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

Request for Waiver of the Oral Examination

Name: _____
First Middle Last

Mailing Address: _____

_____
City State Zip

SSN: _____

Please check one of the following options, indicating the reason that you are requesting to be waived from the Oral Examination and whether or not you will be sending additional documentation.

1. ❑ I am a Specialist of the American Board of Professional Psychology (ABPP). I understand that it is my responsibility to request ABPP to provide documentation directly to the Texas State Board of Examiners of Psychologists as proof of this status.

   ❑ This documentation has been sent to the Board within the last six months and therefore will not be resent.

2. ❑ I have been actively licensed for the independent practice of psychology at the doctoral level in another state for at least the five years immediately preceding application for licensure as a psychologist and have no disciplinary action from any health licensing board. I understand that it is my responsibility to request the other state(s) to provide this documentation directly to the Texas State Board of Examiners of Psychologists as proof of this status.

   ❑ This documentation has been sent within the last six months and therefore will not be resent.

3. ❑ I was required to take an oral examination in order to provide the independent practice of psychology at the doctoral level and to obtain licensure as a licensed psychologist in another state. I understand that it is my responsibility to request the other state to provide this documentation directly to the Texas State Board of Examiners of Psychologists.

   ❑ This documentation has been sent to the Board within the last six months and therefore will not be resent.

After submitting the required proof, you may download the online licensure application packet and submit it to the Board.

By signing this waiver form, I understand that if it is later determined by the Board that I do not qualify for this waiver, I will be required to take and pass the Oral Examination.

_____ _____
Signature Date

This completed form must be returned to the Board Office: TSBEP, 333 Guadalupe, 2-450, Austin, Texas 78701