



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

1. Complete initial application information 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. The Mississippi Board of Psychology is partnering with the Association of State and Provincial Psychology Boards Psychology Licensure Universal system "PLUS" is an online system designed to allow individuals to apply for licensure. Once this form has been received by MBOP, the applicant's information will be provided to ASPPB to start the online application process. ASPPB will contact the applicant to obtain additional application information.
7. If you do not receive notification from ASPPB within 1 week please call Board Office.
8. Starting May 2013 we will be able to accept card payments.



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ATTACH
PHOTO
HERE

REQUEST TO START APPLICATION PROCESS

IDENTIFYING INFORMATION

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 _____

Practice Areas _____ Clinical _____ Counseling _____ School _____ Education _____ Industrial _____ Other _____

Name of Graduate Program _____ Graduation Year _____

City _____ State _____ Zip _____ APA Approved ___ Yes ___ No

Pre Doctoral Internship Program _____ Date began: _____ Date ended: _____

City _____ State _____ Zip _____ APA Approved ___ Yes ___ No

Post Doctoral Program _____ Date began: _____ Date ended: _____

City _____ State _____ Zip _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Telephone (_____) _____ Business Fax (_____) _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Preferred Mailing Address: Bus. _____ Home _____

E-Mail Address _____

Do you hold any other licenses? _____ In which jurisdiction(s)? _____

Are you licensed to Practice Psychology? _____ In which jurisdiction(s)? _____

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 address
{Please print full name}

Listed below for the purpose of licensure as a License 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 #: _____

Signature

Date