement or examination)

PRACTICUM/INTERNSHIP INSTRUCTIONS

(Check One)

- Practicum (Master's Level)**

 Internship (Doctoral Level)

1. Indicate above whether information relates to practicum or internship. If you are applying for a master's level license, you must have a 500-hour practicum, If you are applying for a full license, you must have completed a 2,000 hour internship. The internship hours can be submitted when applying for a Doctoral Limited License.
2. The practicum must be supervised by a psychologist who is fully licensed in Michigan or who meets the qualifications for full licensure in Michigan (if experience was in another state), or, if the practicum is in a governmental or nonprofit agency, by a master's limited psychologist who has been licensed for more than 3 years. The Internship must be supervised by a psychologist who is fully licensed in Michigan or who meets the qualifications for full licensure in Michigan (if experience was in another state).
3. Your supervisor(s) must complete a Supervision Confirmation Form (attached).
4. It is important to report dates and hours exactly as requested. Improper reporting can lead to delays in the review of your application.
5. In this space list only practicums or internships. Do not list professional experience. Attach additional sheets if necessary.

Agency or Organization		Name of Supervisor			
Street Address of Agency or Organization		City		State	Zip Code
Applicant's Title and Basic Duties		Date Began	Date Ended	Hours Per Week	Total Hours

Agency or Organization		Name of Supervisor			
Street Address of Agency or Organization		City		State	Zip Code
Applicant's Title and Basic Duties		Date Began	Date Ended	Hours Per Week	Total Hours

Applicant's Name

PROFESSIONAL EXPERIENCE

1. No professional experience is necessary if applying for a Master's Educational (Temporary) Limited License or a Doctoral Limited License.
2. To be eligible for a Master's Limited License, an applicant must have 2,000 hours of Postmaster's experience.
3. To be eligible for a full license, an applicant must have at least 2,000 hours of Postdoctoral experience, obtained in no more than 2 consecutive years.
4. The professional experience required is in addition to the practicum/internship hours.
5. You must hold a valid Michigan limited license to gain professional experience in Michigan.
6. Professional experience must be supervised by a psychologist who is fully licensed in Michigan or who meets the qualifications for full licensure in Michigan (if experience was in another state). Professional experience for the Master's Limited License that is obtained in a governmental or nonprofit agency can be supervised by a master's limited license psychologist who has had at least 3 years of professional experience.
7. Your professional experience supervisor(s) must complete a Supervision Confirmation form (attached).

Agency or Organization	Name of Supervisor
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Street Address of Agency or Organization

City	State	Zip Code
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Applicant's Title and Basic Duties	Date Began	Date Ended	Hours Per Week	Total Hours
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Agency or Organization	Name of Supervisor
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Street Address of Agency or Organization

City	State	Zip Code
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Applicant's Title and Basic Duties	Date Began	Date Ended	Hours Per Week	Total Hours
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GRADUATE EDUCATION

1. For a degree (Master's or Doctoral) to be accepted, it must be in psychology or a closely related field that is at least 75% psychological in content.
2. The applicant is responsible for contacting the educational institution to have final, official transcripts sent directly to the Board from the educational institution(s).
3. All degrees (both Master's and Doctoral) must meet certain course work requirements as set forth in the Rules.
4. The back of the application must be completed to aid in the evaluation of your degree(s).

Name of Institution	Major	Dates Attended From To	Degree Earned	Date of Degree (as shown on Transcript)

Applicant's Name _____

THE FOLLOWING MUST BE INCLUDED WITH YOUR APPLICATION

A. For Master's & Doctoral level licensure you must have one course in assessment, one course in treatment and one course in scientific and professional ethics and standards. Identify which courses fulfill these requirements.

ASSESSMENT _____

TREATMENT _____

PROFESSIONAL ETHICS/STANDARDS _____

B. For Doctoral Level Licensure Only: You must also have instruction in research design and methodology, statistics, and psychometrics. Identify which courses fulfill these requirements.

RESEARCH DESIGN AND METHODOLOGY _____

STATISTICS _____

PSYCHOMETRICS _____

Your doctorate degree must include at least one graduate course in three of the following four core areas (LIST THE COURSES THAT MEET THE REQUIREMENT):

(1) BIOLOGICAL BASES OF BEHAVIOR (physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology)

(2) COGNITIVE-AFFECTIVE BASES OF BEHAVIOR (learning, thinking, emotion, motivation)

(3) SOCIAL BASES OF BEHAVIOR (social psychology, group processes, organization and systems theory)

(4) INDIVIDUAL DIFFERENCES (personality theory, human development, abnormal psychology)

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 or other 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 _____

Michigan Department of Licensing and Regulatory Affairs
Board of Psychology
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
www.michigan.gov/healthlicense

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 legal name exactly as it appears on your application. For completion of Section II send this form to the Director of the psychology education program or the Registrar of the institution in which you completed your 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
U.S. Social Security Number	Date of Birth	
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Name and Address of Educational Institution		Degree Awarded
Date of Admission		Date of Completion

Signature of Applicant	Date
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Applicant: Upon completion of Section I, send this form to your educational institution for completion of Section II.

Applicant's Name

THIS SIDE TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION**SECTION II - CERTIFICATION OF PSYCHOLOGY PROGRAM**

Please complete the following information. Return this completed certification, along with the applicant's final, official transcript directly to the Michigan Board of Psychology at the address shown on the reverse side of this form.

Name of Educational Institution

I certify that _____ attended the
(Applicant's Name)
educational institution named above from _____ to _____,
(Month/Day/Year) (Month/Day/Year)
and was granted a _____ degree in _____
(Level) (Discipline/Program Title)

that included course work as checked below:

MASTERS LEVEL ONLY- Master's degree included all of the following:

- 75% of hours required for degree were primarily psychological in content (thesis and practicum excluded).
- A course in assessment (training in the use of techniques to evaluate intelligence and/or personality).
- A course in treatment (the application of psychological techniques to correct or resolve mental or emotional problems).
- A course in scientific and professional ethics and standards.
- PRACTICUM: University credit; 500 hours of psychological work; supervised by a licensed psychologist.

DOCTORAL LEVEL ONLY- Doctoral degree included all of the following:

- 75% of hours, required for degree, were primarily psychological in content (dissertation and internship excluded).
- A course in assessment (training in the use of techniques to evaluate intelligence and/or personality).
- A course in treatment (the application of psychological techniques to correct or resolve mental or emotional problems).
- Degree was an integrated, organized sequence of study that included instruction in research design and methodology, statistics, psychometrics, and scientific and professional ethics and standards.
- Degree included at least 1 (one) graduate course of at least 3 (three) semester hours of credit in the study of scientific and professional ethics and standards.

Degree included at least one graduate course, taken for credit, from three of the four following areas:

- Biological Bases of Behavior: physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology.
- Social Bases of Behavior: social psychology, group processes, and organizational, and systems theory.
- Cognitive-Affective Bases of Behavior: learning, thinking, motivation, and emotion.
- Individual Differences: personality theory, human development, and abnormal psychology.

FOR PSYCHOLOGY EDUCATION PROGRAMS LOCATED OUTSIDE THE U.S.

Was this educational program taught in the English language? YES NO

Authorized Signature of Program Director/Registrar

Date of Signature

Print or Type Name of Program Director/Registrar

SEAL

If school has no seal, please indicate.

Board of Psychology

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

SUPERVISION 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 legal 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
Applicant Street Address		Daytime Phone Number
City	State	Zip Code

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 a your degree? If "No," indicate number of months.

Yes

No _____ months

Applicant's Name

Please answer the following questions about your supervision

1. Supervision was for:

- Practicum (Master's Level), Post-Master's Professional Experience, Internship (Doctoral Level), 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: Month Year to: Month Year

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

Michigan Department of Licensing and Regulatory Affairs

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature_____
Date_____
Type or Print Name

(S E A L)

Title_____
Full Name of Licensing Board