

MONTANA BOARD OF PSYCHOLOGISTS  
PO BOX 200513  
301 S PARK, 4TH FLOOR - Delivery  
Helena, Montana 59620-0513  
(406) 444-6880  
EMAIL: [dlibspsy@mt.gov](mailto:dlibspsy@mt.gov) WEBSITE: [www.psy.mt.gov](http://www.psy.mt.gov)

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

**NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS**

**FEE: \$450.00** Make check or money order payable to the "Board of Psychologists" All fees are non-refundable.

**IMPORTANT INFORMATION:**

- ◆ Licensing requirements for psychologists are set out on the checklist found on the Board's website [www.psy.mt.gov](http://www.psy.mt.gov) under the "Forms" tab. It is the candidate's responsibility to know the contents.
- ◆ The Board will query the National Practitioner Data Bank (NPDB)
- ◆ Official transcripts of all graduate work must be sent directly from the school to the Board office.
- ◆ Exam Candidates who obtained their postdoctoral year of supervision in Montana shall submit their supervision log at the time of application.
- ◆ Candidates for licensure who are licensed in other states must have their written national exam scores reported directly to Montana from the Association of State and Provincial Psychology Boards (ASPPB) at [www.asppb.net](http://www.asppb.net) or 1-334-832-4580.
- ◆ Licensure by examination candidates may apply and sit for the EPPP (written national examination) immediately upon Board approval of the licensure application.
- ◆ All candidates are required to take and pass the online Montana jurisdictional training course. A link to the course will be provided upon approval of the licensure application.
- ◆ Foreign-trained applicants shall provide proof of fluency in the English language per ARM 24.189.625.
- ◆ If your degree is not from an APA-approved clinical psychology program, please submit catalog descriptions of your program and courses from the official college catalog(s) at the time you were enrolled. In addition, the "Educational Record in Psychology Form" must be submitted as part of your application. It is located after the application (FORM 2) on the website. Department approved syllabi for all courses listed on FORM 2 must be included along with the coursework descriptions.
- ◆ To determine whether a course of non-APA accredited study meets the minimum standards in Board rule ARM 24.189.604, applicants shall have their educational credentials first evaluated by the National Register of Health Service Providers in Psychology (NR) [www.nationalregister.org](http://www.nationalregister.org). The fee required for this service shall be paid by the applicant to NR.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.



**PERSONAL HISTORY QUESTIONS  
IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

**PERSONAL HISTORY QUESTIONS**

- |   |     |    |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?   | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  | Yes | No |
| 5. Have you ever withdrawn an application for any professional license?   | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  | Yes | No |
| "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.   |     |    |
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                    | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?  | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes      No
- 11. Are you now subject to criminal prosecution or pending criminal charges? Yes      No
- 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes      No
- 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes      No
- 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes      No
- 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes      No
- 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes      No
- 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes      No
- 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes      No
- 19. Academic Degrees Received: (Include certificates equivalent to degrees. List latest degree first).

Degree	Date Received	Institution	Major	Minor(s)

20. Master's Thesis:

Date: \_\_\_\_\_ Title: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Name of Principal Director: \_\_\_\_\_  
 Director's Department: \_\_\_\_\_  
 Current address: \_\_\_\_\_

21. Doctoral Dissertation:

Date: \_\_\_\_\_ Title: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Name of Principal Director: \_\_\_\_\_  
 Director's Department: \_\_\_\_\_  
 Current address: \_\_\_\_\_

22. Please give APA approval date of your program \_\_\_\_\_

23. Please give name and address of regional accrediting association and date that your program was regionally accredited.

Name of accrediting association: \_\_\_\_\_

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

Date Accredited: \_\_\_\_\_

24. Pre-doctoral Supervised Experience (Must be APA-approved or the equivalent. Please contact Board office for equivalency form if needed.)

Duties	
Name of principal supervisor and department	
Institution	
Current Address	

Dates: (From - To)  Actual Total Hours:

Duties	
Name of principal supervisor and department	
Institution	
Current Address	

Dates: (From - To)  Actual Total Hours:

Duties	
Name of principal supervisor and department	
Institution	
Current Address	

Dates: (From - To)  Actual Total Hours:

Duties			
Name of principal supervisor and department			
Institution			
Current Address			
Dates: (From - To)		Actual Total Hours:	

Duties			
Name of principal supervisor and department			
Institution			
Current Address			
Dates: (From - To)		Actual Total Hours:	

25. Postdoctoral Supervised Experience

Duties			
Name of principal supervisor and department			
Institution			
Current Address			
Dates: (From - To)		Actual Total Hours:	

Duties			
Name of principal supervisor and department			
Institution			
Current Address			
Dates: (From - To)		Actual Total Hours:	

Duties		
Name of principal supervisor and department		
Institution		
Current Address		
Dates: (From - To)	Actual Total Hours:	

Duties		
Name of principal supervisor and department		
Institution		
Current Address		
Dates: (From - To)	Actual Total Hours:	

26. Professional Experience as a Psychologist. List all experience of professional consequence other than listed in 24 and 25, including unpaid as well as paid, concurrent as well as consecutive, starting at date of application and working back. Attach additional sheet if necessary.

Dates: (From - To)  Hours per week  Paid: Yes No

Organization	
Exact Title	
Name, title and present address of immediate supervisor	
Description of work	

Dates: (From - To)  Hours per week  Paid: Yes No

Organization	
Exact Title	
Name, title and present address of immediate supervisor	
Description of work	

Dates: (From - To)  Hours per week  Paid: Yes No

Organization	
Exact Title	
Name, title and present address of immediate supervisor	
Description of work	

27. Areas of Competence. Be specific regarding populations, issues, and ages. Example: children, family therapy, eating disorders, Native American, personality assessment, etc.

Areas of Competence	Areas Which You Would Refer

**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information , to the Montana Board of Psychologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

SEAL

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
For the State of

My commission expires \_\_\_\_\_, \_\_\_\_\_

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**FORM 2**

EMAIL: [dlibspsy@mt.gov](mailto:dlibspsy@mt.gov) WEBSITE: [www.psy.mt.gov](http://www.psy.mt.gov)

**APPLICANTS WHO DO NOT HAVE A DOCTORAL DEGREE IN CLINICAL PSYCHOLOGY FROM AN APA APPROVED PROGRAM MUST COMPLETE THIS FORM.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

EDUCATIONAL RECORD IN PSYCHOLOGY (Must Be Graduate Hours)

A) Universities and Credits:

Name of University	Total number of Graduate Credits	Semester or Quarter	
		Sem	Qtr
		Sem	Qtr
		Sem	Qtr
		Sem	Qtr
		Sem	Qtr

B) Basic Areas of Psychology: (may have multiple course in each area)

Area	Title of Course(s)	Name of University	Course Number	Total Number of Credits	Semester or Quarter	
Professional ethics & standards					Sem	Qtr
Professional ethics & standards					Sem	Qtr
Research design & methodology					Sem	Qtr
Research design & methodology					Sem	Qtr
Statistics & psychometrics					Sem	Qtr
Statistics & psychometrics					Sem	Qtr

C) Substantive Content Areas: (for examples of courses included in each area see rules).  
 (Need a minimum of 3 or more graduate semester hours or 4 or more graduate quarter hours to demonstrate competence.)

Area	Title of Course(s)	Name of University	Course Number	Total Number of Credits	Semester or Quarter
Biological bases of behavior					Sem Qtr
Biological bases of behavior					Sem Qtr
Biological bases of behavior					Sem Qtr
Cognitive-Affective bases of behavior					Sem Qtr
Cognitive-Affective bases of behavior					Sem Qtr
Cognitive-Affective bases of behavior					Sem Qtr
Social Bases of Behavior					Sem Qtr
Social Bases of Behavior					Sem Qtr
Social Bases of Behavior					Sem Qtr
Individual Differences					Sem Qtr
Individual Differences					Sem Qtr
Individual Differences					Sem Qtr

D) In addition the person's training must include:

Area	Title of Course(s)	Name of University	Course Number	Total Number of Credits	Semester or Quarter
Psychodiagnosis					Sem Qtr
Psychodiagnosis					Sem Qtr
Psychodiagnosis					Sem Qtr
Psychological Assessment					Sem Qtr
Psychological Assessment					Sem Qtr
Psychological Assessment					Sem Qtr
Intervention					Sem Qtr
Intervention					Sem Qtr
Intervention					Sem Qtr

- |    |   |     |    |
|----|---|-----|----|
| E) | Did the curriculum encompass a minimum of 3 academic years of full time graduate study?   | Yes | No |
| F) | Are 45 quarters or 30 semester hours of your course work clearly designated on the university transcript as graduate level psychology courses, exclusive of practicum and dissertation or transfer credits? | Yes | No |
| G) | Did you complete 2 semesters (or 3 quarters) in a practicum setting?  | Yes | No |