



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**VERIFICATION OF LICENSURE**

STATE COMMITTEE OF PSYCHOLOGISTS  
 P.O. BOX 1335  
 JEFFERSON CITY, MO 65102-1335  
 (573) 751-0099  
 SCOP@PR.MO.GOV

**INSTRUCTIONS TO APPLICANT: COMPLETE ITEMS 1 - 9 THEN FORWARD TO THE STATE IN WHICH YOU NOW HOLD OR EVER HELD A LICENSE/CERTIFICATE TO PRACTICE PSYCHOLOGY. DUPLICATE IF NECESSARY.**

**APPLICANT DATA** **MUST BE TYPED** **USE BLACK INK**

1. NAME (LAST, FIRST, MAIDEN, MIDDLE)			
2. ADDRESS (STREET, CITY, STATE, ZIP CODE)			
3. DATE OF BIRTH	4. SOCIAL SECURITY NO.	5. LICENSE NUMBER	6. DATE LICENSE ISSUED
7. I HEREBY AUTHORIZE THE (STATE) ▶ _____ BOARD TO FURNISH THE INFORMATION REQUESTED BELOW TO THE MISSOURI STATE COMMITTEE OF PSYCHOLOGISTS		8. SIGNATURE	9. DATE

**DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY**

**LICENSE CERTIFICATION** **PLEASE TYPE** **USE BLACK INK**

10. LICENSE NUMBER	11. DATE ISSUED	12. LEVEL OF LICENSURE <input type="checkbox"/> M.A./M.S./ETC. <input type="checkbox"/> Ph.D./Psy.D./Ed.D.	13. TYPE OF LICENSE HELD
14. LICENSED BY <input type="checkbox"/> EXAMINATION <input type="checkbox"/> RECIPROCITY	<input type="checkbox"/> GRANDFATHER <input type="checkbox"/> OTHER, PLEASE SPECIFY ▶	15. NUMBER OF YEARS OF POST-DEGREE SUPERVISION REQUIRED OF APPLICANT TO BE LICENSED AT ABOVE LEVEL ▶	

**EXAMINATION RESULTS**

16. DATE APPLICANT TOOK EPPP	17. EPPP EXAM FORM NO.	18. APPLICANT'S RAW SCORE	19. NUMBER OF TIMES APPLICANT TOOK EXAM
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**ENCUMBERED LICENSE**

	YES	NO
20. IS THE APPLICANT'S LICENSE CURRENT? EXPIRATION DATE _____	<input type="checkbox"/>	<input type="checkbox"/>
21. HAS THE APPLICANT'S LICENSE EVER BEEN REVOKED OR SUSPENDED?	<input type="checkbox"/>	<input type="checkbox"/>
22. HAS THE APPLICANT'S LICENSE EVER BEEN PLACED ON PROBATION?	<input type="checkbox"/>	<input type="checkbox"/>
23. IS THERE ANY PENDING LITIGATION OR DISCIPLINARY ACTION AT THIS TIME?	<input type="checkbox"/>	<input type="checkbox"/>
24. IF YOU HAVE ANSWERED YES TO QUESTIONS 21, 22, OR 23 PLEASE PROVIDE ADDITIONAL FACTS ▶ _____		
25. OTHER COMMENTS ▶ _____		

26. BOARD SEAL (AFFIX OFFICIAL STATE SEAL OF BOARD OF PSYCHOLOGY BELOW)	RETURN COMPLETED FORM TO:  STATE COMMITTEE OF PSYCHOLOGISTS PO BOX 1335 JEFFERSON CITY MO 65102-1335
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27. SIGNATURE & TITLE	28. STATE	29. DATE
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