



Texas State Board of Examiners of Psychologists

Application Materials for Licensed Psychologist by Reciprocity

Please check to make sure you have all of the following documents before completing your application.

- Reciprocity Checklist
- Reciprocity Application Form
- Instructions to Applicants for Obtaining Fingerprint Criminal Record Checks
- FAST Fingerprint Pass Form – For use by In-State Applicants Only*
- FAST Fingerprint Pass Form – For use by Out-of-State Applicants*
- Reference Letter
- Fee Schedule*

*Items denoted with asterisks must be downloaded from the Board's website at www.tsbep.texas.gov/form-bank, or obtained directly from the Board.

****WARNING****

For a list of the states and Canadian provinces with which Texas has reciprocity agreements, please visit www.tsbep.texas.gov/how-to-become-licensed. If you are NOT licensed in one of these jurisdictions, do not submit this application.

Checklist for Application for Licensure by Reciprocity

- I. The Texas State Board of Examiners of Psychologists only grants licensure as a psychologist by reciprocity to applicants who are licensed in jurisdictions which the Board has determined have requirements for licensing substantially equivalent to those in Texas and with which it has a reciprocity agreement.

Additionally, the Board requires that the following be submitted by applicants:

- A. Completed application form (a vita is not a satisfactory substitute).
- B. Application Fee: A fee of \$480 (non-refundable), payable to the Texas State Board of Examiners of Psychologists (TSBEP), to cover the cost of the Board's consideration of your request for licensure as a psychologist by reciprocity.
- C. A copy of a photo I.D. (such as a driver's license or passport).
- D. Official Transcript(s) for all post-baccalaureate course work. The transcript(s) must be sent directly from your school(s), and must show the date the degree was conferred.
- E. A statement which has a notary seal or state seal sent directly from the appropriate psychology licensing agency in another jurisdiction to the Board confirming that you have an active license to practice psychology and are in good standing with that jurisdiction for the five years immediately preceding filing application in Texas. This information should also include your license number and the issue and expiration dates. (No TSBEP form is provided for this).
- F. Score on the Examination for Professional Practice in Psychology (EPPP) sent directly from the Association of State and Provincial Psychology Boards (ASPPB). You can access the EPPP Score Transfer Service at www.asppb.net/?page=ScoreTransfer, or by visiting ASPPB's website at www.asppb.net and clicking on the link entitled "EPPP Score Transfer" under the menu heading "Psychologist."
- G. Three (3) acceptable reference letters. The applicant is responsible for securing his/her own reference letters. These original reference letters must be included with the application form sent to the Board by the applicant. The Board requires a minimum of three references from psychologists in order to review your application. Two of these references must be licensed as psychologists by the psychology licensing board in the appropriate jurisdiction. The third reference must either be licensed as a psychologist or be a professor of psychology at a college/university. Current Board members may not be used as references.
- H. DPS/FBI fingerprint criminal history record checks. In accordance with the separate instruction sheet, obtain a full state and federal criminal history record check by submitting your fingerprints to the vendor, MorphoTrust USA.

Items A, B, C, and G must be received in the Board office as a complete packet to begin processing your application. Applications not including these items will not be accepted.

Although, items D, F, E, and H can be received at a later date. However, do not delay in ordering this information to be sent to the Board to avoid a delay in the licensing process.

- II. Some information about the procedure may be helpful.
 - A. All required information for your application file must be in the Board office for your file to be complete so that it can be reviewed, i.e., all notarized statements, verification letters, etc.. Your completion of the application is only the beginning of the process. It is your responsibility to call the Board office to determine whether all required information has been received.
 - B. After your application file is complete and has been reviewed, the Board requires approximately six weeks to communicate its decision to you in writing.
- III. There are two (2) items which require special attention.
 - A. If you do not use this application form within the next three months, please check with the Board office to make sure information provided in this letter is still current (i.e., fees, application form, etc.).
 - B. Board Rule §463.2 states an incomplete application remains in the active file for ninety (90) days, at the end of which time, if still incomplete, it is void.

An applicant for licensure may not apply to sit for or submit examination fees for the Board's written examinations until he/she has been approved by the Board. Once an applicant has been approved to sit for the Board's written examinations, he/she will receive official notification from the Board containing instructions on how to apply for each examination.

If you have any questions, please feel free to contact the Licensing Division at the Board office.

PLEASE CHECK OVER THIS ENTIRE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION TO AVOID ANY DELAYS IN THE PROCESSING PROCEDURE.



**TEXAS STATE BOARD OF EXAMINERS
OF PSYCHOLOGISTS**
333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Official Use Only

**Application for Licensure as a Psychologist
by Reciprocity**

PLEASE PRINT OR TYPE

A. Name _____
First Middle Last Degree

B. E-Mail address: _____ Social Security Number _____ - _____ - _____

C. Mailing Address _____
Street or P.O. Box City State Zip

D. Home Telephone (_____) _____ Business Telephone (_____) _____

E. Date of Birth _____ Place of Birth _____
mo - day - yr City County State

F. Gender: Male _____ Female _____

G. Have you taken the Examination for Professional Practice in Psychology? _____ If yes,
 When _____ Your Score _____
mo - day - yr

Have you taken the Texas Board's Jurisprudence Examination? _____ If yes,
 When _____ Your Score _____
mo - day - yr

H. Are you a Diplomate from the American Board of Professional Psychology? _____ If yes,
 Date Granted _____ Specialty _____
mo - day - yr

I. If you have a disability or impairment which will necessitate special accommodations, facilities or procedures during the administration of the examination(s), please specify your condition **in writing** when submitting your application. Your request for special accommodations, facilities or procedures **must be accompanied by a physician's certification of your condition.**

J. Degree Earned: _____
 Degree Granting Institution: _____
 Area of Training: _____

Date Degree Granted: _____
Month – Day – Year

K. Other License(s)

1. Have you been currently licensed and in good standing as a psychologist in one jurisdiction for the five years immediately preceding the filing of this application in Texas? Yes/No (circle one)

If so, please provide the following information:

Licensed as _____

a. With master's degree _____ or doctoral degree _____

b. Jurisdiction where licensed _____

Date licensed _____ License Number _____
mo – day – yr

c. Expiration date of current license _____
mo – day – yr

d. Name of licensing agency _____

e. Address of licensing agency _____
Street or P.O. Box

_____ City State Zip

f. Has any complaint ever been filed against this license? _____

g. If so, state nature and resolution of this complaint. (Use extra pages if necessary.)

- L. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction?

_____ If yes, please attach an explanation and supporting legal documents for each separate incident.

- M. Have you ever practiced psychology without a license or exemption in this or any other jurisdiction?

_____ If yes, please attach an explanation.

- N. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in this or any other jurisdiction?

_____ If yes, please attach an explanation.

- O. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency?

_____ If yes, please attach an explanation.

- P. Do you use drugs or intoxicating liquors to an extent that affects your professional competency?

_____ If yes, please attach an explanation.

- Q. Is there any action pending against you or against any mental health license that you hold in this or any other jurisdiction?

_____ If yes, please attach an explanation.

R. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?

_____ If yes, please attach an explanation and a copy of pertinent orders or decisions.

S. Current Employment

2. Employer's Name _____

3. Employer's Address _____

Street or P.O. Box

City

State

Zip

4. Hours you worked per week _____ Job Title _____

5. Date employment began _____ Psychological Services Provided _____

6. Supervisor's Name _____

7. Supervisor's Credentials (check one) Provisionally Licensed Psychologist
 Licensed Psychologist
 Neither

8. Jurisdiction where supervisor certified/licensed _____

9. Current title/position of supervisor _____

10. Supervisor's Address _____

Street or P.O. Box

City

State

Zip

T. Are you presently providing psychological services in Texas? _____ If yes, are you:
(Please check one)

Currently licensed by this Board? _____ If so, state type of license _____

Employed in a statutorily exempt agency as defined in Section 501.004 of the Psychologists' Licensing Act.
If so, state name of agency _____

If neither of the above, please attach an explanation.

PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

Warning: Pursuant to Tex. Educ. Code Ann '57.491, a license issued by this Board may not be renewed if the licensee is in default of either a loan guaranteed by the Texas Guaranteed Student Loan Corporation or a repayment agreement.

Signature

Date

Reciprocity Application – October 2015

Instructions to Applicants for Obtaining Fingerprint Criminal Record Checks

NOTE: A Texas Department of Public Safety (DPS)/FBI fingerprint criminal history record check that shows any criminal record of the applicant is valid for six (6) months only. If licensure is not obtained within six months, the applicant will be required to obtain a new DPS/FBI fingerprint criminal record check as a condition for licensure.

Unfortunately, the Board is not permitted to receive or utilize fingerprint criminal history checks performed for other governmental entities. Thus, an applicant will need to undergo a fingerprint criminal history check, regardless of whether he/she has undergone one recently for another governmental entity. However, applicants who currently hold a license issued by this agency and underwent a fingerprint criminal history record check as part of the licensing process for that license do not need to undergo another check.

Texas Residents:

Process for Obtaining Fingerprint Criminal Record Checks

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who reside in Texas are required to obtain fingerprint criminal record checks through the FACT Clearinghouse (formerly known as FAST Pass). This is a DPS program that provides electronic capture and submission of your fingerprints, and is the fastest and highest quality option available. Applicants may register for and schedule an appointment for their fingerprint criminal record check by downloading the in-state *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)* from the Board's website.

Applicants should consider completing their fingerprint criminal record check before submitting their application for licensure to avoid any delay in the processing of their application due to the Board not having received a criminal history report.

Non-Resident or Foreign Applicants:

Process for Obtaining Fingerprint Criminal Record Checks

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who do not reside in Texas are required to obtain fingerprint criminal record checks for licensure.

Persons wishing to become licensed in Texas are encouraged to obtain their fingerprint criminal record check BEFORE they apply for licensure with the Board in order to avoid a delay in the processing of their applications. Non-resident or foreign applicants may submit a written request for the out-of-state applicant fingerprint criminal record check packet, or download the out-of-state *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)* from the Board's website and follow the accompanying instructions. Email requests for applicant fingerprint packets should be directed to Open.Records@tsbep.texas.gov. When requesting an out-of-state applicant fingerprint criminal record check packet, please be sure to include a mailing address.

There is no charge for this fingerprint packet. The packet will include the *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)*, an instruction sheet about the process, and a fingerprint card to obtain the manual fingerprints.

Applicants electing to download the out-of-state *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)* may submit a written request for an official FBI fingerprint card to the Board, or obtain an official FBI fingerprint card from any amenable law enforcement agency. If an applicant obtains an official FBI fingerprint card from any source other than the Board, it is critical that the applicant print or type the correct ORI number (TX922240Z) on the form in the box labeled "ORI." Failure to do so will delay the licensure process and require the applicant to submit to another fingerprint background check. It is the applicant's responsibility to ensure the correct ORI number is utilized and that it is legible.

Once an applicant is pre-enrolled with the vendor, he or she must take the official FBI fingerprint card to a law enforcement agency in the applicant's state or country to have his or her fingerprints taken. Applicants should be prepared to pay a fee for having their fingerprints taken, as some agencies do charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must also be signed by a law enforcement official in the appropriate block. Please follow the directions on the card and provide all information requested except for the following: Your No.; FBI No.; Armed Forces No.; Miscellaneous No.; or Reason Fingerprinted.

After your fingerprints have been taken, please follow the mailing instructions set forth in the confirmation document provided to you upon completion of your pre-enrollment with MorphoTrust USA. The vendor will forward your digitized fingerprints to DPS.

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter for Licensure by Reciprocity

Name and Address of Licensed Psychologist

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): _____

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes _____ No _____

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Your Printed Name

Your Signature

Current Address: _____

Telephone: (_____) _____
Area Code

Area of doctoral level training/education in psychology:

Current Job Position: _____

Please give date(s) of your licensure at the time that you supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. from January 1, 1984 to September 15, 1985)

From: _____ To: _____

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

5. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No _____

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

7. Do you feel the applicant is physically and mentally competent to render psychological services as a licensed psychologist? If **NO**, please attach letter of explanation.
Yes_____ No_____

8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? If **YES**, please attach letter of explanation.
Yes_____ No_____

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.