

MONTANA BOARD OF PSYCHOLOGISTS
PO BOX 200513
301 S PARK, 4TH FLOOR - Delivery
Helena, Montana 59620-0513
(406) 444-5773
EMAIL: dlibspsy@mt.gov WEBSITE: www.psy.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

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

FEE: \$175.00 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 under the "Forms" tab. It is the candidate's responsibility to know the contents.
- ◆ Applicants must submit a complete application, including appropriate fee and all supporting documents, no later than 90 days prior to the oral examination date. All work samples must be reviewed by the Board at a Board meeting before an applicant will be scheduled for the oral examination.)
- ◆ The required National Practitioner Data Bank (NPDB) Self-Query can be requested by calling NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet. This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt, please forward them unopened to the Board office.
- ◆ 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 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. The EPPP must be passed before an applicant will be scheduled for the oral examination.
- ◆ 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. 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.

Maintaining Confidentiality in Applicant Work Samples

When preparing your work samples, please follow the Association of Psychology and Postdoctoral and Internship Centers (APPIC) guidelines for insuring confidentiality of submitted material. The following is a list of features to be removed which are believed important by the Board:

- (A) Names (Readability of work samples is improved by substituting pseudonyms rather than using XXX's or initials in place of names of persons and places.)
- (B) All references to geographic subdivisions smaller than a state, including street address, city, county, precinct, and zip code.
- (C) All elements of dates (except the date of the evaluation) for dates directly related to an individual, including birth date, admission date, discharge date, and date of death. The age of the patient should be retained.
- (D) Telephone and fax numbers, email addresses, and Social Security numbers.
- (E) Medical record or insurance plan numbers.

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|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 13. | Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 14. | Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 15. | Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 16. | Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 17. | Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 18. | Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | Yes | No |
| 19. | Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 20. | Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 21. | Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 22. | Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 23. | Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 24. | Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |

25. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No
26. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No
27. Have you been diagnosed in the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No
28. Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. Yes No
29. Academic Degrees Received: (Include certificates equivalent to degrees. List latest degree first).

Degree	Date Received	Institution	Major	Minor(s)

30. Master's Thesis:

Date _____ Title _____

Institution: _____

Name of principal director: _____

Director's department: _____

Current address: _____

31. Doctoral Dissertation:

Date _____ Title _____

Institution: _____

Name of principal director: _____

Director's department: _____

Current address: _____

IF APPLICANT IS APPLYING AS A PSYCHOLOGIST BY EXPERIENCE (SENIOR) DO NOT COMPLETE ITEMS 32-35.

32. Please give APA approval date of your program _____

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

Name of accrediting association: _____

Address: _____

Date Accredited: _____

34. 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:	

35. 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:	

36. Professional Experience as a Psychologist. List all experience of professional consequence other than listed in 34 and 35, 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	

37. 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.

I have read ARM 24.189.601 on _____(date) and understand the work sample requirements.

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 WEBSITE: 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 |