



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
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DIVISION OF PROFESSIONAL REGULATION

Delaware Board of Examiners of Psychologists

(Please Print or Type)

1. Name _____
Last First M.I.
Print name only as you wish it to appear on license (no titles, or credentials, etc.)
Maiden Name/other names used on transcripts or other records _____

2. Social Security Number: _____ 3. E-mail _____

4. Preferred Mailing Address: (Check One) Home or Business

5. Telephone Numbers: Home _____ Business _____

Address City State Zip

Business Address City State Zip

6. Diplomat of American Board of Examiners in Professional Psychology? (Check One) Yes No
If yes, give diploma number _____ Date _____ Specialty _____

7. Are you licensed or certified as a psychologist in any other state? (Check One) Yes No
If yes, give State _____ Date of Issuance _____ License or certificate Number _____

8. Have you ever had your professional license or certificate subject to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation?) (Check One) Yes No
If yes, submit a letter giving a complete explanation.

9. Has any jurisdiction rejected your application or revoked your professional license or certificate?
(Check One) Yes No **If yes, submit a letter giving a complete explanation.**

10. Are there any disciplinary / ethical complaints currently pending against you? (Check One) Yes No
If yes, submit a letter giving a complete explanation. Include copies of all appropriate letters.

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? (Check One) Yes No
If yes, submit a certified copy of your criminal history record.

12.

DOCTORAL DEGREE

University or College	Address	Dates Attended	Degree and Date	Major Subject
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13.

INTERNSHIP

Internship Site	Address	Date
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14. Please list all post-doctoral professional experiences in the space provided: (Duplicate form as needed)

Setting Location _____

(Address) (City) (State) (Zip)

Dates of Experience: From _____ To: _____ Total Hours: _____
(Mo. And Year) (Mo. And Year)

Name of Supervisor: _____ Licensed Psychologist (**Circle One**) Yes or No

Other _____

Brief description of your activities in each placement. (Attach separate sheet if necessary)

Setting Location _____

(Address) (City) (State) (Zip)

Dates of Experience: From _____ To: _____ Total Hours: _____
(Mo. And Year) (Mo. And Year)

Name of Supervisor: _____ Licensed Psychologist (**Circle One**) Yes or No

Other _____

Brief description of your activities in each placement. (Attach separate sheet if necessary)

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

To the Board of Examiners of Psychologists:

I hereby apply to be considered for licensing as a Psychologist by the Board of Examiners of Psychologists under the standards, qualifications and procedures established under Title 24, Chapter 35, of the Delaware Code. I have read the State statute governing psychologists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Psychology in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training. Enclosed is a check made payable to the "State of Delaware" in the amount of the appropriate pro-rated licensure fee.

NOTE: Any false or misleading information in, or in connection with this application may be cause for license revocation.

STATE OF _____)

COUNTY OF _____)

The undersigned, being sworn, deposes and says that he or she is the person who executed this application; that the statements herein contained are true in every respect; that he or she has not suppressed any information that might affect this application; that he or she will conform to the ethical standards of conduct in his or her profession; and that he or she has read and understands this affidavit.

Signature of Applicant

Sworn to before me on this _____ day

Of _____, 20____.

Notary Public