

**REQUIREMENTS & INSTRUCTIONS FOR APPLICANTS APPLYING FOR LICENSURE USING THE CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY ("CPQ") OR THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY CREDENTIAL ("NR")**

Access this form on our website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl)

**APPLICATION**

Complete and sign the attached application form. Type or 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 the time of filing. There is no reciprocity or recognition of a psychologist license from another state.

**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.*

**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).

Currently, there are six (6) methods to qualify for psychologist licensure in Hawaii. **Use the attached application if you wish to apply by CPQ or NR.**

- If you wish to apply by examination, examination waiver, senior psychologist or diplomate of the American Board of Professional Psychologist (ABPP), a separate application is available. Contact the Board's office at (808) 586-3000 or you may download the form from our website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl). Click on "Psychologist".

**APPLICATION FOR LICENSURE – CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY ("CPQ")**

**CPQ CERTIFICATE**

Hold a current CPQ certificate issued by the Association of State and Provincial Psychology Boards (ASPPB).

**Contact** ASPPB and request they send an official letter verifying your CPQ certificate **directly** to our office. The "Request for CPQ Verification Form" can be obtained from the ASPPB website at [www.asppb.org](http://www.asppb.org) or by sending a written request to:

ASPPB  
P.O. Box 241245  
Montgomery, AL 36124-1245  
Phone: (334) 832-4580  
Fax: (334) 269-6379

**APPLICATION FOR LICENSURE – NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN  
PSYCHOLOGY CREDENTIAL ("NR")**

**CREDENTIAL**

Hold a current Health Service Provider credential issued by the National Register of Health Service Providers in Psychology ("National Register").

**Contact** the National Register and request they send an official letter verifying your Health Service Provider credential **directly** to our office.

To request a verification letter, please send a written request to:

National Register of Health Service Providers in Psychology  
1120 G Street NW, Suite 330  
Washington, DC 20005  
Phone: (202) 783-7663  
Fax: (202) 347-0550

**GENERAL INFORMATION**

**BOARD'S ADDRESS**

Mail all required items to:

Deliver to office location at:

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

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

**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/hcjdc](http://www.hawaii.gov/hcjdc) 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.

**LICENSE DENIAL**

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes.

Your written request for a hearing must be directed to the agency that denied your application, and must be within 60 days of notification that your application for a license has been denied.

**LAWS & 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.

The laws and rules are also posted on our website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl). Look under "Psychology".

**LICENSURE**

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

**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.

**BIENNIAL RENEWAL**

All licenses, regarding 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 know address about 2 months prior to the license expiration date. To ensure receipt of the renewal application, keep the Board informed of your address in writing.

**ABANDONMENT OF INFORMATION**

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 we 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.

# APPLICATION FOR LICENSE – PSYCHOLOGIST (CPQ/NR)

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

FOR OFFICE USE ONLY

Approved	Initials/Date
Effective Date:	License No. PSY -
Social Security No.	Phone No.

Applying for (check one only):  
 Licensure-Certificate of Professional Qualification in Psychology (CPQ). Provide date verification was requested: \_\_\_\_\_  
 Licensure-National Register of Health Service Providers in Psychology credential (NR).  
 Provide date verification was requested: \_\_\_\_\_

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) In the past 20 years have you been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO

EDUCATION	Name of Institution	Major Course of Study	Date Graduated	Name of Degree Conferred	Program APA Approved (Yes/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 answers and statements 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, 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.

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

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.

App.....	563 .....	\$50	CRF.....	567 .....	\$55/110
Lic .....	565 .....	\$30	Service Charge ....	BCF .....	\$25
½ Renewal .....	560 .....	\$50			