



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.state.ms.us

ATTACH
 PHOTO
 HERE

APPLICATION FOR TEMPORARY PRACTICE CERTIFICATE
MS 73-31-14

REQUIREMENTS

1. *Attach* on the first page of this application one current passport size photo; and
2. *Include* one copy of a valid government-issued form of photo identification (such as a driver's license); and
3. A copy of your current unrestricted license to practice psychology at a doctoral level.
4. *Pass* a Jurisprudence Examination.
5. *Remit* a fee of \$100.00 with this Application, payable to "Mississippi Board of Psychology."

PART I: GENERAL INFORMATION (Please print or type)

Full Name: (Last, First, Middle, Suffix)		Social Security Number:
Maiden/Alias:	Date and Place of Birth:	Email address:
Home Phone:	Home Address:	
Cell Phone:	City, State Zip	
Business Phone:	Business Address:	
Fax Number:	City, State Zip	

PART II: LICENSE HISTORY

State of your residence:	Are you licensed for the independent practice of psychology at a doctoral level in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Original Issue Date:	Expiration Date:	Area of Practice:

Provide information on other jurisdictions where you have held, or currently hold a professional license

Jurisdiction	Original Issue Date	License Number	Expiration Date	Area of Practice

PART III: DATES AND LOCATION OF INTENDED PRACTICE IN MISSISSIPPI

Period may not exceed thirty (30) days in any calendar year.

Is this temporary practice in association with a professional organization or group (volunteer or otherwise)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization Name:	Telephone Number:
Street Address:	City, State Zip:

Provide the specific location and dates of your temporary practice, and the local phone number for this location below.

Temporary Practice Location: NA if as same as above	Telephone Number:
Street Address:	City, State Zip:
Describe specific psychological duties to be provided during your temporary practice in Mississippi:	
Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)

PART IV: ATTESTATION, IDENTIFICATION AND AFFIDAVIT

If you answer "Yes" to any of the following questions, attach an explanation on a separate page.

1. Has any jurisdiction (e.g., state, province, the District of Columbia, or U.S. possession or territory) rejected or denied your application for licensure/certification/registration as a psychologist or any other profession? Yes No
2. Have you ever been disciplined (i.e., revocation, suspension, reprimand, censure, or any other publicly reported disciplinary action) by a psychology licensing body? Yes No
3. Has any jurisdiction limited your practice in any way or by any other action? Yes No
4. Have you ever been disciplined while holding any other professional license/registration/certificate? Yes No
5. Have you ever been convicted of, or entered a plea of guilty or *nolo contendere* to a criminal offense, felony, or misdemeanor (other than a minor traffic violation)? Yes No
6. Have you ever voluntarily surrendered or restricted your professional license/registration/certificate in any jurisdiction? Yes No
7. Have you ever been censured, reprimanded, dismissed, suspended, terminated or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional? Yes No
8. Have you ever been refused renewal of any professional license/registration/certificate for any reason in any jurisdiction? Yes No
9. Are you the subject of a current proceeding or outstanding/unresolved complaint or investigation in relation to the profession of psychology or any other profession? Yes No
10. Have you ever aided or abetted another individual in practicing psychology without a license or an exemption in any jurisdiction? Yes No
11. Have you ever practiced psychology without a license or exemption in any other jurisdiction? Yes No
12. Are you registered in any jurisdiction as a sex offender? Yes No
13. Are you physically or mentally incapable to render psychological services with reasonable skill, safety and competency at present? Yes No
14. Do you use drugs and/or alcohol to an extent that affects your professional competency? Yes No
15. Have you ever been party to a malpractice action or had a malpractice action brought against you or entered into a malpractice settlement? Yes No
16. Have you ever been subject to an action by an ethics committee of any professional organization in any jurisdiction? Yes No
17. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended, or subjected to restrictions or been requested to withdraw or resign? Yes No
18. Has any third party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to your professional practice? Yes No
19. Have you ever had professional liability insurance cancelled? Yes No
20. Has any government agency ever substantiated allegations made against you for physical, mental, emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes No

NOTARIZED AFFIDAVIT

I understand that I may choose to apply for licensure under applicable standard board licensing procedures rather than under this agreement. My signature indicates that I have chosen to register for temporary practice, not to exceed a period of 30 days in this calendar year, and that in doing so I agree to the conditions stated MS 73-31-14

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this registration; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the profession; that he/she has no complaints pending, and has had no disciplinary action against him/her in any jurisdiction; that he/she has otherwise met all statutory requirements and believes him/herself eligible for licensure, and that he/she has read and understood this affidavit.

Signature Out-of-State Psychologist

Date

STATE OF _____

COUNTY _____

NOTARY
SEAL

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

SIGNATURE OF NOTARY _____