



## Mississippi Board of Psychology

2395 Deerfield Road

Yazoo City, MS 39194

Toll Free (888) 693-1416; Local (662) 716-3934; Fax (662) 716-0336  
www.psychologyboard.ms.gov

### TO BEGIN THE APPLICATION PROCESS

BEFORE SUBMITTING AN APPLICATION, PLEASE REVIEW, THE RULES AND REGULATIONS UNDER EDUCATION REQUIREMENTS TO MAKE CERTAIN THAT YOU MEET ALL THE EDUCATION REQUIREMENTS FOR LICENSURE.

APPLICATION FEES ARE NOT REFUNDABLE EVEN IF YOU DO NOT MEET LICENSURE REQUIREMENTS

The Mississippi Board of Psychology has established a new more efficient, streamlined, mobile, and revised application process for our applicants. We have collaborated with the Association of State and Provincial Psychology Boards (ASPPB) to process our applications through their **Psychology Licensure Universal System (PLUS)** program.

As a result, the application process will provide you with a permanent record of your application and supporting documents that will be retrievable from ASPPB for the rest of your professional career. In addition, participation is available to you in the **Certificate of Professional Qualification in Psychology** program (CPQ) with ASPPB if you desire to apply for it. CPQ is a designation provided by ASPPB that will provide you mobility to be licensed in any jurisdiction that participates in the program without having to reapply for a license should you desire to practice in that jurisdiction.

#### The application for a Mississippi licensure as a Psychologist will require and applicant to:

1. Complete initial application form, which includes an Affidavit, signed and notarized.
2. Submit a \$300.00 application fee \*Check or Money Order must be made out to MBOP and mailed with forms
3. Complete request for Fingerprint Card
4. Submit a \$50.00 processing fee for Criminal Background Check \*which can be included with application fee  
\* If you have completed a Criminal Background Check in the last two years have your employer to send the written report directly the Board Office.
5. Return these forms along with one passport photo to:  
Mississippi Board of Psychology  
2395 Deerfield Road  
Yazoo City, MS 39194
6. Once this initial application form and fees has been received by Board, the applicant's information will be provided to ASPPB where the remainder of your application process will occur.
7. ASPPB will contact you within one week of notification from the Board of your completed initial application to provide you with a password and instructions about how to fill out their online application and how to submit your payment of their fee of \$200.00 to them.
8. If you do not receive notification from ASPPB within 1 week, please notify the Board Office.

9. ASPPB will review and verify your application and all required supporting documents. Following their review, ASPPB will notify the Board that your application is complete and verified.
10. The Mississippi Board will then notify you that of eligibility to register for the EPPP.
11. Upon your passage of the EPPP you will be notified of your eligibility to take the Oral Examination. Oral Examinations are administered by the Board four times a year and scheduled dates are posted on the Board website.
12. When the Oral Examination is scheduled, you will be sent the Jurisprudence exam.
13. For applicants who are licensed in another state or Jurisdiction you may request a temporary License, once you have met all of the requirements and completed your application with ASPPB. You do not need to have taken the Oral Exams and Jurisprudence Exam as long as you have met all other licensing requirements.
14. If you are requesting a Temporary License, please indicate this on your initial application form if appropriate. There is an additional \$50.00 fee for a Temporary License which is payable to the Mississippi Board of Psychology.
15. Disability Accommodation: If you have a disability and require accommodation for any of the required Examinations, please contact the Board office for an application for accommodations. This will typically require documentation from a diagnosing physician or psychologist.
16. Application Processing: The Board's administrative staff will process your initial application form, fee(s) and all supporting documents within ten business days of their receipt in the Board office. Candidates for licensure as psychologist in Mississippi will not be submitted to ASPPB until the required forms, documentation and fee(s) have been submitted and processed by the administrative staff.

**Names:** If some of your documents or records are in different names, please notify the Board in writing when submitting them the name in which you have applied for licensure under. If you change your name, you must send a copy of the legal document changing the name to the Board.

**Your Copy:** Please keep a copy of **ALL** application materials submitted to the Board.

**Fees:** For application initiation forms mailed into the Mississippi Board office, personal checks, money orders or cashier's checks are to be made payable to: The Mississippi Board of Psychology.

**Application fees are Non-Refundable; Checks returned for insufficient funds will be assessed a service charge Fees for the EPPP examination must be submitted directly to the vendor, PES.**

**Examination Dates:** The Board usually administers **the Oral Exams** on or about the First or Second Friday of every quarter. Other dates may be scheduled. Please visit the Board website, [www.psychologyboard.ms.gov](http://www.psychologyboard.ms.gov), for meeting dates. Information for the **(Laws and Rules & Regulation)** and Oral exams dates may also be found on this site.

The Board appreciates the time and effort involved in completing these required forms. It will be most helpful to the Board and Board staff in reviewing your application if you ensure that all of the information is accurate, timely, and legible, and that you have reviewed the pertinent Mississippi requirements. Should you need to contact the Board staff concerning your application, you may call 888-693-1416. Thank you for your cooperation.



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ATTACH  
PHOTO  
HERE

## REQUEST TO START APPLICATION PROCESS

### PERSONAL DATA

Applying as:  Never Licensed  License in other Jurisdiction  CPQ  Senior Psychologist  ABPP

Full Name (first, middle, last) \_\_\_\_\_ Doctoral Degree \_\_\_\_\_

Previous names or aliases \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Are you a U.S. citizen?

Are you a legal resident of MS.  If no, State of Residency \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Preferred Mailing Address: Bus. \_\_\_\_\_ Home \_\_\_\_\_

Business Name & Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### GRADUATE EDUCATION AND TRAINING

Practice Areas  Clinical  Counseling  School  Education  Industrial  Other \_\_\_\_\_

Name of Graduate Program \_\_\_\_\_

University: \_\_\_\_\_ Graduation Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ APA Approved  Yes  No

Pre Doctoral Internship Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ APA Approved  Yes  No

Supervisor \_\_\_\_\_ Date began \_\_\_\_\_ Date ended: \_\_\_\_\_

Post Doctoral Program \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Date began \_\_\_\_\_ Date ended: \_\_\_\_\_

Do you hold any other licenses?  Type/Title: \_\_\_\_\_ In which jurisdiction(s)? \_\_\_\_\_

Are you licensed to Practice Psychology?  Type/Title: \_\_\_\_\_ In which jurisdiction(s)? \_\_\_\_\_

Are you requesting a Temporary licenses  no  yes Have you take the EPPP  No  Yes

**PROFESSIONAL REFERENCES** List three Doctoral Level licensed psychologists who are well acquainted with you and with your professional activities within the past five years.

1. \_\_\_\_\_  
Name of Psychologist \_\_\_\_\_ Institution \_\_\_\_\_

2. \_\_\_\_\_  
Name of Psychologist \_\_\_\_\_ Institution \_\_\_\_\_

3. \_\_\_\_\_  
Name of Psychologist \_\_\_\_\_ Institution \_\_\_\_\_

**AFFIDAVIT**

**NOTE: Any omissions, false or misleading information in or connected with, this application, its attachments, or other communications with the Board may be cause for denial or revocation of licensure on the grounds of lack of good moral character.**

**STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that all statements herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the American Psychological Association; and that he/she has read and understands this affidavit.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SWORN BEFORE ME THIS DAY** \_\_\_\_\_ **OF** \_\_\_\_\_ **A.D. 20** \_\_\_\_\_

**SIGNATURE OF NOTARY PUBLIC** \_\_\_\_\_

**PRINTED OR TYPED NAME:** \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_

**SEAL**

# CRIMINAL BACKGROUND CHECK REQUEST FOR FINGERPRINT CARD

I, \_\_\_\_\_, request that a fingerprint card be sent to me at the  
{Please print full name}

address listed below for the purpose of licensure as a Psychologist in the State of Mississippi. ***I have enclosed the required \$50.00 processing fee (Check or money order)***. I understand that my licensure application file is not complete until the Mississippi Board of Psychology has receive all licensure requirements and responses from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records.

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Have you completed a Criminal Background Check in the last two years \_\_\_\_ No \_\_\_\_ Yes  
If yes, you can have your employer to send the written report directly the Board Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date