

REQUIREMENTS & INSTRUCTIONS - PSYCHOLOGIST LICENSE

Visit our website at: 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 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 attached application 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 form from our website at: www.hawaii.gov/dcca/areas/pvl. Click on "Psychologist".

FEES

Application Fee (non-refundable) is \$50. **Attach** check made payable to: Commerce & Consumer Affairs.

APPLICATION FOR EXAMINATION

Effective 1/1/02, the Examination for Professional Practice in Psychology (EPPP) administered in Hawaii is computer based. 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, see 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 attached "Training Report" (form PSY-02). A course may be applied only once and may not be repeated in any of the other areas.

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 internship experience approved by the APA or one year (1,900 hours) of supervised experience in health service in psychology in an internship or residency program in an organized health service training program. The 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.

INTERNSHIP (Contd.) **Have** your supervisor complete the attached "*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.

POSTDOCTORAL EXPERIENCE **Have** completed 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.

Have your supervisor complete the attached "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.

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.

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 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 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: 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

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.

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 or 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: 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

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.

LICENSE (Contd.)

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:

Deliver to office location at:

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

OR

335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

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: www.hawaii.gov/dcca/areas/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.

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

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

FOR OFFICE USE ONLY

Approved	Initials/date
Effective Date:	License No. PSY -

Applying for (check one only)

<input type="checkbox"/> Examination	<input type="checkbox"/> Licensure-Diplomate (ABPP)
<input type="checkbox"/> Licensure-Examination Waiver	<input type="checkbox"/> Temporary Permit
<input type="checkbox"/> Licensure-Senior Psychologist	

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 _____

Circle or underline 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
- 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 ever been convicted of a crime in which the conviction 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.

EDUCATION	Name of Institution	Major Course of Study	Date Graduated	Name of Degree Conferred	Program APA Approved (Yes/No)

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

(Continued on back)

App..... 563..... \$50	Lic..... 565..... \$30
Temp..... 566..... \$30	CRF..... 567..... \$55/110
Service fee BCF..... \$15	½ Renewal..... 560..... \$50

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 (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.

Date

Signature of Applicant

TRAINING REPORT – PSYCHOLOGIST (APA applicants may disregard this form.)

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

NAME OF APPLICANT (First-Middle-LAST): _____

Social Security No: _____ 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. BIOLOGICAL BASES OF BEHAVIOR; PHYSIOLOGICAL PSYCHOLOGY, COMPARATIVE PSYCHOLOGY, NEUROPSYCHOLOGY, SENSATION AND PERCEPTION, PSYCHOPHARMACOLOGY:			
	TOTAL HOURS (6)			(9)
	B. COGNITIVE-AFFECTIVE BASES OF BEHAVIOR; LEARNING, THINKING, MOTIVATION, EMOTION:			
	TOTAL HOURS (6)			(9)
	C. SOCIAL BASES OF BEHAVIOR; SOCIAL PSYCHOLOGY, GROUP PROCESSES, ORGANIZATIONAL AND SYSTEMS THEORY, COMMUNITY PSYCHOLOGY:			
	TOTAL HOURS (6)			(9)

Pg. 2 Training Report-Psychologist (APA applicants may disregard this form.)

NAME OF APPLICANT (First-Middle-LAST): _____

Social Security No: _____

Date: _____

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)

Pg. 3 Training Report-Psychologist (APA applicants may disregard this form.)

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

NAME OF APPLICANT (First-Middle-LAST): _____

Social Security No: _____ Date: _____

1. 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)

Internship Verification - PSYCHOLOGIST

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

Instructions to the Applicant: Complete Section 1, **have your supervisor complete Section 2 to verify your 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 1: APPLICANT	Name (First-Middle)	(Last)	Social Security No.
	Address (include apt no. & zip code)		Phone No.
	SIGN HERE:		Date

Section 2: SUPERVISOR ONLY	TO THE SUPERVISOR:					
	<p style="text-align: center;"><i>The person named above is applying for a psychologist license in Hawaii. Please complete Section 2 to verify the applicant completed the 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.</i></p>					
	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 <u>attach</u> a brief summary of the duties that the applicant performed during the internship.					
	<p>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)</p> <p style="margin-left: 40px;"> <input type="checkbox"/> A licensed psychologist. <input type="checkbox"/> A psychologist who holds an ABPP diplomate certificate. <input type="checkbox"/> 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>					
	_____ Signature of Supervisor					
	Print your name _____ Address _____ _____					
	Phone No. () _____ State of Licensure _____ License No. _____ School doctoral degree received from _____					
Subscribed and sworn to before me Address This _____ day of _____, 20____ _____ Notary Public, State of _____ My commission expires: _____						

Postdoctoral Verification - PSYCHOLOGIST

Instructions to the Applicant: Complete Section 1, **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 1: APPLICANT	Name (First-Middle)	(Last)	Social Security No.
	Address (include apt no. & zip code)		Phone No.
	SIGN HERE:		Date

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 postdoctoral experience **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.***

Post Doctoral Experience Dates (mo/yr)		Length of Post Doctoral Training	Total Postdoctoral Hours	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 internship.

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.

Section 2:
SUPERVISOR ONLY

Signature of Supervisor

Print your name _____

Address _____

Phone No. () _____

State of Licensure _____

License No. _____

School doctoral degree received from _____

Subscribed and sworn to before me Address _____

This _____ *day of* _____, 20____

Notary Public, State of _____
My commission expires: _____

VERIFICATION OF LICENSURE – PSYCHOLOGIST

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

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

A P P L I C A N T	<i>APPLICANT: Complete top of this page and forward to ORIGINAL state of license.</i>	
	Name (LAST, First, Middle)	Other Names Used
	Address (include Apt. No. and Zip Code)	Social Security No.
		LICENSE/CERTIFICATE NUMBER
	Phone No.	Date Issued.
<p>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.</p> <p>Date _____ SIGN HERE: _____</p>		

L I C E N S I N G A G E N C Y O N L Y	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 _____	
	_____ The license/certificate was issued upon the passing of the Examination for Professional Practice in Psychology (EPPP)	
	EPPP: Date Passed _____	
	Form Number _____	
	Raw Score _____	
	_____ 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)? [] YES [] NO If YES, please send a copy of your Board's: 1) Administrative Action; 2) Final order	
SEAL	Signature _____ Title _____ State _____ Date _____	
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.		