



**MISSISSIPPI  
BOARD OF  
PSYCHOLOGY**

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**Adding Areas of Competence or Modifying Scope of Practice Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City, State Zip

**License Number:** \_\_\_\_\_

Describe any new areas of competence in which you have gained proficiency through education, training, or supervised experience; or describe any substantive change in your scope of practice.

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For each new area of competence, describe the education, training, or supervised experience upon which it is based.

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Any licensee who has added areas of competence or any licensee with substantive changes in scope of practice must submit documentation detailing such changes.

Submit relevant documentation along with this form to the Board office.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_