



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF EXAMINERS OF PSYCHOLOGISTS

TELEPHONE: (302) 744-4500

FAX: (302) 739-2711

WEBSITE: DPR.DELAWARE.GOV

EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR LICENSURE AS A PSYCHOLOGIST BY RECIPROCITY
INSTRUCTION SHEET**

When to File Application by Reciprocity

Complete the *Application for Psychologist Licensure by Reciprocity* if you hold a *current* Psychologist license in another jurisdiction (state, U.S. territory or District of Columbia) **and** at least one of the following statements is true:

- You have practiced continuously for at least two years, **or**
- You hold a Certificate of Professional Qualification in Psychology (CPQ), **or**
- You are credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

If you don't meet the criteria above, complete the [Application for Licensure as a Psychologist by Examination](#).

Requirements for All Applicants

- Submit a completed, signed and notarized [Application for Licensure as a Psychologist by Reciprocity](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - This is required *even if* you recently had a criminal background check done for some other reason.
- Arrange for the Board office to receive a verification of licensure in good standing *from each* jurisdiction where you hold (or have ever held) a license, sent *directly* to the Board office.
 - You may use the *Verification of Psychologist License* form included with the application.
- If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional requirements depend on whether you hold a Certificate of Professional Qualification in Psychology (CPQ) or you are credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

Requirement for Applicants with CPQ or NRHSPP

This requirement applies only if you *currently* hold a CPQ or you are credentialed by the NRHSPP.

- Submit your CPQ or NRHSPP verification (whichever pertains to you).

Requirement for Applicants with *No* CPQ or NRHSP

These requirements apply only if you do **not** hold a CPQ and you are **not** credentialed by the NRHSP.

- Arrange for the Board office to receive an official transcript showing that you have earned a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists.
 - A doctoral degree from a program accredited by the American Psychological Association (APA) or the Psychological Clinical Science Accreditation System (PCSAS) meets this requirement.
- If your program is neither APA-accredited nor PCSAS-accredited, arrange for the Board office to receive the following to assist the Board in evaluating the program:
 - Course descriptions (such as the course catalog)
 - Completed *Evaluation of Coursework* form (included with the application)

This documentation is required *in addition to* the official transcript. It must show that your program meets the criteria in Sections 6.1.1.2.1 - 6.1.1.2.10.4 of the Board's [Rules and Regulations](#).

- Arrange for the Board office to receive your EPPP scores sent from the *Association of State and Provincial Psychology Boards (ASPPB)* directly to the Board office. To obtain a score report, see www.asppb.net.



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APPLICATION FOR PSYCHOLOGIST LICENSURE BY RECIPROCITY

TYPE OF APPLICATION

1. Select the statement(s) that applies to you:

I hold a *current* license in at least one jurisdiction (state, U.S. territory or District of Columbia) other than Delaware **and** one of the following applies to me (check one):

I hold a Certificate of Professional Qualification in Psychology (CPQ).

I am credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

Submit your CPQ or verification of NRHSPP credentialing (whichever pertains to you).

I hold a *current* license in at least one jurisdiction (state, U.S. territory or District of Columbia) other than Delaware **and** I have two years of continuous experience after licensure.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Name : _____
Last/Family Name First Middle

3. Other Name(s) Used: None _____

4. Date of Birth (month/day/year): _____ Gender: Male Female

5. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

6. Mailing Address: _____
City State Zip

7. Phone: _____ Email: None _____
Daytime Home

EDUCATION & EXAMINATION – Applicants who hold a CPQ or NRHSPP credential may skip this section.

8. Enter your doctoral degree information below:

University/College: _____ Major: _____

City: _____ State: _____ Degree: _____

Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent directly from the college/university to the Board office, showing that you have a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists.

9. Was your doctoral program APA-accredited or PCSAS-accredited? Yes No **If no, submit a course catalog (or other course descriptions) and complete the *Evaluation of Coursework* form.**
10. Have you passed the Examination for Professional Practice in Psychology (EPPP)? Yes No **If yes, arrange for the Board office to receive a score report sent directly from the Association of State and Provincial Psychology Boards (ASPPB).**
11. Do you have a Diplomat of American Board of Examiners in Professional Psychology? Yes No **If yes, enter:**
 Diploma Number: _____ Issue Date: _____ Specialty: _____

LICENSURE HISTORY– All applicants complete this section.

12. Are you (*or have you ever been*) licensed or certified as a psychologist in any other jurisdiction (state, U.S. territory or District of Columbia)? Yes No **If yes, enter the following information about *each* license:**

JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

Arrange for the Board office to receive verification of licensure from each jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.

DISCLOSURES

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No **If yes, submit a signed statement explaining fully.**

Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted. *This requirement applies even if you answered “No” to this question.*

14. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, submit a signed statement explaining fully. Include copies of all appropriate records.**
15. Have you ever had your professional license or certificate subject to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes No **If yes, submit a signed statement explaining fully. Include copies official Board orders or any other relevant documents.**
16. Are any disciplinary or ethical complaints currently pending against you? Yes No **If yes, submit a statement giving a complete explanation. Include copies of all official documents or Board orders.**
17. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes No **If yes, submit a signed statement explaining fully. Include copies of all official documents or Board orders.**
18. Are you now, or have you *ever* been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes No **If yes, submit a signed statement explaining fully. Include any relevant documents.**

You may copy this page as needed.

PROFESSIONAL EXPERIENCE – Applicants who hold a CPQ or NRHSPP credential may skip this section.

19. Enter information about each employer where you practiced psychology during the two years before this application.

EMPLOYER			
Name of Employer: _____			
Employer Address: _____			

City		State	Zip
Dates of Employment: From: _____ / _____ To: _____ / _____			
Month Year		Month Year	
Briefly describe the nature of this practice. (Attach separate sheet if necessary)			

EMPLOYER			
Name of Employer: _____			
Employer Address: _____			

City		State	Zip
Dates of Employment: From: _____ / _____ To: _____ / _____			
Month Year		Month Year	
Briefly describe the nature of this practice. (Attach separate sheet if necessary)			

EMPLOYER			
Name of Employer: _____			
Employer Address: _____			

City		State	Zip
Dates of Employment: From: _____ / _____ To: _____ / _____			
Month Year		Month Year	
Briefly describe the nature of this practice. (Attach separate sheet if necessary)			

DUTY TO REPORT

20. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Examiners of Psychologists.
- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
 - may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).

I certify that I have read and understand [24 Del. C. §3519](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes No

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

22. You have a **mandatory** duty to report to the Board of Examiners of Psychologists if you believe that a colleague has violated the APA's *Ethical Principles of Psychologists and Code of Conduct* ([24 Del. C. §3514\(a\)\(5\)](#)).

I certify that I have read and understand Sections 1.04 and 1.05 of the [APA Ethical Code](#), which explain when I am required report a colleague, and that I understand my *duty to report*. Yes No

If Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-8 weeks to receive your license.

AFFIDAVIT

I hereby apply to be considered for licensing as a Psychologist by the Board of Examiners of Psychologists under the standards, qualifications and procedures established under Title 24, Chapter 35, of the *Delaware Code*. I have read the State statute governing psychologists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Psychology in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Signature: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED



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EVALUATION OF COURSEWORK

Complete this form if your doctoral degree in psychology is from a program of studies that is **not** accredited by the American Psychological Association or the Psychological Clinical Science Accreditation System. The purpose of the form is to assist the Board in evaluating your coursework.

For each topic in the left column, enter the course number and title of the course(s) in the catalog that covered that topic.

History and Development	Course #	Course Title
Biological aspects of behavior		
Cognitive and affective aspects of behavior		
Social aspects of behavior		
History and systems of psychology		
Psychological measurement		
Research methodology		
Techniques of data analysis		

Foundations of Practice	Course #	Course Title
Individual differences in behavior		
Human development		
Dysfunctional behavior or psychopathology		
Professional Standards		
Ethics		

Diagnosing & Intervention Strategies	Course #	Course Title
Theories, methods of assessment & diagnosis		
Effective intervention		
Consultation and supervision		
Evaluating the efficacy of interventions		
Issues of cultural and individual diversity		

Submit a course catalog or course descriptions in addition to this form.



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VERIFICATION OF PSYCHOLOGIST LICENSE

Instructions: Send a separate form to each jurisdiction other than Delaware where you have ever held a license to practice psychology.

Licensing Authority: _____ Address: _____ City/State/Zip: _____	Applicant Name: _____ Home Address: _____ City/State/Zip: _____
This section to be completed by Applicant	Last Name: _____ First: _____ Middle: _____ SSN: _____ DOB: _____ Other Name(s) Used: _____ License Number(s) in Jurisdiction Named Above: _____ I am applying for licensure as a Psychologist in the State of Delaware. Before my application can be reviewed, verification of my license in good standing is required. I am authorizing the release of the information requested on this form to the Delaware Board of Examiners of Psychologist. Applicant Signature: _____ Date: _____
This section to be completed by Licensing Authority	Our records indicate that the applicant named above was licensed in the State/Province/Jurisdiction of _____ License Number: _____ Issue Date (month/day/year): _____ Expiration Date (month/day/year): _____ Has any discipline activity taken place regarding this licensee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enclose a certified copy of the Board Order with this license verification.
CERTIFICATION AFFIX OFFICIAL SEAL OR NOTARY HERE	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. Printed Name of Official: _____ Signature of Official: _____ Date: _____ Title: _____ Phone: _____ Fax: _____ Email: _____

Mail (do not fax) completed, signed and sealed form to the Board office at the address above.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS
Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.