

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member’s service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<i>Only</i> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board’s office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + non -military ID OR <input type="checkbox"/> Statement of Verification from personnel office + non -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURISDICTION

<input type="checkbox"/> License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.	<p>One year: The license or certification by another jurisdiction must have been held for at least one year</p> <p>Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.</p>
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NATIONAL PRACTITIONER DATA BANK

National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED
An applicant is ineligible for temporary licensure if:

<ul style="list-style-type: none"> • Applicant’s license in another jurisdiction is <u>not in good standing</u>. • Applicant’s license in another jurisdiction is <u>under investigation</u> for licensing violations. • Applicant’s application for license in another jurisdiction has been denied. • Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied. 	<ul style="list-style-type: none"> • Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State. • Applicant has a <u>disqualifying criminal history</u> as determined by the State’s licensing authority. <p>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</p>
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A person licensed pursuant to this section shall be subject to the laws regulating the person’s practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS & INSTRUCTIONS - PSYCHOLOGIST LICENSE

Access this form via website at: cca.hawaii.gov/pvl

This application is to be used by psychologists seeking a **permanent psychologist (PSY) license or requesting a temporary permit to practice in the state of Hawaii**. Currently, there are six (6) methods to qualify for psychologist licensure in Hawaii. Use this form if you wish to apply by:

⇒ Examination ⇒ Examination Waiver ⇒ Temporary Permit

If you wish to apply by Certificate of Professional Qualification in Psychology (CPQ), National Register of Health Service Providers in Psychology Credential (NR), Diplomate by the American Board of Professional Psychology (ABPP), or Senior Psychologist a separate application is available. You may download the fillable form from our website cca.hawaii.gov/pvl/psychology or contact the Board's office at (808) 586-3000.

Please be advised that all applicants are subject to the requirements in effect the at time of filing. Be further advised there is **no reciprocity** or recognition of a psychologist license from another state to bypass these requirements.

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

Depending on your chosen pathway to licensure as well as your education, training, and professional history, you will be required to submit some or all of the following forms (attached to these instructions) and supporting information:

- 1) Application for License-Psychologist (PSY-01)
- 2) Training Report-Psychologist (PSY-02)
- 3) Pre-doctoral Internship Verification-Psychologist (PSY-03)
- 4) Postdoctoral Verification-Psychologist (PSY-05)
- 5) Verification of Licensure-Psychologist (PSY-06)
- 6) Official transcripts directly from your institution of higher education
- 7) Photostat or certified copy of diploma
- 8) Examination for Professional Practice in Psychology (EPPP) score transfer directly from the Association of State and Provincial Psychology Boards (ASPPB)

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.*

(CONTINUED ON PAGE 2)

APPLICATION FOR EXAMINATION

The EPPP is developed and owned by ASPPB and is available through Pearson VUE testing centers throughout the United States. For general information regarding the EPPP examination, go to: www.asppb.net. In Hawaii, the test center is located on the island of Oahu and exam facilitations are scheduled throughout the year. Therefore, applications for examination are accepted year-round with no specific filing deadline.

After the Hawaii Board of Psychology (Board) has reviewed your application and determined you are eligible to sit for the examination, you will be mailed a Notice of Approval by the Professional Vocational Licensing (PVL) Division. The notice will contain information regarding your approval, its expiration date, and how to contact the PVL Examination Branch to initiate exam registration. **Please be advised, you will not be able to register within the ASPPB EPPP registration portal hosted by Certemy without first initiating the process with the Examination Branch.**

NOTE: If you do not hold a current license or certificate to practice psychology in another state, but 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". This goes both for those who have never been licensed in another state, and those who have historically held a license or permit in another state.

REQUIREMENTS To be considered by the Board for licensure by examination, applicants must meet the following requirements set forth by §465, HRS, and §16-98, HAR.

DEGREE

Applicants must hold a doctoral degree awarded by one of the following:

- 1) An American Psychological Association approved program in clinical psychology, counseling psychology, school psychology, or programs offering combinations of two or more of these areas; or
- 2) A professional psychology training program, awarded by an institution of higher education, or from a regionally accredited institution.

GRADUATE LEVEL TRAINING

Applicants must have completed graduate level training leading to a doctoral degree and have a minimum of 6 or more graduate semester hours (or 9 graduate quarter hours) in each of the following areas:

- A) Biological bases of behavior; physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.
- B) Cognitive-affective bases of behavior; learning, thinking, motivation, emotion.
- C) Social bases of behavior; social psychology, group processes, organizational and systems theory, community psychology.
- D) Individual differences; personality theory, human development, abnormal psychology.
- E) Psychodiagnosis and individual assessment; intellectual, personality and behavioral assessment.
- F) 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:

- G) Scientific and professional ethics and standards.
- H) History and systems.
- I) Research design and methodology.
- J) Statistics and psychometrics.

INTERNSHIP

Have completed at least 1 year (1,900 hours) of pre-doctoral internship approved by the APA or one year (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.

(CONTINUED ON PAGE 3)

POSTDOCTORAL EXPERIENCE

Have completed at least 1 year (1,900 hours) 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.

REQUIRED DOCUMENTS

The following forms and supporting information must be submitted to the Board before being considered for review. Not providing the required documentation in its entirety may prolong the application review process.

DOCUMENTS TO BE SENT BY APPLICANT: The following documents should be submitted to the PVL together in the order provided using one of the methods listed in the general information section below.

- APPLICATION FOR LICENSURE-PSYCHOLOGIST form (PSY-01)

Complete and sign the online fillable application form *or* type/print legibly in black ink.

- PHOTOSTAT OR CERTIFIED COPY OF DIPLOMA

The photostat or certified copy should fit a standard 8.5" x 11" size page and be legible.

- TRAINING REPORT-PSYCHOLOGIST form (PSY-02)

ATTENTION: Applicants with doctoral degrees from APA approved programs in Clinical Psychology may disregard this form.

If you graduated with a doctoral degree from a regionally accredited institution you are required to complete the Training Report. You will find the instructions for completing the form on the form itself.

- PRE-DOCTORAL INTERNSHIP VERIFICATION-PSYCHOLOGIST form (PSY-03)

Complete Section I of the "*Pre-doctoral Internship Verification*" form and have your supervisor complete Section II. Your supervisor is required to sign the form before a Notary Public and will need to attach a signed affidavit providing a brief summary of duties performed during the internship in the field of psychology. **Please note**, the Board will not accept internship agreements; job/position descriptions; or other documents that do not attest to your supervisor's direct experience of the internship duties you completed under their direction.

For reference and completing the signed affidavit, you may wish to have your supervisor review the following excerpt from the definition of "Practice of Psychology" from Section 1, Chapter 465, HRS:

...The practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, and disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation. Psychological services may be rendered to individuals, families, groups, organizations, institutions, and the public...

- POSTDOCTORAL VERIFICATION-PSYCHOLOGIST form (PSY-05)

Complete the "*Postdoctoral Verification*" form using the internship verification instructions above. Please note, your supervisor's signed affidavit must provide a brief summary of duties you performed during the postdoctoral supervision in the field of psychology and may not be a postdoctoral experience agreement; job/position description; or other document that does not attest to your supervisor's direct experience of postdoctoral duties you completed under their direction.

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 4)

REQUIRED DOCUMENTS
(Cont'd)

DOCUMENTS TO BE SENT BY 3rd PARTY ON BEHALF OF APPLICANT: The following documents must be sent directly to the PVL using the means described for each item.

- **OFFICIAL TRANSCRIPTS**

Arrange to have official transcripts which verifies successful completion of your doctoral degree directly to the Board by your institution of higher learning using the Board's email: psychology@dcca.hawaii.gov, or the address located in the general information section below.

- **EPPP SCORE TRANSFER***

If you are applying for authorization to take the EPPP examination, please disregard.

Visit ASPPB's website asppb.net for information on how to begin the process of requesting a score transfer. Please note ASPPB will send your score transfer directly to the Board and may require payment for the transfer service.

- **LICENSE VERIFICATION***

If you have never held a psychology license or similar licensure in any state or territory, please disregard.

If you have ever held a license or similar licensure in another state, you are required to provide a verification for each license held. To verify your license in another state, complete the applicant section of the "Verification of Licensure - Psychologist" form (PSY-06), then send the form to the original state of licensure to have them complete the licensing agency section according to their own requirements and return directly to PVL using the address at the bottom of the form.

APPLICATION FOR LICENSURE-EXAMINATION WAIVER or TEMPORARY PERMIT

IN ADDITION to meeting the requirements for "Application for Examination", you will also need to meet the following for licensure by Examination Waiver, which are also valid for Temporary Permit applications.

REQUIREMENTS To be considered by the Board for licensure by Examination Waiver or for Temporary Permit, applicants must meet the following requirements set forth by §465, HRS, and §16-98, HAR

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.

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 you took the EPPP.

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 to or higher than the Board's passing score at the time that you took the EPPP, you will be seeking licensure via "examination".

REQUIRED DOCUMENTS

IN ADDITION to submitting the required documents under "Application for Examination", the following forms and supporting information must be submitted to the Board before being considered for review. Not providing the required documentation in its entirety may prolong the application review process.

- **EPPP SCORE TRANSFER**

*Please see instructions above on this page.

- **LICENSE VERIFICATION**

*Please see instructions above on this page.

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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 **Release of Information to Third Party** section found on the second page of the application form (PSY-01). Do not forget to sign and date.

LICENSURE

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

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.

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. Click on "Psychologist".

APPLICANTS WITH DISABILITY

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 will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

APPLICATION FOR LICENSE - PSYCHOLOGIST

(Check box only if applying for:)

Access this form via website at: cca.hawaii.gov/pvl

Temporary Military Spouse License

Legal Name (First, Middle)		(Last)		FOR OFFICE USE ONLY	Approved: <input type="checkbox"/> Initials/Date:	
Other Names Used (include maiden name):		Date of Birth:			Effective Date:	
Residence Address (include apt. no., city, state and zip code):		Social Security No.:			License No.:	
Mailing Address (ONLY if different from above):					PSY -	
Phone No. (days):		PERSONAL E-mail Address:				

Applying for: (check one only)

- Examination (never passed EPPP) Temporary Permit
- Examination (passed EPPP but not licensed in any state)
- Licensure - Examination Waiver

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

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. <u>BIOLOGICAL BASES OF BEHAVIOR;</u> PHYSIOLOGICAL PSYCHOLOGY, COMPARATIVE PSYCHOLOGY, NEUROPSYCHOLOGY, SENSATION AND PERCEPTION PSYCHOPHARMACOLOGY:		
	TOTAL HOURS (6)		(9)
	B. <u>COGNITIVE-AFFECTIVE BASES OF BEHAVIOR;</u> LEARNING, THINKING, MOTIVATION, EMOTION:		
	TOTAL HOURS (6)		(9)
	C. <u>SOCIAL BASES OF BEHAVIOR;</u> SOCIAL PSYCHOLOGY, GROUP PROCESSES, ORGANIZATIONAL AND SYSTEMS THEORY, COMMUNITY PSYCHOLOGY:		
	TOTAL HOURS (6)		(9)

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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. INDIVIDUAL DIFFERENCES ; PERSONALITY THEORY, HUMAN DEVELOPMENT, ABNORMAL PSYCHOLOGY:		
	TOTAL HOURS (6)		(9)
	E. PSYCHODIAGNOSIS AND INDIVIDUAL ASSESSMENT ; INTELLECTUAL, PERSONALITY AND BEHAVIORAL ASSESSMENT:		
	TOTAL HOURS (6)		(9)
	F. THERAPY ; CHILD OR ADULT INTERVENTION, OR BOTH:		
	TOTAL HOURS (6)		(9)

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. <u>SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS:</u>		
	TOTAL HOURS (3)		(4.5)
	H. <u>HISTORY AND SYSTEMS:</u>		
	TOTAL HOURS (3)		(4.5)
	I. <u>RESEARCH DESIGN AND METHODOLOGY:</u>		
	TOTAL HOURS (3)		(4.5)
	J. <u>STATISTICS AND PSYCHOMETRICS:</u>		
	TOTAL HOURS (3)		(4.5)

Pre-doctoral Internship Verification - PSYCHOLOGIST

Access this form via website at: 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
<p>TO THE SUPERVISOR: <i>The person named above is applying for a psychologist license in Hawaii.</i></p> <p>Step 1: Please complete Section 2 to verify the applicant completed the pre-doctoral internship under your supervision and sign the form before a notary public.</p> <p>Step 2: Please attach a <u>signed</u> affidavit providing a brief summary of the duties that the applicant performed in the <u>field of psychology</u> during the pre-doctoral internship. The board will not accept internship agreements; position/job descriptions; or other documents that do not attest to your direct supervision of the duties performed. Not providing the signed affidavit may prolong the application process.</p> <p>Step 3: Return the completed form to the applicant.</p> <p style="text-align: center;">IMPORTANT: 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.</p>

Internship Dates		Length of Internship	Total Hours	Position Held	Name of Internship Agency Address, City, State	APA Accredited at the time?
From	To					
____ / ____ mo. yr.	____ / ____ mo. yr.	yrs. mos.	Hrs.			

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. _____
(School doctoral degree was received from)

Supervisor Signature: _____

Print your Name: _____

License No. and State: _____

Phone No.: _____ Address: _____

Subscribed and sworn 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: _____

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

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
<p>TO THE SUPERVISOR: <i>The person named above is applying for a psychologist license in Hawaii.</i></p> <p>Step 1: Please complete Section 2 to verify the applicant completed the postdoctoral experience under your supervision and sign the form before a notary public.</p> <p>Step 2: Please attach a <u>signed</u> affidavit providing a brief summary of the duties that the applicant performed in the <u>field of psychology</u> during the postdoctoral experience. The board will not accept postdoctoral training agreements; position/job descriptions; or other documents that do not attest to your direct supervision of the duties performed. Not providing the signed affidavit may prolong the application process.</p> <p>Step 3: Return the completed form to the applicant.</p> <p style="text-align: center;">IMPORTANT: 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.</p>

Post Doctoral Experience Dates		Length of Post-Doctoral Training	Total Hours.	Position Held	Name of Postdoctoral Agency Address, City, State	APA Accredited at the time?
From	To					
____/____	____/____	yrs. mos.	Hrs.			
mo. yr.	mo. yr.					

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 from an accredited Institution, granted prior to 1970, and is listed in the National Register of Health Service Providers in Psychology. _____
(School doctoral degree was received from)

Supervisor Signature: _____

Print your Name: _____

License No. and State: _____

Phone No.: _____ Address: _____

Subscribed and sworn 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: _____	

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

