



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime?

(circle one)

NO

YES

If yes, enclose a signed detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)

NO

YES

If yes, enclose a signed detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE	DATE
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**Board of Examiners of Psychologists
Intervention Privileges for Psychological Examiner
Required Fees: None**

PSYCHOLOGICAL EXAMINER

You must hold a valid Maine Psychological Examiner license to be eligible for privileges.

Psychological Examiner License Number:

Office Use Only:

Check # N/A

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF EXAMINERS OF PSYCHOLOGISTS
35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035
TEL:(207)624-8603 – FAX:(207)624-8637

Application to Provide Intervention Services Under Supervision

Applicant's Name	
Contact Address	Street
	City/State/ZIP

Please list intervention privileges being requested:

On a separate sheet of paper provide the following information in the format given below.

1. A detailed description of the type of service(s), population and settings you propose to provide.
2. List relevant education and training. Include names of teachers and supervisors and documentation of your work.
3. List relevant experience, and include names of supervisor(s).
4. List the name and address of two licensed psychologists who are familiar with your work in the area for which privileges are sought.

Applicant's Signature

Date



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**Supervisor's Letter of Agreement to Provide Supervision
 For Intervention Services of a Psychological Examiner**

This form must accompany Application to Provide Intervention Services under Supervision

I, _____, agree to provide supervision to
 _____ for intervention privileges of

In making this agreement, I agree to abide by the rules established by the Board of Examiners of Psychologists as stated in the Rules. I accept responsibility for both myself and the psychological examiner to ensure that the scope, limits, and supervised nature of intervention services are accurately communicated to the public. I am responsible for all intervention services provided by the supervisee, and that it is my responsibility to protect the welfare of the client and the supervisee.

I further understand that the Board shall determine whether I am qualified by education, training and experience to supervise the specific intervention services. This will be done on a basis of the Board file and any additional information that I submit.

If, for any reason, I must terminate my supervisory agreement or alter the conditions, I must inform the Board in writing of the change.

I have agreed to provide a minimum of _____ hour(s) of supervision for every _____(s) of intervention.

Supervisor's Signature _____ **License #** _____

As a psychological examiner requesting the intervention privileges, I accept the terms of the above agreement and fully agree to abide by the Board of Examiners of Psychologists laws and rules.

Applicant's Signature _____ **License #** _____

FOR OFFICE USE ONLY

The Board approves denies the application for intervention services.

Date of action by the Board: _____

Reason for denial: _____

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: Maine Relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.