



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR HEALTH SERVICE PROVIDER (HSP) CERTIFICATION

**MUST BE TYPED OR
 PRINTED LEGIBLY**

STATE COMMITTEE OF PSYCHOLOGISTS

INSTRUCTIONS **USE BLACK INK**

FEE AMOUNT	RECEIVED DATE	APPROVED DATE	Return form and fee to: State Committee of Psychologists 3605 Missouri Boulevard Post Office Box 1335 Jefferson City, Missouri 65102-1335 Telephone: (573) 751-0099
<ul style="list-style-type: none"> Please read this form before completing. This form MUST BE TYPED or PRINTED LEGIBLY in ink. Provide complete information. Incomplete information will delay your review. Sign and date the form in the presence of a notary. Enclose the \$100 nonrefundable fee made payable to SCOP. 			

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No

2. If answering question (1) in the affirmative, would you like to receive information and assistance regarding the agency's veteran services? Yes No

SECTION I - LICENSEE DATA

1. NAME (FIRST, MIDDLE, MAIDEN, LAST)	SOCIAL SECURITY NUMBER	
2. LIC. NO.	ISSUE DATE	CELL NUMBER
3. E-MAIL	DAYTIME CONTACT TELEPHONE NO.	
4. CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		
5.		
a) <input type="checkbox"/> Licensed; approved to sit for the examination; approved for licensure based on National Register, American Board of Professional Psychology diplomate, reciprocity or endorsement of score; or otherwise approved for licensure in this state on or prior to 8/28/89 (Masters & Doctoral), OR; b) <input type="checkbox"/> Licensed after 8/28/89 based on National Register or American Board of Professional Psychology diplomate (Doctoral Only) c) <input type="checkbox"/> Licensed after 8/28/89 by any method other than those mentioned in (b) above. (Doctoral Only)		

STOP! If you marked box 5a or 5b, skip to Section IV - Affirmation and Signature. This concludes your completion of this form. If you marked box 5c, continue by completing Sections II, III and IV. Master's level psychologists licensed after 8/28/89 (who do not meet 5a above) are NOT eligible for HSP Certification.

SECTION II – EDUCATIONAL DATA IN WHICH YOU ARE BASING HSP CERTIFICATION

6. UNIVERSITY	CITY	STATE
7. a. DEGREE	b. DATE ENROLLED	
<input type="checkbox"/> PHD <input type="checkbox"/> PSYD <input type="checkbox"/> OTHER (specify) _____	c. DATE DEGREE CONFERRED	
8. a. <input type="checkbox"/> Yes <input type="checkbox"/> No Program APA approved?		
b. <input type="checkbox"/> Yes <input type="checkbox"/> No Program jointly designated by the National Register of Health Service Providers in Psychology and the Association of State and Provincial Psychology Boards?		
9. a. <input type="checkbox"/> Yes <input type="checkbox"/> No Was the program from which you received your degree a respecialization program?		
b. If yes, in what area?		
<input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Counseling Psychology <input type="checkbox"/> School Psychology <input type="checkbox"/> Other _____		
c. <input type="checkbox"/> Yes <input type="checkbox"/> No Was it APA approved? If no, attach institutional catalogs and brochures which clearly specify that the respecialization program was designed to train professional psychologists.		

SECTION III – POST-DOCTORAL SUPERVISION DATA

10. NAME OF SUPERVISOR (FIRST, MIDDLE, MAIDEN, LAST)

11. NAME OF PROFESSIONAL SETTING WHERE YOUR SUPERVISION TOOK PLACE?

12. ADDRESS OF PROFESSIONAL SETTING WHERE YOUR SUPERVISION TOOK PLACE? (STREET, CITY, STATE, ZIP)

13. HOW LONG WERE YOU IN THIS SETTING? MONTH/DAY/YEAR - BEGAN

MONTH/DAY/YEAR - ENDED

SECTION IV – AFFIDAVIT OF APPLICANT

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 license 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.

SIGNATURE - MUST BE SIGNED IN PRESENCE OF NOTARY

DATE

NOTARY PUBLIC EMBOSSER SEAL
OR RUBBER STAMP

STATE OF

COUNTY OF

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)