

# REQUIREMENTS & INSTRUCTIONS - PSYCHOLOGIST LICENSE

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## APPLICATION

Complete and sign the online fillable application form **or** type/print legibly in black ink. **Failure to provide all the requested information will delay the processing of your application.**

Applicants are subject to requirements in effect at time of filing. There is no reciprocity or recognition of a psychologist license from another state.

Currently, there are six (6) methods to qualify for psychologist licensure in Hawaii. **Use the online fillable application form if you wish to apply by examination, examination waiver, senior psychologist or diplomate of the American Board of Professional Psychology (ABPP).**

- If you wish to apply by Certificate of Professional Qualification in Psychology (CPQ) or National Register of Health Service Providers in Psychology Credential (NR), a separate application is available. Contact the Board's office at (808) 586-3000 or you may download the fillable form from our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Psychologist".

## SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

### FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

### HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

## FEES

Application Fee (non-refundable) is \$50. **Attach** check made payable to: Commerce & Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

## APPLICATION FOR EXAMINATION

The Examination for Professional Practice in Psychology (EPPP) is available at test centers located throughout the United States. In Hawaii, the test center is located on the island of Oahu. Therefore, applications are accepted year round with no specific filing deadline. After the Board has determined you are eligible to sit for the examination, you will be mailed further information regarding the exam and fee. For more information regarding the EPPP examination, go to: [www.asppb.org](http://www.asppb.org).

## DEGREE

Hold a doctoral degree in psychology or educational psychology from a regionally accredited institution of higher education or a doctoral degree from an American Psychological Association (APA) approved program in clinical psychology.

**Attach** official transcripts of your graduate work and a photocopy of your doctoral degree.

## TRAINING and GRADUATE WORK

Complete the "Training Report" form (PSY-02). A course may be applied only once and may not be repeated in any of the other areas.

(CONTINUED ON PAGE 2)

**TRAINING and  
GRADUATE WORK  
(Cont'd)**

Have a minimum of 6 or more graduate semester hours (or 9 graduate quarter hours) in each of the following areas:

- 1) Biological bases of behavior; physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.
- 2) Cognitive-affective bases of behavior; learning, thinking, motivation, emotion.
- 3) Social bases of behavior; social psychology, group processes, organizational and systems theory, community psychology.
- 4) Individual differences; personality theory, human development, abnormal psychology.
- 5) Psychodiagnosis and individual assessment; intellectual, personality and behavioral assessment.
- 6) Therapy; child or adult intervention or both.

Have a minimum of 3 or more graduate semester hours (or 4.5 graduate quarter hours) in each of the following areas:

- 1) Scientific and professional ethics and standards.
- 2) History and systems.
- 3) Research design and methodology.
- 4) Statistics and psychometrics.

**APA APPLICANTS**

**Applicants with doctoral degrees from APA approved programs in CLINICAL PSYCHOLOGY ARE NOT required to complete the Training Report. APA applicants may disregard this form.**

**INTERNSHIP**

Have completed 1,900 hours of pre-doctoral internship experience approved by the APA or one year and 1,900 hours of supervised experience in health service in psychology in a pre-doctoral internship or residency program in an organized health service training program. The pre-doctoral internship must be part of the doctoral program and must be under the supervision of:

- 1) A licensed psychologist, or
- 2) A psychologist who holds an ABPP diplomate certificate, or
- 3) A person who holds a doctoral degree in psychology from an accredited institution who has had two years of postdoctoral experience in the work supervised.

Have your supervisor complete the "*Pre-doctoral Internship Verification*" form, then **attach** the completed form to your application. Please note that your supervisor is required to sign the form before a Notary Public and attach a brief summary of duties performed during the internship.

**POSTDOCTORAL  
EXPERIENCE**

Have completed 1,900 hours and one year of postdoctoral experience in health service in psychology under the supervision of:

- 1) A licensed psychologist, or
- 2) A psychologist who holds an ABPP diplomate certificate, or
- 3) A person who holds a doctoral degree in psychology or educational psychology from an accredited institution, granted prior to 1970, and is listed in the National Register of Health Service Providers in Psychology.

Have your supervisor complete the "*Postdoctoral Verification*" form, then **attach** the completed form to your application. Please note that your supervisor is required to sign the form before a Notary Public and attach a brief summary of duties performed during their postdoctoral supervision.

**NOTE:** The one year postdoctoral experience need not be met if you:

- 1) Enrolled in an APA-approved program or regionally accredited school prior to January 1, 1986, **and**
- 2) Meet all the other requirements established by the Board of Psychology.

(CONTINUED ON PAGE 3)

## **APPLICATION FOR LICENSURE-EXAMINATION WAIVER**

**IN ADDITION** to meeting the requirements and submitting the necessary documents under "Application for Examination", you will also need the following:

### **LICENSE**

Hold a **current** license or certificate, in good standing, to practice psychology in another state, deemed by the Board of Psychology to have standards equivalent to Hawaii's requirements.

**NOTE:** If you do not hold a **current** license or certificate to practice psychology in another state, and you have passed the EPPP examination with a score that was equal or higher than the Board's passing score at the time that you took the EPPP, you will be seeking licensure via "examination".

To verify your license in another state:

- 1) Complete the top portion of the "*Verification of Licensure - Psychologist*" form;
- 2) Send it to the original state of licensure with the appropriate service fee; **and**
- 3) Have them complete the bottom portion and return it directly to us.

### **EXAMINATION**

Have passed the EPPP examination with a score that was equal to or higher than the Board's passing score at the time the applicant took the EPPP. To transfer your EPPP score, please contact the Association of State and Provincial Psychology Boards (ASPPB) and request an "EPPP Score Transfer" form. The "EPPP Score Transfer" form can be downloaded from the ASPPB website at: **[www.asppb.org](http://www.asppb.org)** or by sending a written request to:

ASPPB  
P.O. Box 3079  
Peachtree City, GA 30269  
Phone: (678) 276-1175  
Fax: (678) 276-1176

## **APPLICATION FOR A TEMPORARY PERMIT**

**IN ADDITION** to meeting the requirements and submitting the documents under "Application for Examination", you will also need the following:

### **LICENSE**

Hold a **current** license or certificate, in good standing, to practice psychology in another state, deemed by the Board of Psychology to have standards equivalent to Hawaii's requirements.

**NOTE:** If you do not hold a **current** license or certificate to practice psychology in another state, and you have passed the EPPP examination with a score that was equal or higher than the Board's passing score at the time that you took the EPPP, you will be seeking licensure via "examination".

To verify your license in another state:

- 1) Complete the top portion of the "*Verification of Licensure - Psychologist*" form;
- 2) Send it to the original state of licensure with the appropriate service fee; **and**
- 3) Have them complete the bottom portion and return it directly to us.

### **EXAMINATION**

Have passed the EPPP examination with a score that was equal to or higher than the Board's passing score at the time the applicant took the EPPP. To transfer your EPPP score, please contact the Association of State and Provincial Psychology Boards (ASPPB) and request an "EPPP Score Transfer" form. The "EPPP Score Transfer" form can be downloaded from the ASPPB website at: **[www.asppb.org](http://www.asppb.org)** or by sending a written request to:

ASPPB  
P.O. Box 3079  
Peachtree City, GA 30269  
Phone: (678) 276-1175  
Fax: (678) 276-1176

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## APPLICATION FOR LICENSURE-SENIOR PSYCHOLOGISTS

### LICENSE

Holds a **valid and current** license or certificate to practice psychology in another state or jurisdiction in which the EPPP was not required for licensure at the time of licensure or in a state of jurisdiction in which the EPPP was required and the applicant obtained a score that was equal to or higher than the Board's passing score at the time the applicant took the EPPP. To transfer your EPPP score, please contact ASPPB and request an "EPPP Score Transfer" form. The "EPPP Score Transfer" form can be downloaded from the ASPPB website at: [www.asppb.org](http://www.asppb.org) or by sending a written request to:

ASPPB  
P.O. Box 3079  
Peachtree City, GA 30269  
Phone: (678) 276-1175  
Fax: (678) 276-1176

Have been licensed as a psychologist for at least 20 years in the United States or Canadian jurisdictions where that license was based on a doctoral degree and have had no disciplinary sanctions in any jurisdiction.

To verify your license in another state:

- 1) Duplicate the "*Verification of Licensure - Psychologist*" form as necessary. Complete the top portion of the form.
- 2) Send the forms and appropriate service fee to all jurisdictions where you are (or were) licensed as a psychologist; **and**
- 3) Have them complete the bottom portion and return the form directly to us.

## APPLICATION FOR LICENSURE-DIPLOMATES

### CERTIFICATE

Hold a diplomate certificate in good standing granted by the American Board of Professional Psychology (ABPP).

**Attach** an original letter of good standing from the ABPP.

## GENERAL INFORMATION

### BOARD'S ADDRESS

Mail all required items to:

Board of Psychology  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

**OR**

Deliver to office location at:

335 Merchant Street, Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

### RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

### LAWS AND RULES

To obtain a copy of the laws, Chapter 465, Hawaii Revised Statutes, and rules, Chapter 98, Hawaii Administrative Rules, send a written request to: *Board of Psychology, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 465 and Chapter 98.

Please refer to the Psychologist laws (Chapter 465, HRS) and rules (Chapter 98, HAR) for additional information on the licensing requirements.

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Psychologist".

### LICENSURE

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

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**BIENNIAL  
RENEWAL**

All licenses, regardless of issuance date, **expire on June 30 of each even-numbered year** and are subject to renewal. Renewal applications are mailed to current licensees at their last known address about 2 months prior to the license expiration date. To ensure receipt of the renewal application, keep the Board informed of your address.

**APPLICANTS WITH  
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR LICENSE - PSYCHOLOGIST

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

Legal Name (First, Middle)		(Last)
Other Names Used (include maiden name):		
Residence Address (include apt. no., city, state and zip code):		
Mailing Address ( <b>ONLY</b> if different from above):		
Social Security No.:	Phone No. (days):	Date of Birth:

FOR OFFICE USE ONLY

Approved: <input type="checkbox"/>	Initials/Date:
Effective Date:	License No.: PSY -

Applying for: (check one only)

- |   |   |
|---|---|
| <input type="radio"/> Examination (never passed EPPP)                         | <input type="radio"/> Temporary Permit                |
| <input type="radio"/> Examination (passed EPPP but not licensed in any state) | <input type="radio"/> Licensure - Senior Psychologist |
| <input type="radio"/> Licensure - Examination Waiver                          | <input type="radio"/> Licensure - Diplomate (ABPP)    |

If you are licensed in another state(s), please answer the following:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| a. What State(s): _____               | c. Was a written exam required? _____ |
| b. Effective date of licensure: _____ | d. Name of the exam you took: _____   |

If you have taken the EPPP Examination, please provide the date you requested ASPPB to send verification to HI: \_\_\_\_\_

Check your answers and provide details as needed:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1) Are you at least 18 years of age? .....   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Have you ever been denied a certificate or license to practice psychology? .....                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4a) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? .....            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b) Are there any disciplinary actions pending against you? .....   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c) Have you ever been disciplined for an ethical violation by a professional association or institution? ..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

*If any of your responses to questions #3, #4a, b or c, and #5 were "YES", provide information on date, place, and type of conviction or disciplinary action on a separate sheet and submit pertinent documents.*

(SIGNATURE REQUIRED ON PAGE 2)

Appl.....	563.....	\$50	Lic.....	565.....	\$38
Temp.....	566.....	\$30	CRF.....	567.....	\$74/\$148
			1/2 Renewal.....	560.....	\$65
			Service Fee.....	BCF.....	\$25

Print Name of Applicant: (Psychologist) \_\_\_\_\_

Date: \_\_\_\_\_

EDUCATION	Name of Institution	Major Course of Study	Date Graduated	Name of Degree Conferred	Program APA Approved
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO

  

EXPERIENCE	Name & Address of Employer	Duties	Dates (mo/yr)		Position
			From	To	

**Affidavit of Applicant:**

I certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19 and 465-13, Hawaii Revised Statutes).

I further certify that I have read, understand, and will abide by the provisions of Chapter 465, Hawaii Revised Statutes, and Chapter 98, Hawaii Administrative Rules concerning Psychologists in the State of Hawaii.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## TRAINING REPORT - PSYCHOLOGIST

(Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.)

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

PRINT NAME OF APPLICANT (First, Middle, LAST): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

1. In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **6 or more graduate semester hours** (or **9 graduate quarter hours**) in each of the following substantive content areas (A - F). A course may be applied only once and may not be repeated in any of the other areas.

List Course Number	Brief Description of Course Content	AMOUNT OF:	
		Graduate Semester Hrs.	Graduate Qtr. Hrs.
	A. <b>BIOLOGICAL BASES OF BEHAVIOR;</b> PHYSIOLOGICAL PSYCHOLOGY, COMPARATIVE PSYCHOLOGY, NEUROPSYCHOLOGY, SENSATION AND PERCEPTION PSYCHOPHARMACOLOGY:		
	<b>TOTAL HOURS (6)</b>		(9)
	B. <b>COGNITIVE-AFFECTIVE BASES OF BEHAVIOR;</b> LEARNING, THINKING, MOTIVATION, EMOTION:		
	<b>TOTAL HOURS (6)</b>		(9)
	C. <b>SOCIAL BASES OF BEHAVIOR;</b> SOCIAL PSYCHOLOGY, GROUP PROCESSES, ORGANIZATIONAL AND SYSTEMS THEORY, COMMUNITY PSYCHOLOGY:		
	<b>TOTAL HOURS (6)</b>		(9)

(CONTINUED ON PAGE 2)



PRINT NAME OF APPLICANT (First, Middle, LAST): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

1. In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **6** or more graduate semester hours (or **9** graduate quarter hours) in each of the following substantive content areas (A - F). A course may be applied only once and may not be repeated in any of the other areas.

List Course Number	Brief Description of Course Content	AMOUNT OF:	
		Graduate Semester Hrs.	Graduate Qtr. Hrs.
	D. <b>INDIVIDUAL DIFFERENCES;</b> PERSONALITY THEORY, HUMAN DEVELOPMENT, ABNORMAL PSYCHOLOGY:		
	<b>TOTAL HOURS (6)</b>		(9)
	E. <b>PSYCHODIAGNOSIS AND INDIVIDUAL ASSESSMENT;</b> INTELLECTUAL, PERSONALITY AND BEHAVIORAL ASSESSMENT:		
	<b>TOTAL HOURS (6)</b>		(9)
	F. <b>THERAPY;</b> CHILD OR ADULT INTERVENTION, OR BOTH:		
	<b>TOTAL HOURS (6)</b>		(9)

(CONTINUED ON PAGE 3)

PRINT NAME OF APPLICANT (First, Middle, LAST): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

2. In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **3** or more graduate semester hours ( or **4.5** graduate quarter hours) in each of the following areas (G - J). A course may be applied only once and may not be repeated in any of the other areas. **Incomplete or illegible form will not be accepted.**

List Course Number	Brief Description of Course Content	AMOUNT OF:	
		Graduate Semester Hrs.	Graduate Qtr. Hrs.
	G. <b><u>SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS:</u></b>		
	<b>TOTAL HOURS (3)</b>		(4.5)
	H. <b><u>HISTORY AND SYSTEMS:</u></b>		
	<b>TOTAL HOURS (3)</b>		(4.5)
	I. <b><u>RESEARCH DESIGN AND METHODOLOGY:</u></b>		
	<b>TOTAL HOURS (3)</b>		(4.5)
	J. <b><u>STATISTICS AND PSYCHOMETRICS:</u></b>		
	<b>TOTAL HOURS (3)</b>		(4.5)

# Pre-doctoral Internship Verification - PSYCHOLOGIST

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**Instructions to the Applicant:** Complete Section I, **have your supervisor complete Section 2 to verify your pre-doctoral internship**, then attach the completed form to your application before submitting it to the Board. Please note that your supervisor must sign the form before a notary public.

Section I. APPLICANT			
Name (First, Middle)	(Last)	Address (include apt. no., city, state & zip code)	
Social Security No.	Phone No.	Date of Birth:	
SIGN HERE: _____			Date: _____

**Section II. SUPERVISOR ONLY**

TO THE SUPERVISOR:  
*The person named above is applying for a psychologist license in Hawaii. Please complete Section 2 to verify the applicant completed the pre-doctoral internship **under your supervision**, sign the form before a notary public, then return the completed form to the applicant. **To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.***

Internship Dates (mo/yr)		Length of Internship	Total Internship Hours	Position Held	Name of Internship Agency Address, City, State
From	To				
		yrs.    mos.	hrs.		

**Affidavit of Supervisor: Please attach a brief summary of the duties that the applicant performed during the pre-doctoral internship.**

I hereby attest that I supervised the internship experience of the individual listed above and that the information in Section 2 is accurate. I further certify that I am: (check one)

- A licensed psychologist.
- A psychologist who holds an ABPP diplomate certificate.
- A person who holds a doctoral degree in psychology from an accredited institution who has had two years of postdoctoral experience in the work supervised.

<p style="text-align: center;">_____ Signature of Supervisor</p> <p>Address: _____                  _____                  _____</p> <p>Phone No.: (    ) _____</p> <p>Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____.</p> <p>Notary Signature: _____</p> <p>Notary Public, State of: _____</p> <p>My commission expires: _____</p> <p>Print Name: _____</p>	<p>Print your Name: _____</p> <p>State of Licensure: _____</p> <p>License No.: _____</p> <p>School doctoral degree received from: _____</p> <p>Doc. Date: _____ No. of Pages: _____</p> <p>Notary Name: _____ Circuit Court: _____</p> <p>Doc. Description _____</p> <p>Notary Signature: _____</p> <p>Date _____</p>
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This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

## Postdoctoral Verification - PSYCHOLOGIST

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**Instructions to the Applicant:** Complete Section I, **have your supervisor complete Section 2 to verify your postdoctoral experience**, then attach the completed form to your application before submitting it to the Board. Please note that your supervisor must sign the form before a notary public.

Section I. APPLICANT			
Name (First, Middle)	(Last)	Address (include apt. no., city, state & zip code)	
Social Security No.	Phone No.	Date of Birth:	
SIGN HERE: _____			Date: _____

Section II. SUPERVISOR ONLY
TO THE SUPERVISOR:
<p><i>The person named above is applying for a psychologist license in Hawaii. Please complete Section 2 to verify the applicant completed the postdoctoral experience <b>under your supervision</b>, sign the form before a notary public, then return the completed form to the applicant. <b>To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.</b></i></p>

Post Doctoral Experience Dates (mo/yr)		Length of Post Doctoral Training	Total Postdoctoral Hrs.	Position Held	Name of Postdoctoral Agency Address, City, State
From	To				
		yrs.    mos.	hrs.		

**Affidavit of Supervisor: Please attach a brief summary of the duties that the applicant performed during the postdoctoral supervision.**

I hereby attest that I supervised the postdoctoral experience of the individual listed above and that the information in Section 2 is accurate. I further certify that I am: (check one)

- A licensed psychologist.
- A psychologist who holds an ABPP diplomate certificate.
- A person who holds a doctoral degree in psychology or educational psychology from an accredited institution, granted prior to 1970, and is listed in the National Register of Health Service Providers in Psychology.

_____ Signature of Supervisor	Print your Name: _____  State of Licensure: _____  License No.: _____  School doctoral degree received from: _____
Address: _____ _____ _____  Phone No.: (    ) _____	_____  _____  _____

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____.  Notary Signature: _____ Notary Public, State of: _____  My commission expires: _____  Print Name: _____	Doc. Date: _____ No. of Pages: _____  Notary Name: _____ Circuit Court: _____  Doc. Description _____  Notary Signature: _____  Date _____
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This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# VERIFICATION OF LICENSURE - PSYCHOLOGIST

Board of Psychology  
P.O. Box 3469  
Honolulu, HI 96801

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

APPLICANT	<i>APPLICANT: Complete top section of this page and forward to ORIGINAL state of license.</i>			
	Name (LAST, First, Middle)		Other Names Used	
	Address (Include Apt. No., City, State and Zip Code)		Social Security No.	LICENSE/CERTIFICATE NO.
		Phone No.	Date of Birth:	Date Issued
I hereby authorize the psychology licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.				
SIGN HERE: _____ Date: _____				

LICENSING AGENCY ONLY	This is to certify that the above-named individual holds a license/certificate that is currently valid and in good standing.			
	License Number: _____			
	Date of Licensure: _____			
	Date of Expiration: _____			
	<input type="checkbox"/> The license/certificate was issued upon the passing of the Examination for Professional Practice in Psychology (EPPP)			
	EPPP: Date Passed: _____			
	Form Number: _____			
	Raw Score: _____			
	<input type="checkbox"/> The EPPP was <u>NOT</u> required for licensure at the time this person was licensed.			
	Has this license ever been encumbered in any way? (revoked, suspended, surrendered, limited, or placed on probation) ..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>If YES, please send a copy of your Board's: 1) Administrative Action; 2) Final order</b>				
SEAL				
Signature: _____				
Title: _____				
State: _____				
Date: _____				
<b>TO THE BOARD: Return this form <u>directly</u> to the Hawaii Board of Psychology, DCCA, PVL Licensing Branch, P.O. Box 3469, Honolulu, HI 96801.</b>				

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.