



**TEXAS STATE BOARD OF EXAMINERS  
OF PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
Tel.: (512) 305-7700  
Fax: (512) 305-7701

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**APPLICATION TO SIT FOR THE ORAL EXAMINATION**

Prior to completing this application, you are encouraged to read the *Oral Examination Brochure*, which is available for download from the Board's website.

Pursuant to Board rule 463.15, only Provisionally Licensed Psychologists may apply to take the Oral Examination. Do not submit this application unless you hold an active license as a Provisionally Licensed Psychologist.

The Oral Examination is administered at regularly scheduled intervals on the first or second Friday-Saturday weekends in January and July. Specific examination dates can be found on the Board's website at [www.tsbep.texas.gov/important-dates](http://www.tsbep.texas.gov/important-dates). Applications, along with the required fee, must be **received** by the Board on or before November 15<sup>th</sup> (for the January Oral Examination) or May 15<sup>th</sup> (for the July Oral Examination) to be considered timely. For deadlines falling on a weekend or state holiday, the deadline for receiving the application will be the first business day immediately preceding the weekend or state holiday. Applications received after a deadline, regardless of the postmark date, will be considered untimely and scheduled for a subsequent examination. **Deadlines will be strictly enforced with no exceptions allowed.**

Candidates whose applications are timely received will be notified in writing of the date, time, and location of their examination approximately 2 weeks prior to the scheduled examination date. Examination times are not negotiable, and may only be changed in accordance with Board rule 463.17.

**Date of Oral Examination Applied For:**

**APPLICANT INFORMATION**

**Name (Last, First, Middle):**

**Mailing Address:**

**Is this a new address?**

Yes  No

**Home Phone No.:**

**Business Phone No.:**

**Cellular Phone No.:**

**Email Address:**

<b>Social Security No.:</b>	<b>Provisional License No.:</b>
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**Race/Ethnicity** (please check all that apply):

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> I do not wish to disclose	<input type="checkbox"/> Other: _____

*Hispanic or Latino* – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race  
*White* – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa  
*Black or African American* – A person having origins in any of the black racial groups of Africa  
*Native Hawaiian or Other Pacific Islander* – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands  
*Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam  
*American Indian or Alaska Native* – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

**Your selection will be used for statistical analysis only, and will not affect your exam in any way.**

DECLARED AREA OF ORAL EXAMINATION						
<p>Candidates must choose <b>one</b> of the following areas in which to be examined. Candidates should choose the area in which they are most comfortable. Please note however, once an application has been received by the Board, a candidate may not change his or her declared area. Sitting for the Oral Examination in any given area will not operate to restrict the candidate’s future area(s) of practice.</p>						
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Clinical</td> <td><input type="checkbox"/> Neuropsychology</td> </tr> <tr> <td><input type="checkbox"/> Counseling</td> <td><input type="checkbox"/> Child Clinical</td> </tr> <tr> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Industrial/Organizational</td> </tr> </table>	<input type="checkbox"/> Clinical	<input type="checkbox"/> Neuropsychology	<input type="checkbox"/> Counseling	<input type="checkbox"/> Child Clinical	<input type="checkbox"/> School	<input type="checkbox"/> Industrial/Organizational
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PASSPORT PHOTOGRAPHS	
<p>You must attach two current passport photos (2x2) of yourself to this application. The photos should be stapled or firmly affixed to the header on the front page of the application.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you attached the required photos?</p>	

**EXAMINATION FEE**

The \$320 fee to sit for the Oral Examination is set forth in the Board's *Fee Schedule* and is non-refundable.

All applications must be accompanied by payment in the correct amount. Applications accompanied by an incorrect payment amount will not be processed, and will be returned to the applicant. Additionally, the fee to sit for the exam will not be refunded for applications that are found to be incomplete or untimely (e.g. submitted prematurely or after a deadline).

Payment may be made by cash, personal check, cashier's check, or money order. The Board does not accept credit cards. Please make your payment payable to "TSBEP."

Have you enclosed the correct fee?

Yes  No

**SPECIAL ACCOMMODATIONS**

Do you have a disability or impairment which will necessitate special accommodations, facilities, or procedures during the administration of the examination?

If so, please describe your disability or impairment below, and specify the special accommodations you are requesting.

Yes  No

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Your request for special accommodations, facilities, or procedures must be accompanied by a physician's certification of your condition.

Have you included a physician's certification of your condition?

Yes  No

### Acknowledgment

I acknowledge having read and understood this application, Board rule 463.15, and the *Oral Examination Brochure* made available on the Board's website.

I acknowledge that my failure to submit all required information along with this application will prevent the Board from processing my application, and that an incomplete application will result in my not being allowed to sit for the Oral Examination.

I acknowledge that the examination fee submitted with this application is non-refundable.

I acknowledge the statements and information contained in this form are true and correct.

**Signature:**

**Date:**