

Only students of those doctoral programs currently APA or CPA-approved or ASPPB/NR designated are eligible for Early Entry application.

I hereby apply to ABPP for the purpose of board certification. I understand that I may select my area of specialization at a later date, although at present, I am most interested in the following specialties: (you may select more than one)

- | | |
|---|--|
| <input type="checkbox"/> Clinical Child Adolescent Psychology | <input type="checkbox"/> Forensic Psychology |
| <input type="checkbox"/> Clinical Health Psychology | <input type="checkbox"/> Group Psychology |
| <input type="checkbox"/> Clinical Neuropsychology | <input type="checkbox"/> Organizational and Business Consulting Psychology |
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Psychoanalysis in Psychology |
| <input type="checkbox"/> Cognitive and Behavioral Psychology | <input type="checkbox"/> Rehabilitation Psychology |
| <input type="checkbox"/> Counseling Psychology | <input type="checkbox"/> School Psychology |
| <input type="checkbox"/> Couples and Family Psychology | |

Applicant Information

Name _____	Preferred Address _____
Phone _____	<input type="checkbox"/> Home _____
Email _____	<input type="checkbox"/> Work _____
Fax _____	_____

Doctoral Degree Program: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D.	Alternate Address: _____
Anticipated Graduation Date: _____	<input type="checkbox"/> Home _____
Institution _____	<input type="checkbox"/> Work _____
Department _____	_____
Professional Program (e.g. Clinical Psychology) _____	

Reminder: The applicant must arrange that the graduate / doctoral transcript(s) be sent directly to the ABPP Central Office by the institution(s).

Doctoral Degree Program meets ABPP Generic Requirements if, at the time the Degree is granted, the program is:

- APA accredited CPA accredited Listed as a psychology program in the ASPPB Doctoral Psychology Programs Meeting Designation Criteria

Internship Program: (complete only if you already know your internship site)

Program name _____	<input type="checkbox"/> APA accredited
Location _____	<input type="checkbox"/> CPA accredited
Date Completed _____	<input type="checkbox"/> Listed in APPIC directory

Ethical and Legal issues: Have you been-

- Convicted of a felony? Yes No
Sued for malpractice? Yes No

Charged with an ethics or conduct violation that resulted in an adverse decision or action, including censure, probation, suspension or revocation of your license to practice psychology? Yes No

***If you answered 'Yes' to any of the above, include a complete statements of details on a separate sheet of paper.**

I, the undersigned, hereby make voluntary application to the American Board of Professional Psychology, Inc., for certification as a specialist and the issuance of a Diploma in a specialty affiliated with the American Board of Professional Psychology. I understand that my application is subject to the rules, bylaws, and other governing provisions of the Board (hereinafter called regulations), and I agree to be bound by the regulations of the Board, either as a candidate for issuance of a Diploma, or upon issuance of a Diploma, as the holder of same. I agree to be bound by the Code of Ethics of the American Psychological Association or the Canadian Psychological Association as applicable. I agree to disqualification from examination, or issuance of a Diploma, or forfeiture of any Diploma issued to me in the event that the Board finds me in violation of its rules and regulations. I recognize that the Board may decide that I am not qualified, and I agree to abide by its decision.

I hereby authorize the American Board of Professional Psychology, Inc., to make inquiries as it deems appropriate in connection with this application for a Diploma, with any of the individuals, state licensing boards, agencies, organizations, or other such reference sources as may develop in the course of the Board's investigation of my qualifications to be certified as a specialist. I agree and invite anyone so contacted by the Board to answer and respond freely, frankly, and without fear of claim of damage by me, and to report to the Board any knowledge which may seem relevant to the inquiry of the Board.

I certify that all the statements made herein are true and accurate to the best of my knowledge and belief. I have enclosed the non-refundable application fee. If granted the Diploma, I agree ABPP is an active credential that requires annual renewal and associated attestation and fee and to pay all required annual fees assessed by the American Board of Professional Psychology, Inc.

I understand that it is my responsibility to inform ABPP of address and contact information, and to provide additional transcripts and documentation of my continued studies and training that may be necessary for completion of this application. I understand that I must complete an approved doctoral degree program in psychology, including internship, complete post-doctoral training as required of the ABPP specialty board to which I apply and become licensed as a psychologist at the independent level of practice in order for this application to become complete and eligible for review for advancement to candidacy. ABPP will maintain your application for 7 years from date of initiation unless a written request to extend this time is received from you and approved by ABPP.

Signature of Applicant _____

Date _____

The Application Fee is \$25 (reduced from the normal fee of \$125)

You need not pay the Application Fee of \$25 if your graduate program or institution has agreed to sponsor you. Your application will be processed upon receipt of payment from you or your institution.

Note: Other parts of the examination process have additional fees. Currently, the Practice Sample fee is \$250, (written exam fee is applicable only for clinical neuropsychology (\$300) and forensic (\$200)) and oral examination fee is \$450. Once board certified there is an annual attestation / maintenance of certification, currently \$185.

Please submit this application and fee with all requested materials to:

**American Board of Professional Psychology
600 Market Street, Suite 300
Chapel Hill, NC 27516**

**Phone: 919-537-8031
Fax: 919-537-8034**