

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.

(All work samples must be reviewed by the members of the Board at a Board meeting. Average approval time, after receipt of a completed application, is 60 days.)

LICENSE REQUIREMENTS:

PSYCHOLOGIST LICENSURE BY EXAM

- ◆ Must be 18 years of age or older
- ◆ Must be of good moral character
- ◆ Have received a doctoral degree in clinical psychology from an accredited college or university having an appropriate graduate program approved by the American Psychological Association (APA); **or** have received a doctoral degree in psychology from an accredited college or university not approved by the APA and have successfully completed a formal graduate retraining program in clinical psychology approved by the APA; **or** have received a doctoral degree in psychology from an accredited college or university and have completed a course of study that meets the minimum standards specified in rules by the Board.
To determine whether a course of study meets the minimum standards in Board rule ARM 24.189.604, applicants shall have their educational credentials evaluated by the Association of State & Provincial Psychology Boards (ASPPB) www.asppb.net. The fee required for this service shall be paid by the applicant to ASPPB. The current ASPPB fee is \$200.00.
- ◆ Have completed at the time of application a minimum of 2 years of supervised experience in the practice of psychology. One year of this experience must be postdoctoral but may not include more than 6 months of supervised research, teaching, or a combination of both (see ARM 24.189.607).
- ◆ Have passed the written Examination for Professional Practice in Psychology and passed an oral examination conducted by the Board.
- ◆ Have submitted a complete application no later than 90 days prior to the oral examination date, accompanied by the appropriate fee and all supporting documents.

PSYCHOLOGIST LICENSEES FROM OTHER STATES/PROVINCES

- ◆ Have a current license in good standing from a state or Canadian province whose license standards were substantially equivalent to or greater than the current requirements of Montana law (see 1-4 bullets above).
- ◆ Have passed the written Examination for Professional Practice in Psychology and passed an oral examination conducted by the Board.
- ◆ Have submitted a complete application no later than 90 days prior to the oral examination date, accompanied by the appropriate fee and all supporting documents.

PSYCHOLOGISTS LICENSED BY EXPERIENCE (SENIOR)

- ◆ Have been licensed to practice psychology in a United States or Canadian jurisdiction for at least 20 years if the license required a doctoral degree.
- ◆ Have had at least 10 years of clinical experience in the last 15 years prior to filing the application documented on the Board's form.
- ◆ Have not been subject to any disciplinary action during the entire period of licensure.
- ◆ Have passed an oral examination conducted by the Montana Board.
- ◆ Have submitted a complete application no later than 90 days prior to the oral examination date, accompanied by the appropriate fee and all supporting documents.

FOREIGN GRADUATES

- ◆ Foreign-trained applicants shall fulfill all requirements for licensure in this chapter.
- ◆ To establish documentation of a doctoral degree in clinical psychology equivalent to those of an (American Psychological Association) APA - approved program, applicants shall have their educational credentials evaluated by the National Register of Health Service Providers in Psychology, Inc. and approved by the Board.
www.nationalregister.org The fee required for this service shall be paid by the applicant.
- ◆ Shall provide proof of fluency in the English language per ARM 24.189.625.

FEES **\$175.00** **Make check or money order payable to the Board of Psychologists**
All fees are non-refundable

PHOTOS Please place recent photograph on final page of the application. Passport size is preferable.

DOCUMENTS The following documents must be received by the Board office in order to complete your license application.

A. LICENSURE BY EXAM

- ◆ Certified transcripts of all graduate work sent directly from the school to the Board office.
- ◆ Three (3) written examples of work done within the last 2 years meeting requirements of ARM 24.189.610.
- ◆ Each of the three (3) reference forms must be sent directly from the reference to the Board office. All 3 reference forms are due in the board office by the deadline date specified on the website.
- ◆ Documentation of 2 years of supervision, one year postdoctoral, **completed at the time of application.**
- ◆ If your degree is not from an APA-approved **clinical** psychology program, 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.
- ◆ Exam Candidates who obtained the postdoctoral year of supervision in Montana shall submit the supervision log at the time of application.
- ◆ National Practitioner Data Bank (NPDB) Self-Query. This form can be obtained 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.

B. LICENSEES FROM OTHER STATES/PROVINCES

- ◆ Certified transcripts of all graduate work sent directly from the school to the Board office.
- ◆ Three (3) written examples of work done within the last 2 years meeting requirements of ARM 24.189.610.
- ◆ Each of the three (3) reference forms must be sent directly from the reference to the Board office. All 3 references are due in the Board office by the deadline date specified on the website.
- ◆ Documentation of 2 years of supervision, one year postdoctoral, **completed at the time of application.**
- ◆ If your degree is not from an APA-approved **clinical** psychology program, 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.
- ◆ Candidates for licensure from 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.
- ◆ National Practitioner Data Bank (NPDB) self-query. This form can be obtained by calling NPDB at 800-767-6732 or visit <http://www.npdb-hipdb.com/> on the Internet. The results will come to you; upon receipt, please forward them unopened to the Board office.
- ◆ Candidates must contact other states/provinces of licensure (past and current) and request letters of verification of license status. **The candidate will be responsible for paying any fees that are required.**

C. PSYCHOLOGIST BY EXPERIENCE (SENIOR)

- ◆ Certified transcripts of all graduate work sent directly from the school to the Board office.
- ◆ Three (3) written examples of work done within the last 2 years meeting requirements of ARM 24.189.610.
- ◆ Each of the three (3) reference forms must be sent directly from the reference to the Board office. All 3 references are due in the Board office by the deadline date specified on the website.
- ◆ Candidates must contact other states/provinces of licensure (past and current) and request letters of verification of license status. **The candidates will be responsible for contacting these jurisdictions and paying any fees that are required.**
- ◆ National Practitioner Data Bank (NPDB) self-query. This form can be obtained by calling NPDB at 800-767-6732 or visit <http://www.npdb-hipdb.com/> on the Internet. The results will come to you; upon receipt, please forward them unopened to the Board office.
- ◆ Documentation of at least 10 years of clinical experience in the last 15 years prior to filing the application. This verification shall be on a form prescribed by the Board and shall consist of an employer's statement; or verification by two licensed psychologists; or a combination of both. Contact the Board office for a copy of this form.

D. FOREIGN GRADUATES

- ◆ Must supply documents required for either licensure by examination or licensure from other states as listed above.
- ◆ Evaluation of foreign education by the National Register of Health Service Providers in Psychology, Inc. www.nationalregister.org to establish documentation of a doctoral degree in clinical psychology equivalent to those of an (American Psychological Association) APA-approved program. The fee required for this service shall be paid by the applicant.
- ◆ Shall provide proof of fluency in the English language per ARM 24.189.625.

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

APPLICATION/PROCESSING PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by the Board at a Board meeting for scheduling for the oral examination. The applicant may be notified if additional information is required.
- ◆ Licensure by examination candidates may apply and sit for the EPPP (written national examination) immediately upon Board approval of the licensure application.
- ◆ 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.
- ◆ An applicant holding a current Certificate of Professional Qualification (CPQ) in psychology issued by the Association of State and Provincial Psychology Boards (ASPPB) or if currently credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology, will be deemed to have met the substantial equivalency requirements under ARM 24.189.620.

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE MONTANA LAWS AND RULES FOR LICENSURE AS A PSYCHOLOGIST PRIOR TO MAKING APPLICATION.

VISIT OUR WEBSITE AT: www.psy.mt.gov

For information with regard to the processing of this application or other concerns, please contact the Board of Psychologist staff at 406-444-5733 or email us at dlibspsy@mt.gov

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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Application for Licensure as:

Psychologist
 Psychologist by Experience (Senior)

Application By:

Examination
 License from Other State or County

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS

BUSINESS HOME EMAIL ADDRESS _____

6. BUSINESS PHONE _____ HOME PHONE _____ FAX _____

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
MALE
FEMALE

9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

10. Do you have physical impairments requiring special accommodations in taking the examination? Please include a statement of your needs with this application. Yes No

11. Have you ever been denied the right to sit the psychology licensing exam in any state? Yes No

12. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				Exam Endorse Other	Yes No
				Exam Endorse Other	Yes No
				Exam Endorse <input type="checkbox"/> Other	Yes No

- | | | | |
|-----|--|-----|----|
| 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:

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Duties	
Name of principal supervisor and department	
Institution	
Current Address	

Dates: (From - To)

Actual Total Hours:

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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. Professional References of Professional Work. The references must be licensed psychologists. No member of the Board of Psychologists may be used as a reference or be a supervisor.

	Name (Type or print legibly)	Title	Present Address (Please type or print legibly)	Email Address
1.				
2.				
3.				
4.				
5.				

38. 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 _____, _____

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 |

STATE OF MONTANA
BOARD OF PSYCHOLOGISTS
301 S PARK ROOM 428
PO BOX 200513
HELENA MT 59620-0513

PROFESSIONAL EXPERIENCE REFERENCE FORM

The Board is required by law to obtain evidence of the good character and qualifications of applicants for licensure as psychologists before licensure.

Applicant is to give this form to References.

References are to complete this form (print legibly in ink or use typewriter) and mail completed form directly to the Board Office at the above address. Do not mail to applicant.

1. Name of applicant: _____

2. Mark the word that best describes your relationship with the applicant:

Colleague, supervisor, teacher, personal acquaintance, other _____

3. Please indicate how well you know the applicant's training, work experience, abilities and personality by making an "X" in the appropriate places:

	Thorough Knowledge	General Knowledge	Little Knowledge
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Training

Work Experience

Abilities

Personality

4. If you are/were the applicant's employer, supervisor, or colleague in the same institution, give:

Approximate dates: From: _____ To _____

Percent of time applicant spent in psychological work _____

Title of his/her position and name of organization _____

5. Would you be willing to employ this applicant yourself if an opening arose within your organization in an area in which he/she has training and experience? Yes No If No, Please explain:

(Use additional sheet if needed)

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PROFESSIONAL EXPERIENCE REFERENCE FORM

6. Do you have any reservations, not already mentioned, against fully recommending this candidate for licensure by the Montana Board of Psychologists?

(Use additional sheet if needed)

7. From your knowledge of this candidate, please check the following areas in which he/she is competent to perform without supervision. Double check the candidate's main area(s) of competence.

(a) Clinical psychology Adults Children

(b) Vocational counseling and guidance Adults Children

(c) Application of psychology to personnel problems

(d) Application of psychology to human engineering problems

(e) Application of psychology to industrial problems

(f) Teaching psychology

(g) Research primarily of psychological nature

(h) Consulting services of a psychological nature List areas _____

(i) Other _____

8. In your opinion, is the applicant of good moral character? YES NO

If no, please explain _____

Type or Print Name

Signature

Address

Profession or Occupation

Address

Date

Complete below only if you are a psychologist:

Licensed Certified as a psychologist in the State of _____