



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR RESTORATION OF LICENSE

**MUST BE TYPED OR
 PRINTED LEGIBLY**

FEE AMOUNT	RECEIVED DATE
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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.
 - Complete and enclose Social Security Number Disclosure notice.
- 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				License Number	
2. APPLICANT NAME (FIRST, MIDDLE, MAIDEN, LAST, SUFFIX)				3. E-MAIL (BUSINESS)	
4. DATE OF BIRTH	5. SOCIAL SECURITY NO.*	6. TELEPHONE NUMBER - HOME	7. TELEPHONE NUMBER - OFFICE	8. CELL NUMBER	
9. HOME ADDRESS (STREET, CITY, STATE, ZIP)				10. EMAIL (PERSONAL)	
11. CURRENT BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) ALSO TO BE PRINTED ON YOUR LICENSE					
12. PROPOSED MISSOURI PRACTICE ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP)				13. PROPOSED START DATE	

14. Yes No Are you a diplomate of the American Board of Professional Psychology? If yes, list:
 Issue Date _____ Expiration Date _____
 Specialty _____ Diplomate Certification Number _____
15. Yes No Are you listed in the National Register of Health Service Providers in Psychology? If yes, list:
 Issue Date _____ Expiration Date _____ HSP Number _____
16. Yes No Have you been issued an ASPPB Certificate of Professional Qualification in Psychology (CPQ)? If yes, list:
 Issue Date _____ CPQ Number _____
17. Yes No Have you been issued an ASPPB Interjurisdictional Practice Certificate (IPC)? If yes, list:
 Issue Date _____ Expiration Date _____ IPC Number _____
18. Yes No Have you been issued an ASPPB E-Passport? If yes, list:
 Issue Date _____ Expiration Date _____ E-Passport Number _____
19. Yes No Have you been issued a PSYPACT Temporary Authority to Practice (TAP)? If yes, list:
 Issue Date _____ Expiration Date _____ TAP Number _____
20. Yes No Have you been issued a PSYPACT Authority to Practice Interjurisdictional Telepsychology (APIT)? If yes, list:
 Issue Date _____ Expiration Date _____ APIT Number _____

21. 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: (Request each licensing jurisdiction send license verification. Attach a separate sheet of paper if additional lines are needed.)

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 22-30, attach your full explanation.

22. 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.
23. 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?
24. 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?)

25. Yes No Have you ever been disciplined formally or informally for unethical behavior or unprofessional conduct while holding any professional license?
26. Yes No Have you ever been adjudged insane or incompetent by a state or federal court within the past five years?
27. 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?
28. Yes No Do you currently, or did you within the past five years, use any prescription drug, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a psychologist would be affected?
29. Yes No Have you ever been a defendant in a civil suit (excluding divorce or child custody)?
30. Yes No Will accommodations be required pursuant to the Americans with Disabilities Act in order for you to obtain licensure in our state?

SECTION IV - CERTIFICATION BY PROFESSIONAL REFERENCES

31. Please request three (3) mental health professionals, 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 V - AFFIDAVIT OF APPLICANT

32. 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.

<p>Have you or an immediate family member ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, would you like information about military-related services in Missouri? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>TAPE PASSPORT Photograph Here</p> <p>To be acceptable, the photograph must be 2 x 2 inches in size, recent and show a clear picture of your face.</p>
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MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT'S SIGNATURE ▶	
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	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)	