



TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

LICENSED PSYCHOLOGIST CHECKLIST & LICENSURE PROCESS

APPLICATION FOR LICENSED PSYCHOLOGIST

- ✓ *Application for Licensed Psychologist (LP) with current application fee. See 22 TAC 885.1 for a list of the fee amounts.*
- ✓ *Official transcript sent **DIRECTLY** from the university - (mailed or electronic submission)*
- ✓ *[Self-Query Report](#) from the National Practitioner Database (NPDB) - **(in original sealed envelope)***
- ✓ *Proof of passage of the Jurisprudence Examination. This exam must be completed prior to applying. Please [click here](#) to take the Jurisprudence Examination.*
- ✓ *Checklist for Exemption of Post-Doctoral Fellowship - *If applicable**
- ✓ *Transferred Examination for Professional Practice in Psychology (EPPP) score from ASPPB - *If applicable**



CRIMINAL HISTORY RECORD CHECK

Once your application has been received by the agency, staff will mail or email you the appropriate instructions and form necessary to undergo a fingerprint criminal history record check. A fingerprint criminal history record check is required for licensure.



APPLICATION REVIEW

Applications are reviewed within six weeks of receipt, and in the order in which they are received. In the event your application is found to be incomplete or agency staff have questions regarding your application, a staff member will contact you with his or her question or regarding any missing or incomplete items. **Do not contact agency staff within this six week period unless you are responding to an inquiry from staff.** In the event you have not heard from the agency within six weeks of submitting your application, you may contact agency staff, preferably via email, to check on the status of your application. Telephone calls and emails requesting a status update within the initial six week review period only serve to increase application processing times for all applicants.

EXAMINATION & PROVISIONAL LICENSURE

Upon approval of an application, applicants will receive written notification of their eligibility to sit for the EPPP. Applicants must complete the EPPP within 2 years following approval. Failure to do so will result in your application expiring.

First-time applicants will be licensed as a *Licensed Psychologist with Provisional Status* so that they may complete the required supervised experience.

***** IMPORTANT *****

Following passage of the EPPP and completion of your supervised experience, applicants **MUST** submit the *Request for License Issuance* and supporting materials **before** the end of the 2 year period following approval. Failure to do so will result in having to submit another *Application for Licensed Psychologist*.



**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUNCIL**

333 Guadalupe St., Ste. 3-900
Austin, Texas 78701
Tel.: (512) 305-7700
www.bhec.texas.gov

For Agency Use Only

APPLICATION FOR LICENSED PSYCHOLOGIST

APPLICANT INFORMATION	
Full Legal Name:	
Names Previously Used, Including Maiden Names:	
Mailing Address:	
Primary Phone No.:	Alternate Phone No.:
Email Address:	
Social Security No.:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER LICENSES AND CREDENTIALS	
Do you now hold or have you ever held a license to practice psychology in this state or in any other jurisdiction? <i>If so, please attach a written explanation identifying the type of license, issuing jurisdiction, license number, and current status.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had an application denied or been refused a license to practice psychology or any other form of behavioral or mental healthcare? <i>If so, please attach a written explanation identifying the jurisdiction that denied the application or request for licensure and describing the basis for the denial.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Has there been in the past or is there currently pending any administrative or disciplinary action initiated by a health or occupational regulatory agency, or an agency or office within the federal government, against you or a license currently or previously held by you?</p> <p><i>If so, please attach a written explanation of the nature of the administrative or disciplinary action, as well as the resolution of the matter that complies with 22 TAC 884.32</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>MILITARY SERVICE MEMBERS, VETERANS, AND SPOUSES</p>	
<p>Are you a military service member, military veteran, or military spouse, as those terms are defined in Section 55.001 of the Occupations Code?</p> <p><i>If so, please submit the <u>Military Quick Reference Sheet</u> and supporting documentation to be considered for waivers.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you are a military spouse, were you licensed by this agency within the preceding five year period?</p> <p>If so, please list the type of license held, together with your former license number:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you are a military service member or military veteran, did you deliver psychological services within the military for a period of at least one year following the conferral of your doctoral degree?</p> <p>If so, please provide the dates when those services were provided:</p> <p>From _____ To _____ (MM/DD/YY) (MM/DD/YY)</p> <p><i>Applicants who can demonstrate the delivery of psychological services within the military for at least one year will receive credit toward the applicable licensing standards as indicated in 22 TAC 463.20(b).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

EDUCATION	
Doctoral Degree	Degree Conferral Date*
Was your degree program APA accredited at the time your degree was conferred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive your graduate degree from a regionally accredited educational institution? <i>A regionally accredited educational institution is one accredited by one of the entities listed in 22 TAC 463.1.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If your degree was awarded or conferred prior to January 1, 1979 and your transcript does not reflect a major in psychology, you must comply with 22 TAC 463.10(b)(2).	
EXAMINATION HISTORY	
Have you previously taken the Examination for Professional Practice in Psychology (EPPP) for a jurisdiction other than Texas? <i>If so, you can access the EPPP Score Transfer Service by clicking here, or by visiting ASPPB's website at www.asppb.net.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you successfully pass the Jurisprudence Examination ? <i>If so, please submit a copy of the email you received reflecting your passing score. If not, please do not submit this application until you have done so.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL ACCOMMODATIONS	
Do you have a disability or impairment recognized under the Americans with Disabilities Act (ADA) which will necessitate special accommodations during the administration of the EPPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any accommodations in the past for this disability or impairment? <i>If so, please attach a written explanation that complies with 22 TAC 882.7.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT PROVIDER STATUS

Are you currently providing psychological services in Texas?

Yes No

If so, which of the following serves as the basis for your delivery of services in Texas:

- Licensed by this agency.
- Providing services which are exempt under 22 TAC 882.26.
- Other: _____
- None of the above.

*Please attach a detailed description of the setting and type of services being provided in order for agency staff to determine whether the setting and services fall within the scope and spirit of the law. When providing a description for an exemption based upon enrollment in a formal post-doctoral program, you must submit the form entitled **Checklist for Exemption of Post-doctoral Fellowship**.*

Criminal History and Disqualifying Factors

Excluding minor traffic violations, have you ever been convicted, sentenced, or placed on community supervision or pretrial diversion for any crime?
If so, please attach a written explanation, along with copies of relevant documentation including the charging instrument (i.e. information and complaint, or indictment), judgment, order of deferred adjudication or other dispositive order, any agreements concerning deferred disposition, and a copy of the terms and conditions of any probation or community supervision ordered.

Yes No

Have you ever engaged in the practice of psychology without a license or other legal authority in this state or any other jurisdiction?

Yes No

Have you ever aided or abetted another individual in the unlawful practice of psychology?

Yes No

Are you physically and mentally able to render competent psychological services to the public in a safe manner?

Yes No

Do you use drugs or alcohol to an extent that affects your professional competency?

Yes No

PERSONAL ACKNOWLEDGEMENT

By signing and submitting this application, you are acknowledging:

- that the information contained in this application is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code and a basis for future disciplinary action;
- that the Public Information Act is enforced by this agency as required by state law;
- the Council has permission to seek any information or references it deems appropriate regarding your credentials pertinent to this application;
- you have read the Psychologists' Licensing Act and Council rules and are familiar with both;
- that pursuant to Section 232.0135 of the Family code, this application or a future renewal may be denied for failure to pay child support;
- the application and examination fees submitted in connection with this application are non-refundable;
- that the failure to submit all required documentation and information may delay the processing of your application, or result in your application going void or being denied;
- that you have ninety (90) days following receipt of this application by the agency to ensure that all documentation and information required has been submitted;
- that it may take agency staff up to six weeks to process your application; and
- that you have an obligation to keep your address of record current while your application is being processed.

Signature:

Date:



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**CHECKLIST FOR EXEMPTION OF POST-DOCTORAL
FELLOWSHIP**

Generally speaking, a person may not engage in the practice of psychology, which includes practicing under the supervision of a licensed psychologist while acquiring post-doctoral experience, unless the person is licensed. See 22 TAC 882.23. However, the activities or service of a post-doctoral fellow or resident are exempt, i.e. do not require a license, if certain exemption criteria are met. See Section 501.004 of the Occupations Code and 22 TAC 882.26 for a list of these criteria.

Applicants who contend their post-doctoral supervised experience meets the exemption criteria of 22 TAC 882.26, must demonstrate the exempt nature of their activities or services by answering the following questions and providing documentation to substantiate their responses. The failure or inability to do so may render any post-doctoral supervised experience acquired in Texas on or after September 1, 2016 without authorization, ineligible for consideration when the individual applies for licensure. Furthermore, applicants who cannot demonstrate the exempt nature of their activities or services must immediately stop practicing psychology, regardless of whether they are or have been under the supervision of a licensed psychologist.

Applicants who either held a license or trainee status issued by this agency while obtaining their post-doctoral supervised experience, acquired their post-doctoral supervised experience prior to September 1, 2016 or while meeting an exemption under Section 501.004, or who acquired their post-doctoral supervised experience in another jurisdiction **do not** need to submit this form.

Accreditation or Substantial Equivalency of Post-doctoral Fellowship or Residency		
1A.	<p>Was your formal post-doctoral program accredited by the American Psychological Association (APA) or a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) at the time of your enrollment in that program?</p> <p><i>If so, please provide documentation reflecting the accreditation or membership of your post-doctoral program.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B.	<p>If you answered “No” to 1A, was your post-doctoral program substantially similar to an APA accredited or APPIC member program at the time of your enrollment?</p> <p><i>If so, please provide documentation from the post-doctoral program reflecting substantial equivalency to either an APA accredited or APPIC member program.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>The Council has determined that each of the following criteria must be met before a formal post-doctoral program will be considered substantially similar to an APA accredited or APPIC member</p>		

program. Please identify each criteria that you believe your post-doctoral program meets by checking the corresponding box, and provide a citation or reference to the document and page where such criteria can be confirmed in any enclosed supporting materials.

Criteria for Substantial Similarity:	Citation or Reference to Supporting Materials:
<input type="checkbox"/> An organized experience with a planned and programmed sequence of supervised training experiences.	
<input type="checkbox"/> A designated psychologist responsible for the program who possesses expertise or competence in the program's area.	
<input type="checkbox"/> Two or more licensed psychologists on staff, at least one designated as supervisor with expertise in area of practice.	
<input type="checkbox"/> A minimum of 2 hours per week of face-to-face supervision.	
<input type="checkbox"/> A minimum of 2 additional hours per week of learning activities.	
<input type="checkbox"/> A minimum of 25% of the fellow's time is spent providing professional psychological services.	
<input type="checkbox"/> Admission requirements that require the applicant to complete all professional degree requirements and a pre-doc internship, which at a minimum meets Council requirements (See 22 TAC 463.11(d)).	
<input type="checkbox"/> A requirement that participants use titles such as intern, resident, fellow, or trainee.	
<input type="checkbox"/> Documentation describing the goals, content, organization, entrance requirements, staff, mechanisms for evaluations (minimum 2 per year), and a statement that the program meets Texas' licensure requirements.	
<input type="checkbox"/> At a minimum, an informal due process procedure regarding deficiencies and grievances.	
<input type="checkbox"/> A written requirement for at least 1500 hours to be completed in not less than 9 months and not more than 24 months.	

Supervision and Title

2.	Were your activities or services (i.e. psychological services) delivered in connection with the formal post-doctoral program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Were you under the supervision of a licensed psychologist when delivering psychological services in the formal post-doctoral program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<i>If so, please identify your primary supervisor, along with his or her license number.</i>	
	Supervisor:	
	License No.:	
4.	What title did you use while enrolled in the formal post-doctoral program?	
	Title Used:	
If you answered “No” to question 1A and 1B, or to question 2 or 3 on this form, your post-doctoral program does not qualify for exemption.		

SIGNATURE AND ACKNOWLEDGEMENT	
<p>I acknowledge that the information provided herein is true and correct and that any misrepresentation may constitute a criminal violation under Tex. Penal Code §37.10.</p> <p>I understand that the Public Information Act is enforced as required by state law.</p> <p>I also understand that any failure to follow the instructions set out in this form, including providing clear citations or references to any supporting materials, may delay the processing of my application or may result in my application expiring or being denied.</p>	
Applicant Signature:	Date:



LICENSED PSYCHOLOGIST MILITARY QUICK REFERENCE SHEET

MILITARY SERVICE MEMBERS AND MILITARY VETERANS	
<p>The Council will waive submission of the 1,750 hours of formal internship and 1,750 hours of post-doctoral supervised experience (i.e. two years of supervised experience) as well as the application fee, once the items listed below have been submitted and approved by agency staff. If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application and examination fees, and provide all of the documents and information indicated in the application packet.</p>	
<input type="checkbox"/>	Proof of military service.
<input type="checkbox"/>	<p>A copy of the law reflecting the current licensing standards for psychologists in the jurisdiction that issued your out-of-state license, with the following relevant portions highlighted for easy reference:</p> <ul style="list-style-type: none"> • The requirement of a doctoral degree in psychology • A cutoff score on the EPPP of at least 70% (scaled score of 500) • Two years or a minimum of 3,000 hours of supervised experience under a licensed psychologist
<input type="checkbox"/>	Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Council.
SPOUSES of MILITARY SERVICE MEMBERS:	
<p>The Council will waive submission of the 1,750 hours of formal internship and 1,750 hours of post-doctoral supervised experience (i.e. two years of supervised experience) as well as the application fee, once the items listed below have been submitted and approved by agency staff. If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application and examination fees, and provide all of the documents and information indicated in the application packet.</p>	
<input type="checkbox"/>	Proof of marriage to a military service member.
AND	
<input type="checkbox"/>	<p>A copy of the law reflecting the current licensing standards for psychologists in the jurisdiction that issued your out-of-state license, with the following relevant portions highlighted for easy reference:</p> <ul style="list-style-type: none"> • The requirement of a doctoral degree in psychology • A cutoff score on the EPPP of at least 70% (scaled score of 500)

	<ul style="list-style-type: none"> • Two years or a minimum of 3,000 hours of supervised experience under a licensed psychologist
<input type="checkbox"/>	Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Council.
OR	
<input type="checkbox"/>	Proof that within 5 years preceding the application date, the spouse held a license issued by this agency.

MILITARY SERVICE CREDIT	
A military service member or military veteran will receive credit for one year or 1,750 hours of post-doctoral supervised experience, once the items listed below have been submitted and approved by agency staff. Additionally, the application fee will also be waived.	
<input type="checkbox"/>	Proof the military service member or military veteran delivered psychological services within the military for at least one year following conferral of a doctoral degree in psychology.