



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR LICENSURE/TEMPORARY LICENSURE/PROVISIONAL LICENSURE**

STATE COMMITTEE OF PSYCHOLOGISTS

**MUST BE TYPED OR PRINTED LEGIBLY**

**FOR OFFICIAL USE ONLY**

DATE FORWARDED

**INSTRUCTIONS**

**USE BLACK INK**

- Provide complete information. Incomplete information will delay your application review.
- Sign and notarize the form.
- Enclose the \$150 nonrefundable fee made payable to SCOP.
- Request your university/college to send directly to SCOP an official copy of your **graduate** transcripts. (Transcripts issued to students and photocopied transcripts are not acceptable.)

Return form and fee to:  
 State Committee of Psychologists  
 3605 Missouri Boulevard  
 Post Office Box 1335  
 Jefferson City, Missouri 65102-1335  
 (573) 751-0099  
 TTY: (800) 735-2966  
 e-mail: scop@pr.mo.gov

**SECTION I - APPLICANT DATA**

1. Have you previously held a Missouri psychology license?

Yes  No If yes, attach explanation.

3. APPLICANT NAME (FIRST, MIDDLE, MAIDEN, LAST, SUFFIX)

3. E-MAIL

4. DATE OF BIRTH

5. SOCIAL SECURITY NO.\*

6. TELEPHONE NUMBER - HOME

TELEPHONE NUMBER - OFFICE

7. PROFESSIONAL NAME AS YOU WANT IT TO APPEAR ON YOUR PSYCHOLOGIST WALL-HANGING LICENSE/CERTIFICATE

8. CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP) ALSO TO BE PRINTED ON YOUR LICENSE

9. PROPOSED MISSOURI PRACTICE ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP)

10. PROPOSED START DATE

11. TITLE OF APPLICANT'S POSITION

12.  Yes  No Are you currently employed? If yes, list name of current employer below.

13. NAME OF CURRENT EMPLOYER

14. TELEPHONE NUMBER

15. ADDRESS (STREET, CITY, STATE, ZIP)

16. DATES OF EMPLOYMENT

FROM

TO

17. IMMEDIATE SUPERVISOR'S NAME AND ADDRESS (IF DIFFERENT FROM EMPLOYER)

18.  Yes  No Are you a diplomate of the American Board of Professional Psychology? If yes, list Diploma Number \_\_\_\_\_ Date \_\_\_\_\_ Specialty \_\_\_\_\_

19.  Yes  No Are you listed in the National Register of Health Service Providers in Psychology? If yes, list Date \_\_\_\_\_ Certificate Number \_\_\_\_\_

20.  Yes  No Have you been issued an ASPPB Certificate of Professional Qualification in Psychology (CPQ)? If yes, list Date \_\_\_\_\_ Certificate Number \_\_\_\_\_

21.  Yes  No Have you previously taken the EPPP? If yes, how many times? \_\_\_\_\_

(A) DATE	STATE	SCORE	(B) DATE	STATE	SCORE	(C) DATE	STATE	SCORE	(D) DATE	STATE	SCORE

22. List all of the states/provinces or countries in which you now hold or have ever held a license/certificate to practice psychology, in order of attainment:

STATE	LICENSE/CERTIFICATE NO.	DATE OF ISSUANCE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

**\*See enclosed Social Security Number Disclosure Notice. This form must be completed and returned with this application.**

**NOTE:** If you answer **YES** to any of the questions 23 - 31, attach your full explanation.

23.  Yes  No Have you ever held any professional license issued by this state, or any other state or country in a profession other than psychology? If yes, indicate license number, profession and whether active or inactive status.
24.  Yes  No Have you ever had an application for licensure as a psychologist or any other profession denied or refused in this state, or any other state or country?
25.  Yes  No Have you ever had a professional license issued to you disciplined, restricted or limited in any way by a professional licensing board of this state, or any other state or country? (including but not limited to psychology?)
26.  Yes  No Have you ever been disciplined formally or informally for unethical behavior or unprofessional conduct while holding any professional license?
27.  Yes  No Have you ever been adjudged insane or incompetent by a state or federal court within the past five years?
28.  Yes  No Have you ever been convicted, adjudged guilty by a court, pleaded guilty or pleaded nolo contendere in any criminal prosecution whether or not sentence was imposed?
29.  Yes  No Have you been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage within the past five years?
30.  Yes  No Have you ever been a defendant in a civil suit (excluding divorce or child custody)?
31.  Yes  No Will accommodations be required pursuant to the Americans with Disabilities Act in order for you to obtain licensure in our state?

**SECTION II - EDUCATIONAL DATA**

32. Graduate University Attended: Please list all schools for which you will be requesting transcripts to be sent to the State Committee of Psychologists.

UNIVERSITY/COLLEGE	CITY AND STATE	FROM		TO		DEGREE	CONFERRED	
		MONTH	YEAR	MONTH	YEAR		MONTH	YEAR

33. Degree on which you are applying for licensure:  
 PHD  
 PSYD  
 EDD  
 OTHER \_\_\_\_\_

34. Degree information on which you are applying for licensure:  
 A. Degree Major: \_\_\_\_\_  
 B. Date Enrolled: \_\_\_\_\_  
 C. Date Conferred: \_\_\_\_\_

35. Department:  
 Psychology  
 Education  
 Other  
 (Specify) \_\_\_\_\_

36. Program:  
 Clinical Psychology  
 Counseling Psychology  
 Organizational/Industrial Psychology  
 School Psychology  
 Evaluative/Applied Psychology  
 Other (specify) \_\_\_\_\_

37. a.  Yes  No Was the doctorate degree program APA accredited?
- b.  Yes  No  Unknown Was the program jointly designated by the National Register of Health Service Providers in Psychology and the Association of State and Provincial Psychology Boards?

**SECTION III - EDUCATIONAL DATA - DESCRIPTION OF COURSE WORK**

38. If you answered YES to 37a or 37b, skip to 40. Otherwise, list all courses taken for graduate credit. If a course syllabus or description is attached, please check yes or no below. Course syllabuses or descriptions must be for the course at the time the course was taken.

A. BIOLOGICAL BASES OF BEHAVIOR (e.g. physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology, brain and behavior)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

B. COGNITIVE-AFFECTIVE BASES OF BEHAVIOR (e.g. learning, thinking, motivation, emotion, and cognitive psychology)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

C. SOCIAL BASES OF BEHAVIOR (e.g. social psychology, group processes/dynamics, interpersonal relationships, organizational and systems theory and role theory and family systems theory)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

D. INDIVIDUAL DIFFERENCES (e.g. personality theory, human development, abnormal psychology, developmental psychology, child psychology, adolescent psychology, psychology of aging, and psychopathology)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

E. SCIENTIFIC METHODS (e.g. statistics, experimental design, psychometrics, individual testing, group testing, and research design and methodology)

UNIVERSITY (ABBREVIATION)	DEPT.	COURSE NO.	COURSE TITLE	HOURS SEM./QTR.	GRADE	COURSE DESC. OR SYLLABUS	DATE TAKEN
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

39. Internship or practicum served as part of degree program.

A. INSTITUTION NAME		B. DATE SERVED (MONTH, DAY, YEAR)	
		FROM:	TO:
C. ADDRESS (STREET, CITY, STATE, ZIP)			
D. DIRECTOR OF PROGRAM		E. MAJOR SUPERVISOR	
		F. WAS INTERNSHIP PROGRAM APA APPROVED?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION IV - SUPERVISOR INFORMATION**

40. Person(s) designated as your supervisor(s), both primary and secondary, of post-degree supervised experience to whom the applicant will forward attestation form(s). Attestation forms must be returned to State Committee of Psychologists by the primary supervisor, not the applicant.

SUPERVISOR'S NAME	TITLE	ADDRESS (STREET, CITY, STATE, ZIP)	OFFICE PHONE

**SECTION V - CERTIFICATION BY ACADEMIC OR PROFESSIONAL REFERENCES**

41. Please request three (3) mental health professionals, other than the above supervisor(s) and who are/were not in same academic and/or training program, who have known you a minimum of two (2) years to attest to your moral character by submitting a reference form. The reference form is furnished by the State Committee of Psychologists. Indicate below the individuals who will be sending reference forms directly to SCOP.

NAME	ADDRESS (STREET, CITY, STATE, ZIP)	DAYTIME PHONE	OFFICE PHONE

**SECTION IV - AFFIDAVIT OF APPLICANT**

42. I submit for consideration the above proofs as required by the Missouri laws governing the practice of psychologists and subject to the rules and regulations of the State Committee of Psychologists. Being duly sworn, I state that I am the person whose photograph is attached, and who is referred to in the foregoing application for licensure as a psychologist in the State of Missouri, and that all foregoing statements and enclosures are true in every respect. The Committee may require further evidence that it deems reasonable and proper from the sources above.

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

**TAPE PASSPORT**  
Photograph Here

To be acceptable, the photograph must be 2 x 2 inches in size, recent and show a clear picture of your face.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b> <small>NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL</small>	APPLICANT'S SIGNATURE ▶	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>