



Psychology License by Endorsement Application Packet

Contents:

1. 668-073..... Contents List/SSN Information/Mailing Information 1 page
2. 668-074..... Application Instructions Checklist 3 pages
3. 668-075..... Psychologist License by Endorsement Application..... 5 pages
4. 668-043..... License Verification Form..... 2 pages
5. RCW/WAC and Online Website Links..... 1 page

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Board of Psychology Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

(This page intentionally left blank.)

Application Instructions Checklist

Please read the complete application instructions carefully to ensure you understand the requirements for each section.

Before starting your application, make sure you meet the licensure requirements outlined in the laws and rules governing the profession. Submitting an incomplete application will delay processing. All information must be typed or clearly written in blue or black ink. You are responsible for submitting all required forms.

Failure to provide all required documentation within one year of application submission will result in your application expiring and will require you to file a new application with all new submitted documents and a new fee.

To qualify to apply under endorsement you must meet one of the following:

- Must have had an active license for at least two years in another state or country that has been deemed substantially equivalent by the board based on licensure requirements.

To determine if your state is equivalent, see our [substantially equivalent states/countries web page](#).

If your state or country has been deemed as not substantially equivalent, you may still qualify under endorsement if you can provide documentation of meeting the licensing requirements in the area the board has determined are not substantially equivalent. This will be reviewed by the board for verification and approval.

- Have current membership and certification in any of the following professional organizations:
 - a) Health service psychologist credentialed by the National Register of Health Service Psychologists
 - b) Diplomate from the American Board of Examiners in Professional Psychology, now the American Board of Professional Psychology (ABPP)
 - c) Certificate of Professional Qualification in Psychology from the Association of State and Provincial Psychology Boards, or
 - d) Diplomate of the American Board of Professional Neuropsychology.

Please note, if applying by this method, you do not need to complete section 5 of the application.

- Must hold an unrestricted license to practice psychology in the United States or Canadian jurisdiction for at least the last five consecutive years.

If you do not qualify under one of the endorsement pathways listed above, you will need to submit a Licensure by Examination application and show evidence of meeting all licensure requirements.

All applicants must:

☐ **Submit an Application Fee.** This fee is non-refundable. You can check the online [fee page](#) for current fees.

☐ **Select on the application if the following applies:**
Spouse or Registered Domestic Partner of Military Personnel: Select this option if you as an applicant are a spouse or registered domestic partner of Military personnel.

☐ **Section 1. Demographic Information:**
Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please complete the [Declaration of No Social Security Number Form](#) and include with your application.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

☐ **Section 2. Personal Data Questions:**

- All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession. If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ **Section 3. Other License, Certification, or Registration:**

List all jurisdictions in which you hold or have held a credential and list all credential types, not just the equivalent of the credential you are applying for. If we are not able to verify your credential satisfactorily online then you will need to complete and submit the Credential Verification form that is provided in this packet. The credentialing team will inform you if this form is needed.

☐ **Section 4. Professional Certifications:**

Please indicate if you have current membership and certification in one of the listed associations. If using the certification to apply, you must have official documentation sent to the department directly from the association.

☐ **Section 5. Education:**

List in date order, the name and location of each college, university, or professional school attended, the time spent in each, and the year of graduation. Official transcripts are required.

☐ **Section 6. Applicant's Attestation:**

You must sign and date this for us to process the application. Please note, while you can provide a typed or electronically filled application, we do not accept typed or e-signatures. It must be a wet ink signature.

Final Tips:

We appreciate your interest in obtaining a credential. If your application is incomplete, you will be mailed or emailed a letter regarding the deficiencies.

- The application is considered incomplete if requested information is left blank. Put N/A or place a line through a section instead of leaving it blank.
- You must keep your address up to date in order to receive a courtesy renewal notice. Any renewal postmarked or presented to the department after midnight on the expiration date is late.

Get important information about your credential type by subscribing to [email alerts](#).

Examination for Professional Practice in Psychology (EPPP)

You will need to contact ASPPB to request they transfer your EPPP score. The website for the score transfer information is: <http://www.asppb.org/>

Other Important Information

Background Check: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This would be at your own expense.

Social Security Number: If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a service member of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
 - A copy of your marriage certificate to show proof of marriage; or
 - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

Date
Stamp
Here

Revenue: 0219010000

Psychologist License by Endorsement Application

Please print clearly. It is the responsibility of the applicant to submit all supporting documentation. Failure to do so may result in a delay in processing your application.

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	National Provider Identifier Number (NPI) (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> X
---	---	--

Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
--------------------------	------------------------	-------------------------

Email address

Mailing address if different from above address of record

City	State	Zip Code	County
------	-------	----------	--------

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☐

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain ☐ ☐

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? .. ☐ ☐

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☐
 - Diverted controlled substances or legend drugs? ☐ ☐
 - Violated any drug law? ☐ ☐
 - Prescribed controlled substances for yourself? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☐
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☐
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☐
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? ☐ ☐

3. Other License, Certification, or Registration

List all jurisdictions where credentials are or were held. If we are not able to verify the credential online, you will need to submit the Credential Verification form provided in this packet. The credentialing team will inform you if this form is needed. Attach additional pages if you need more space.

State or Other Jurisdiction	Permanent or Temporary	License by Written and/or Oral Examination	License		Currently Active?
			Year Issued	Number	

4. Professional Certification

Do you hold current membership in one of the recognized professional organizations identified below? If yes, indicate which one and submit a request to that organization to submit official documentation sent to the department directly from them:

- ☐ Health service psychologist credentialed by the National Register of Health Service Psychologists
- ☐ Diplomate from the American Board of Examiners in Professional Psychology
- ☐ Certificate of Professional Qualification in Psychology from the Association of State and Provincial Psychology Boards
- ☐ Diplomate of the American Board of Professional Neuropsychology

5. Education

Name and location of regionally accredited institution granting doctoral degree

Type of doctoral program (e.g. clinical/counseling, etc.)

Date degree was completed

List in date order the name and location of each college, university, or professional school attended, the time spent in each, and if a graduate, the year of graduation.

Name and Location of Institution	Dates		Date Graduated (mm/dd/yy)	Degree Earned	Major Area of Study	# of Semester/ Quarter Hours Earned
	From (mm/dd/yy)	To (mm/dd/yy)				

Was your doctoral degree program APA or CPA or PCSAS accredited?

☐ Yes☐ No

Was your doctoral internship APA or APPIC accredited?

☐ Yes☐ No

6. Applicant's Attestation

I _____, declare under penalty of perjury under the laws of the state of
(Name of Applicant)

Washington the following is true and correct:

I am the person described and identified in this application.

I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.

I have answered all questions truthfully and completely.

The documentation provided in support of my application is accurate to the best of my knowledge.

I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ By _____
(mm/dd/yyyy) (Original Signature of Applicant)

(This page intentionally left blank.)



Board of Psychology Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Examining Board of Psychology License Verification

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have held a license/registration/certification. Instruct them to return the form directly to the address listed above. Make a copy of this form if you are licensed in more than one state and/or jurisdiction. Licensing agencies normally charge a fee to verify a license. Please check in advance to help expedite this process.

If you have a license with the Department of Health, you do not need to complete a verification form.

This form is not required of those credentials issued by Washington State.

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Any other names used: _____

License Number: _____ Date Issued: _____

Have the licensing agency return this completed form to the address above.

License Verification

(To be Completed by the State Psychology Board)

Please complete this form regarding the applicant listed. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of licensed psychologist: _____

Authority providing verification: _____

Applicant was licensed by:

Written Examination: _____ Date: _____ Score: _____

Name of Examination: _____

Other Examination: _____ Date: _____ Score: _____

Name of Examination: _____

Is license current? ☐ Yes ☐ No

Expiration Date: _____ Issuance Date: _____

Is this licensee considered to be in good standing in your state? ☐ Yes ☐ No

If "No," please attach explanation.

Has this license ever been:

Yes No

☐ ☐ Denied

☐ ☐ Suspended

☐ ☐ Revoked

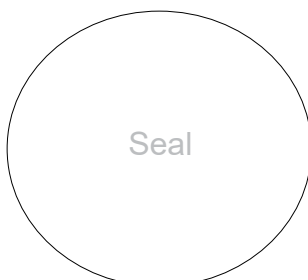
☐ ☐ Surrendered

☐ ☐ Reinstated

If this licensee has been disciplined, has he/she successfully completed all requirements and is currently in good standing?

☐ Yes ☐ No

If yes, please provide a copy of the Final Order or other documentation of action taken.



Signature: _____

Title: _____

Date: _____



RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Standards of Professional Conduct, WAC 246-16](#)

[Psychology Laws, RCW 18.83](#)

[Psychology Rules, WAC 246-924](#)

[Psychology by Endorsement Laws, RCW 18.83.170](#)

Online

[Board of Psychology Web Page](#)

Get important information about your credential type by [subscribing to email alerts](#).