Mississippi Board of Psychology
2395 Deerfield Road Yazoo City, MS 39194 Toll Free Phone: 1-888-693-1416
Phone: (662) 716-3934 FAX: (662) 716-0336

ADDING AREAS OF COMPETENCE OR MODIFYING SCOPE OF PRACTICE

YOUR SIGNATURE MUST BE NOTARIZED BELOW

(Please print or type)

1. Name: last first middle	**2.** Date: (mo/day/yr)
3. Address: number, street city, state, zip	**4.** License Number:
5.	Please use the space below to describe any new areas of competence in which you have gained proficiency through education and training or experience, or if there is some substantive change in your scope of practice _____ _____ _____
6.	For each new area of competence, describe the education, training and/or supervised experience upon which it is based. _____ _____ _____

STATE OF: _____

COUNTY OF: _____

I hereby swear (or affirm) that the statements made above are true and correct to the best of my knowledge and belief.

_____
Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public

My Commission expires the _____ day of _____, 20_____.