

MONTANA BOARD OF PSYCHOLOGISTS
PO BOX 200513
301 S PARK, 4TH FLOOR - Delivery
Helena, Montana 59620-0513
(406) 444-6880
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: \$450.00 Make check or money order payable to the "Board of Psychologists" All fees are non-refundable.

IMPORTANT INFORMATION:

- ◆ 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.
- ◆ 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. The fee required for this service shall be paid by the applicant to NR.
- ◆ Applicants must submit verification of current licensure as a psychologist in another jurisdiction directly from the other jurisdiction, and show evidence that the applicant has actively practiced psychology under a license or certification for 5 of the 7 years immediately preceding application in the state, including an employer's statement or verification by two licensed psychologists (if in private practice); or a combination of both.
- ◆ Applicant is not subject to pending criminal or administrative charges related to unprofessional conduct or impairment; and applicant has not been administratively disciplined for unprofessional conduct or impairment in any jurisdiction within the 7 years preceding application in the state.
- ◆ 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.

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Application for Licensure as:

Psychologist by Experience

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

**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.

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|--|-----|----|
| 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. Practice History

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	

21. 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 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

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 |