DCH/LPS-200 (03/05)

Michigan Department of Community Health
Board of Psychology
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

PSYCHOLOGY LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. You will be notified about the completeness of your file. It is your responsibility to have all required documentation sent to the Board of Psychology. Questions regarding your application can be directed to the Michigan Board of Psychology at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee will be returned.

APPLICANTS FOR A MASTER'S EDUCATIONAL (TEMPORARY) LIMITED LICENSE FOR POST-MASTER'S DEGREE EXPERIENCE MUST SUBMIT THE FOLLOWING:

1. A complete application with the $95.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.

2. The Certification of Psychology Education form. Section I of the Certification of Psychology Education form must be completed by the applicant. Section II of this form must be completed and returned to this office by the Director of the psychology education program or the Registrar of the institution where the master's degree in psychology was earned.

3. Final, official transcripts that show the date your master's degree was conferred must be submitted directly to this office by your educational institution.

4. The Supervision Confirmation Form confirming that a 500-hour practicum was completed during the master's degree program. A fully licensed psychologist or, if the practicum is in a governmental or non-profit agency, a master's limited license psychologist who has been licensed for more than 3 years must supervise the practicum hours. The supervisor must list the duties performed, including assessment (testing), evaluation, and treatment, and must verify that the duties were performed in an organized health care setting. Credit for the practicum must be received from the University and should be listed on the transcripts. This form must be sent to the Board directly form the supervising psychologist. Forms sent by the applicant will **not** be accepted.

5. If your psychology education was not taught in English, you must achieve a score of 213 on the computerized or 550 on the written Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) administered by the Educational Testing Service (ETS). Information about both the TOEFL and TSE are available on their website at www.toefl.org.

NOTE: This temporary license is valid for two years, is not renewable, and must be obtained prior to beginning post-master's degree experience in Michigan.

REQUIREMENTS FOR A MASTER'S LIMITED LICENSE INCLUDE THE EDUCATION AND PRACTICUM REQUIREMENTS LISTED ABOVE AND THE FOLLOWING:

1. A complete application with the $120.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.

2. The Supervision Confirmation Form confirming the completion of 2000 hours of post-master's degree experience. This experience must be completed after the receipt of your master's degree. A fully licensed psychologist or, if the practicum is in a governmental or non-profit agency, a master's limited license psychologist who has been licensed for more than 3 years must supervise the practicum hours. If the hours were earned in Michigan, you must hold a master's educational (temporary) limited license for these hours to be credited. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and must verify that the duties were performed in an organized health care setting as defined by the Board's Administrative Rules. While accumulating the 2000 hours of post-master's degree experience, you must work at least 16 hours per week, but not more than 40 hours per week. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will **not** be accepted.

3. If your psychology education was not taught in English, you must achieve a score of 213 on the computerized or 550 on the written Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) administered by the Educational Testing Service (ETS). Information about both the TOEFL and TSE are available on their website at www.toefl.org.

NOTE: If you are upgrading a license from the Master's Educational (Temporary) Limited License to a Master's Limited License, it is not necessary to resubmit transcripts, Certification of Psychology Education, and the Supervision Confirmation Form verifying completion of the 500-hour practicum.

APPLICANTS FOR A DOCTORAL EDUCATIONAL LIMITED LICENSE FOR POST-DOCTORAL DEGREE EXPERIENCE MUST SUBMIT THE FOLLOWING:

1. A complete application with the $90.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.

2. The Certification of Psychology Education form. Section I of the Certification of Psychology Education form must be completed by the applicant. Section II of this form must be completed and returned to this office by the Director of the psychology education program or the Registrar of the institution where the doctorate degree in psychology was earned.

3. Final, official transcripts that shows the date your doctorate degree was conferred must be submitted directly to this office by your educational institution.

4. If your psychology education was not taught in English, you must achieve a score of 213 on the computerized or 550 on the written Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) administered by the Educational Testing Service (ETS). Information about both the TOEFL and TSE are available on their website at www.toefl.org.

5. The Supervision Confirmation form confirming that a 2000-hour internship was completed during the doctorate degree program. A fully licensed psychologist must supervise the internship. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting. You are required to work at least 20 hours per week in the internship program. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted. (If you have not yet completed the internship and would like your doctoral educational limited license to be issued without this documentation, please include a note stating this with your application.)

6. Once your Doctoral Educational Limited License is issued, you will be eligible to take the EPPP examination. In Michigan, you may sit for the EPPP exam if you have applied and are eligible for a Full license or if you have been issued a Doctoral Educational Limited License. When you are ready to take the exam, please e-mail the Michigan Board of Psychology at bhphelp@michigan.gov. You will receive an examination registration packet from the testing company, PES, about 2-3 weeks later. If you have taken the EPPP examination in another state, contact ASPPB at (334) 832-4580 or at their website www.asppb.org to have your results sent to this office.

NOTE: A Doctoral Educational Limited License must be obtained prior to beginning your post-doctoral degree experience in Michigan. The Doctoral Educational Limited License is renewed on a yearly basis and may be renewed a total of 5 times. No extensions are available.

REQUIREMENTS FOR A FULLY LICENSED PSYCHOLOGIST INCLUDE THE EDUCATION REQUIREMENTS INDICATED ABOVE FOR THE DOCTORAL LIMITED LICENSE AND THE FOLLOWING:

1. A complete application with the $150.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.

2. The Supervision Confirmation form confirming that a 2000 hour internship was completed during the Doctoral degree program. A fully licensed psychologist must supervise the internship. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting. You are required to work at least 20 hours a week in the internship program. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted. (This form does not need to be completed if the internship hours were submitted and approved at the time a Doctoral Limited License was issued.)

3. The Supervision Confirmation Form confirming the completion of 4000 hours of Post-Doctoral experience earned over a minimum of 2 years. A fully licensed psychologist must supervise the experience. If these hours were earned in Michigan, the applicant must hold some level of psychology licensure in the State of Michigan. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting as defined in the Board's Administrative Rules. You are required to work at least 16 hours a week while accumulating the 4000 hours of experience. You may not count more than 2080 hours per year. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted.

4. In Michigan, you may sit for the EPPP exam if you have applied and are eligible for a Full License or if you have been issued a Doctoral Educational Limited License. When you are ready to take the exam, please e-mail the Michigan Board of Psychology at bhphelp@michigan.gov. You will receive an examination registration packet from the testing company, PES, about 2-3 weeks later. If you have taken the EPPP examination in another state, contact ASPPB at (334) 832-4580 or at their website www.asppb.org to have your results sent to this office.

5. If your psychology education was not taught in English, you must achieve a score of 213 on the computerized or 550 on the written Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) administered by the Educational Testing Service (ETS). Information about both the TOEFL and TSE are available on their website at www.toefl.org.

6. Verification of licensure from any state where you hold or have ever held a permanent psychology license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

NOTE: If you are upgrading a license from a Doctoral Limited License to a Full license, it is not necessary to resubmit transcripts and the Certification of Psychology Education. If you have already submitted verification that you completed the 2000-hour internship, you do not need to re-submit.

APPLICANTS FOR FULL PSYCHOLOGIST LICENSE BY ENDORSEMENT MUST SUBMIT THE FOLLOWING:

Note: If you are currently licensed in another state, but do not meet the requirements of #2 or #3 below, you must apply for the Full License by Examination.

1. A complete application with the $150.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.

2. Completed Verification of Licensure form showing ten years of licensure in another state(s) received in this office directly from the other state(s) **OR**

3. Verification of a current Certificate of Professional Qualification in Psychology (CPQ) received in this office directly from the ASPPB. ASPPB can be reached by phone at (334) 832-4580 or at www.asppb.org.

4. Verification of licensure from any state where you hold or have ever held a permanent psychology license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Psychology in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Psychology in writing to request a refund.

ORIGINAL FULL, MASTER'S LIMITED, AND DOCTORAL EDUCATIONAL LIMITED LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO- YEAR PERIOD, WITH THE EXCEPTION OF THE DOCTORAL EDUCATIONAL LIMITED LICENSE THAT IS RENEWED ON A YEARLY BASIS.

Michigan Department of Community Health
Board of Psychology
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Board Use Only
License Number
Date of Licensure

I AM APPLYING FOR THE FOLLOWING:

- ☐ **Full License by Examination Fee: $150.00 71-6301-01**
- ☐ **Full License by Endorsement Fee: $150.00 71-6301-01**
- ☐ **Doctoral Educational Limited License Fee: $90.00 71-6301-05**
- ☐ **Master's Limited License Fee: 120.00 71-6301-03**
- ☐ **Master's Educational (Temporary) Limited License Fee: $95.00 71-6301-04**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)	Have you ever held a health professional license in Michigan? ☐ Yes ☐ No	
Michigan Permanent I.D. Number and Expiration Date	Have you ever taken the EPPP Examination? ☐ No ☐ Yes If yes, date of exam _____	

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. **Have you ever been convicted of a felony?** ☐ **Yes** ☐ **No**
2. **Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?** ☐ **Yes** ☐ **No**
3. **Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?** ☐ **Yes** ☐ **No**
4. **Have you been treated for substance abuse in the past 2 years?** ☐ **Yes** ☐ **No**
5. **Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?** ☐ **Yes** ☐ **No**
6. **Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?** ☐ **Yes** ☐ **No**

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Applicant's Name

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No

9. Do you hold or have you ever held a psychology license in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ Yes ☐ No

State	License/Registration Number	Date of Issue	Source of license (Endorsement or examination)

PRACTICUM/INTERNSHIP INSTRUCTIONS

(Check One)

☐ **Practicum (Master's Level)** ☐ **Internship (Doctoral Level)**

1. Indicate above whether information relates to practicum or internship. If you are applying for a master's level license, you must have a 500-hour practicum, If you are applying for a full license, you must have completed a 2,000 hour internship. The internship hours can be submitted when applying for a Doctoral Limited License.

2. The practicum must be supervised by a psychologist who is fully licensed in Michigan or who meets the qualifications for full licensure in Michigan (if experience was in another state), or, if the practicum is in a governmental or non-profit agency, by a master's limited psychologist who has been licensed for more than 3 years. The internship must be supervised by a psychologist who is fully licensed in Michigan or who meets the qualifications for full licensure in Michigan (if experience was in another state).

3. Your supervisor(s) must complete a Supervision Confirmation Form (attached).

4. It is important to report dates and hours exactly as requested. Improper reporting can lead to delays in the review of your application.

5. In this space list only practicums or internships. Do not list professional experience. Attach additional sheets if necessary.

Agency or Organization			Name of Supervisor	
Street Address of Agency or Organization	City		State	Zip Code
Applicant's Title and Basic Duties	Date Began	Date Ended	Hours Per Week	Total Hours

Agency or Organization			Name of Supervisor	
Street Address of Agency or Organization	City		State	Zip Code
Applicant's Title and Basic Duties	Date Began	Date Ended	Hours Per Week	Total Hours

Applicant's Name

PROFESSIONAL EXPERIENCE

1. **No professional experience is necessary if applying for a Master's Educational (Temporary) Limited License or a Doctoral Limited License.**
2. **To be eligible for a Master's Limited License, an applicant must have 2,000 hours of Post-Master's experience.**
3. **To be eligible for a full license, an applicant must have at least two years (4,000 hours) of Post-Doctoral experience.**
4. **The professional experience required is in addition to the practicum/internship hours.**
5. **You must hold a valid Michigan limited license to gain professional experience in Michigan.**
6. **Professional experience must be supervised by a psychologist who is fully licensed in Michigan or who meets the qualifications for full licensure in Michigan (if experience was in another state). Professional experience for the Master's Limited License that is obtained in a governmental or non-profit agency can be supervised by a master's limited license psychologist who has had at least 3 years of professional experience.**
7. **Your professional experience supervisor(s) must complete a Supervision Confirmation form (attached).**

Agency or Organization			Name of Supervisor	
Street Address of Agency or Organization				
City	State		Zip Code	
Applicant's Title and Basic Duties	Date Began	Date Ended	Hours Per Week	Total Hours

Agency or Organization			Name of Supervisor	
Street Address of Agency or Organization				
City	State		Zip Code	
Applicant's Title and Basic Duties	Date Began	Date Ended	Hours Per Week	Total Hours

GRADUATE EDUCATION

1. **For a degree (Master's or Doctoral) to be accepted, it must be in psychology or a closely related field that is at least 75% psychological in content.**
2. **The applicant is responsible for contacting the educational institution to have final, official transcripts sent directly to the Board from the educational institution(s).**
3. **All degrees (both Master's and Doctoral) must meet certain course work requirements as set forth in the Rules.**
4. **The back of the application must be completed to aid in the evaluation of your degree(s).**

Name of Institution	Major	Dates Attended From	To	Degree Earned	Date of Degree (as shown on Transcript)

Applicant's Name

THE FOLLOWING MUST BE INCLUDED WITH YOUR APPLICATION

A. For Master's & Doctoral level licensure you must have one course in assessment, one course in treatment and one course in scientific and professional ethics and standards. Identify which courses fulfill these requirements.

ASSESSMENT _____

TREATMENT _____

PROFESSIONAL ETHICS/STANDARDS _____

B. For Doctoral Level Licensure Only: You must also have instruction in research design and methodology, statistics, and psychometrics. Identify which courses fulfill these requirements.

RESEARCH DESIGN AND METHODOLOGY _____

STATISTICS _____

PSYCHOMETRICS _____

Your doctorate degree must include at least one graduate course in three of the following four core areas (LIST THE COURSES THAT MEET THE REQUIREMENT):

(1) BIOLOGICAL BASES OF BEHAVIOR (physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology)

_____

(2) COGNITIVE-AFFECTIVE BASES OF BEHAVIOR (learning, thinking, emotion, motivation)

_____

(3) SOCIAL BASES OF BEHAVIOR (social psychology, group processes, organization and systems theory)

_____

(4) INDIVIDUAL DIFFERENCES (personality theory, human development, abnormal psychology)

_____

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

Michigan Department of Consumer & Industry Services
Board of Psychology
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

CERTIFICATION OF PSYCHOLOGY EDUCATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

INSTRUCTIONS: Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II send this form to the Director of the psychology education program or the Registrar of the institution in which you completed your psychology degree. **This certification must be submitted directly to the Michigan Board of Psychology by your educational institution along with a final official transcript.**

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Name and Address of Educational Institution		Degree Awarded
Date of Admission		Date of Completion

Signature of Applicant	Date

Applicant: Upon completion of Section I, send this form to your educational institution for completion of Section II.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Applicant's Name

THIS SIDE TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

SECTION II - CERTIFICATION OF PSYCHOLOGY PROGRAM

Please complete the following information. Return this completed certification, along with the applicant's final, official transcript directly to the Michigan Board of Psychology at the address shown on the reverse side of this form.

Name of Educational Institution

I certify that _____ attended the
(Applicant's Name)

educational institution named above from _____ to _____,
(Month/Day/Year) (Month/Day/Year)

and was granted a _____ degree in _____
(Level) (Discipline/Program Title)

that included course work as checked below:

MASTERS LEVEL ONLY- Master's degree included all of the following:

- ☐ 75% of hours required for degree were primarily psychological in content (thesis and practicum excluded).
- ☐ A course in assessment (training in the use of techniques to evaluate intelligence and/or personality).
- ☐ A course in treatment (the application of psychological techniques to correct or resolve mental or emotional problems).
- ☐ A course in scientific and professional ethics and standards.
- ☐ PRACTICUM: University credit; 500 hours of psychological work; supervised by a licensed psychologist.

DOCTORAL LEVEL ONLY- Doctoral degree included all of the following:

- ☐ 75% of hours, required for degree, were primarily psychological in content (dissertation and internship excluded).
- ☐ A course in assessment (training in the use of techniques to evaluate intelligence and/or personality).
- ☐ A course in treatment (the application of psychological techniques to correct or resolve mental or emotional problems).
- ☐ Degree was an integrated, organized sequence of study that included instruction in research design and methodology, statistics, psychometrics, and scientific and professional ethics and standards.

Degree included at least one graduate course, taken for credit, from three of the four following areas:

- ☐ Biological Bases of Behavior: physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology.
- ☐ Social Bases of Behavior: social psychology, group processes, and organizational, and systems theory.
- ☐ Cognitive-Affective Bases of Behavior: learning, thinking, motivation, and emotion.
- ☐ Individual Differences: personality theory, human development, and abnormal psychology.

FOR PSYCHOLOGY EDUCATION PROGRAMS LOCATED OUTSIDE THE U.S.

Was this educational program taught in the English language? ☐ YES ☐ NO

_____ _____
Authorized Signature of Program Director/Registrar Date of Signature

_____
Print or Type Name of Program Director/Registrar

S E A L

If school has no seal, please indicate.

Michigan Department of Community Health
Board of Psychology
P.O. Box 30670
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(517) 335-0918

SUPERVISION CONFIRMATION FORM

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

SECTION I -APPLICANT INFORMATION:

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to the supervising psychologist for completion of Section II. This form must be submitted directly to the Michigan Board of Psychology by your supervisor.

First Name	Middle Name	Last Name
Applicant Street Address		Daytime Phone Number
City	State	Zip Code

SECTION II - SUPERVISOR INFORMATION:

Instructions: Complete Section II of this form and then mail it directly to the Board office.

Name	Michigan Permanent I.D. Number and Expiration Date (If Applicable)
Current Business Address	Daytime Phone Number
Current Position	

Please answer the following questions about yourself at the time you supervised the applicant.

1. **If you were licensed as a psychologist in Michigan, indicate level:**

   ☐ **Licensed Psychologist**

   ☐ **Limited Licensed Psychologist**

2. **If applicant's experience was gained outside Michigan, indicate:**

   State _____

   Your level of licensure/certification at the time of supervision _____

   a. **Identify the highest psychology-related degree you had earned at the time of supervision:**

   Degree _____ **School** _____ **Major** _____

   b. **When providing this supervision, did you have at least three years experience in the practice of psychology following receipt of a your degree? If "No," indicate number of months.**

   ☐ **Yes**

   ☐ **No** _____ **months**

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Applicant's Name

Please answer the following questions about your supervision

1. Supervision was for:

   ☐ Practicum (Master's Level)

   ☐ Post-Master's Professional Experience

   ☐ Internship (Doctoral Level)

   ☐ Internship (Post-Doctoral)

   ☐ Post-Doctoral Professional Experience

2. Name of Agency or Organization _____

3. Address _____

4. Indicate the dates you were working/supervising at the Agency or Organization _____

5. Your Title (at the time) _____

6. Applicant's Title (at the time) _____

7. Applicant worked from: _____ (Month) _____ (Year) to: _____ (Month) _____ (Year)

8. Number of hours applicant worked per week _____

9. Total hours worked _____

10. Describe applicant's duties.

    _____

    _____

11. Describe the range of clientele served _____

    _____

12. Identify other health care professional(s) with whom applicant came into contact:

    ☐ Psychiatrists ☐ Physicians ☐ Social Workers ☐ Nurses

    ☐ Others (list) _____

13. The Public Health Code requires that: (1) the supervisor must be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant; (2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication; and (3) the supervisor assumes ultimate responsibility for the practice of the person being supervised.

    The Administrative Rules of the Michigan Board of Psychology require that postdoctoral professional experience must be supervised in an organized health care setting by a licensed psychologist. Supervision must be on a regular weekly face-to-face basis, reviewing all active work functions and records.

    Did your supervision fulfill these requirements? ☐ Yes ☐ No

    If No, explain _____

    _____

    Supervisor's Signature _____ Date _____

DCH/HLD-001 (12/04)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.

- ❒ Chiropractic
- ❒ Counseling
- ❒ Dentistry
- ❒ Marriage & Family Therapy
- ❒ Medicine
- ❒ Nursing
- ❒ Nursing Home Adm.
- ❒ Occupational Therapy
- ❒ Optometry
- ❒ Osteopathy
- ❒ Pharmacy
- ❒ Physical Therapy
- ❒ Physician's Assistants
- ❒ Podiatry
- ❒ Psychology
- ❒ Sanitarians
- ❒ Social Work
- ❒ Veterinary

First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date

Basis for Issuance of License:

❒ Examination - Please indicate type of exam (National, Regional, State, etc.) _____

❒ Endorsement - Please indicate name of state _____

License Status
❒ Current ❒ Lapsed ❒ Inactive

Has the applicant incurred any formal or informal actions in your State?
❒ No ❒ Yes - If Yes, Please attach certified copies of any actions.

Are formal or informal actions pending?
❒ No ❒ Yes

Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?
❒ No ❒ Yes

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature _____ Date _____

Type or Print Name _____

(S E A L)

Title _____

Full Name of Licensing Board _____

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.