

REQUIREMENTS & INSTRUCTIONS – PSYCHOLOGIST LICENSE

LICENSURE BY CERTIFICATE, CREDENTIAL, or SENIOR PSYCHOLOGIST

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

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

- ⇒ Certificate of Professional Qualification in Psychology (CPQ)
- ⇒ National Register of Health Service Providers in Psychology Credential (NR)
- ⇒ American Board of Professional Psychology Diplomate Certificate (Diplomate)
- ⇒ Senior Psychologist

If you wish to apply for licensure by examination or examination waiver a separate application is available. Contact the Board's office at (808) 586-3000 or you may download the form from our website at: cca.hawaii.gov/pvl/boards/psychology or contact the Board's office (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 FORM Complete and sign the online fillable application form *or* type/print legibly in black ink. **Failure to provide all requested information will delay the processing of your application.**

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.

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.*

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APPLICATION FOR LICENSURE – CPQ

REQUIREMENTS

To be eligible to apply by CPQ, you must hold a current CPQ certificate issued by the Association of State and Provincial Psychology Boards (ASPPB).

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.

- APPLICATION FOR LICENSURE-PSYCHOLOGIST form PSY-01(A)
Complete and sign the online fillable application form *or* type/print legibly in black ink.
- CPQ VERIFICATION
Visit ASPPB's website asppb.net for information on their CPQ program and how to complete a CPQ Verification Request. Please note ASPPB will send your CPQ Verification directly to the Board.

APPLICATION FOR LICENSURE – NR

REQUIREMENTS

To be eligible to apply by NR, you must hold a current Health Service Provider credential issued by the National Register of Health Service Providers in Psychology (National Register).

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.

- APPLICATION FOR LICENSURE-PSYCHOLOGIST form PSY-01(A)
Complete and sign the online fillable application form or type/print legibly in black ink.
- NR CREDENTIAL
Visit the National Register's website at nationalregister.org for information on their mobility program and how to request a credentials verification. Please note the National Register will send your NR credentials verification letter to the Board.

APPLICATION FOR LICENSURE – ABPP

REQUIREMENTS

To be eligible to apply by Diplomate, you must hold a diplomate certificate in good standing granted by the American Board of Professional Psychology (ABPP).

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.

- APPLICATION FOR LICENSURE-PSYCHOLOGIST form PSY-01(A)
Complete and sign the online fillable application form or type/print legibly in black ink.
- DIPLOMATE CERTIFICATE
Attach an original letter of good standing from the ABPP

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APPLICATION FOR LICENSURE-SENIOR PSYCHOLOGISTS

REQUIREMENTS To be considered by the Board for licensure as a “Senior Psychologist”, applicants must meet the following requirements set forth by §465, HRS.

LICENSE & EXAMINATION 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.

20-YEARS LICENSED Before application in this jurisdiction, has been licensed as a psychologist for at least twenty years in United States or Canadian jurisdictions where that license was based on a doctoral degree. The total of twenty years shall be obtained by counting sequential, not concurrent, years of licensure.

NO SANCTIONS Has had no disciplinary sanction against the person’s license in any jurisdiction during the entire period of being licensed as a psychologist. You are required to provide license verifications for all jurisdictions you have held a license in currently and historically.

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.

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

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

- LICENSE VERIFICATION

To verify your license in all states you have been licensed, duplicate the following instructions as needed. Complete the applicant section of the “Verification of Licensure - Psychologist” form (PSY-06), then send the form to the state you held or hold 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.

- EPPP SCORE TRANSFER

To begin the EPPP score transfer process, please go to ASPPB’s website asppb.net. ASPPB will send your score transfer directly to the Board. Please note that ASPPB may require payment for score transfers.

ATTENTION: If you were not required to pass the EPPP examination at the time of licensure, you will be required to have that jurisdiction submit a signed letter on your behalf addressed to the Hawaii Board of Psychology attesting that you were not required to pass the EPPP for licensure. Have the jurisdiction submit the letter to the mailing address located in the general information section below.

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 form found on the Board’s website at cca.hawaii.gov/pvl/boards/psychology. Do not forget to sign and date.

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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	<p>To obtain a copy of the laws, Chapter 465, Hawaii Revised Statutes, and rules, Chapter 98, Hawaii Administrative Rules, send a written request to: <i>Board of Psychology, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801.</i> Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 465 and Chapter 98.</p> <p>Please refer to the Psychologist laws (Chapter 465, HRS) and rules (Chapter 98, HAR) for additional information on the licensing requirements.</p> <p>The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Psychologist".</p>
APPLICANTS WITH DISABILITY	<p>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.</p> <p>No action will be taken to provide special testing arrangements until your exam application has been approved.</p>
ABANDONMENT OF APPLICATION	<p>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.</p> <p>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.</p>

Instructions for "Yes" Answers to Questions (3) through (5) of the Application for License (PSY-01(A))

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 3 and 4 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, read paragraph "B" below, **AND** you must **submit** the following:
 - i. A statement by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents; and
 - iii. A resume of any employment, business activities, and education since the date of the action.
 2. If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders;
 - iv. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjd to request a "Criminal History Record Check" form.

NOTE: If your criminal record conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

- B. If you answer "yes" to questions (3) through (5), your application will be reviewed at a Board of Psychology meeting **if you have provided all applicable information and documents as described above**. The Board will not review incomplete applications. If you wish to present oral testimony at the Meeting, submit a written request with your application.

APPLICATION FOR LICENSE – PSYCHOLOGIST
LICENSURE BY CERTIFICATE, CREDENTIAL, or SENIOR PSYCHOLOGIST

Approved

Initials/Date

Effective Date:

License No.

PSY -

Legal Name (First-Middle)		(LAST)
Other Names Used (include maiden name):	Date of Birth:	Social Security No.
Residence Address (include apt. no., city, state and zip code) - REQUIRED		
Mailing Address (ONLY if different from above)		
Email Address:	Phone No.	

FOR OFFICE USE ONLY

Applying for licensure by (check one only):

Certificate of Professional Qualification in Psychology (CPQ)

(Date verification was requested): _____

National Register of Health Service Providers in Psychology credential (NR).

(Date verification was requested): _____

Diplomate Certificate of the American Board of Professional Psychology (Diplomate).

(Date verification was requested): _____

Senior Psychologist

(Date EPPP score transfer was requested from ASPPB): _____

Circle your answers; If response is "YES" to questions 3 to 5, refer to the instructions for additional documents that must be submitted with this application.

- 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
- 4) a. 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 been convicted of a crime in any jurisdiction that has not been annulled or expunged?.....YES NO

(SIGNATURE REQUIRED ON PAGE 2)

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 <small>(Attach additional sheets if needed)</small>	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