

Michigan Department of Community Health
Board of Psychology
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

PSYCHOLOGY LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. You will be notified about the completeness of your file. It is your responsibility to have all required documentation sent to the Board of Psychology. Questions regarding your application can be directed to the Michigan Board of Psychology at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee will be returned.

APPLICANTS FOR A MASTER'S EDUCATIONAL (TEMPORARY) LIMITED LICENSE FOR POST-MASTER'S DEGREE EXPERIENCE MUST SUBMIT THE FOLLOWING:

1. A complete application with the \$95.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. The Certification of Psychology Education form. The applicant must complete section I of the Certification of Psychology Education form. Section II of this form must be completed and returned to this office by the Director of the psychology education program or the Registrar of the institution where the master's degree in psychology was earned.
3. Final, official transcripts that show the date your master's degree was conferred must be submitted directly to this office by your educational institution.
4. The Supervision Confirmation Form confirming that a 500-hour practicum was completed during the master's degree program. A fully licensed psychologist or, if the practicum is completed in a governmental or non-profit agency, a master's limited license psychologist who has been licensed for more than 3 years must supervise the practicum hours. The applicant must meet with the supervisor for at least 8 hours a month during the practicum. The supervisor must list the duties performed, including assessment (testing), evaluation, and treatment, and must verify that the duties were performed in an organized health care setting. Credit for the practicum must be received from the University and should be listed on the transcripts. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted.
5. If your psychology education was not taught in English, you must achieve an overall score of 80 on the TOEFLibT administered by the Educational Testing Service (ETS). Information about TOEFLibT is available on their website at www.toefl.org.

NOTE: This temporary license is valid for two years, is not renewable, and must be obtained prior to beginning post-master's degree experience in Michigan.

REQUIREMENTS FOR A MASTER'S LIMITED LICENSE INCLUDE THE EDUCATION AND PRACTICUM REQUIREMENTS LISTED ABOVE AND THE FOLLOWING:

1. A complete application with the \$120.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. The Supervision Confirmation Form confirming the completion of 2000 hours of post-master's degree experience. This experience must be completed after the receipt of your master's degree. A fully licensed psychologist or, if the experience is in a governmental or non-profit agency, a master's limited license psychologist who has been licensed for more than 3 years must supervise the post-master's degree experience hours. If the hours are earned in Michigan, you must hold a master's educational (temporary) limited license for these hours to be credited. The applicant must meet individually and in person with the supervisor at least 4 hours per month for the duration of the post-master's degree experience. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and must verify that the duties were performed in an organized health care setting as defined by the Board's Administrative Rules. While accumulating the 2000 hours of post-master's degree experience, you must work at least 16 hours per week, but not more than 40 hours per week. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted.
3. If your psychology education was not taught in English, you must achieve an overall score of 80 on the TOEFLib administered by the Educational Testing Service (ETS). Information about TOEFLib is available on their website at www.toefl.org.

NOTE: If you are upgrading a license from the Master's Educational (Temporary) Limited License to a Master's Limited License, it is not necessary to resubmit transcripts, Certification of Psychology Education, and the Supervision Confirmation Form verifying completion of the 500-hour practicum.

APPLICANTS FOR A DOCTORAL EDUCATIONAL LIMITED LICENSE FOR POST-DOCTORAL DEGREE EXPERIENCE MUST SUBMIT THE FOLLOWING:

1. A complete application with the \$90.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. The Certification of Psychology Education form. Section I of the Certification of Psychology Education form must be completed by the applicant. Section II of this form must be completed and returned to this office by the Director of the psychology education program or the Registrar of the institution where the doctorate degree in psychology was earned.
3. Final, official transcripts that shows the date your doctorate degree was conferred must be submitted directly to this office by your educational institution.
4. If your psychology education was not taught in English, you must achieve a score of 80 on the TOEFLib examination administered by the Educational Testing Service (ETS). Information about the TOEFLib is available on their website at www.toefl.org.
5. The Supervision Confirmation form confirming that a 2000-hour internship was completed during the doctorate degree program. A fully licensed psychologist must supervise the internship. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting. The applicant must meet individually and in person with the supervisor for at least 8 hours per month during the internship. The applicant is required to work at least 20 hours per week in the internship program. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted. (If you have graduated from your doctoral program but have not yet completed the internship and would like your doctoral educational limited license to be issued without the internship documentation, please include a note stating this with your application.)

6. Once your Doctoral Educational Limited License is issued, you will be eligible to take the EPPP examination. In Michigan, you may sit for the EPPP exam if you have applied and are eligible for a Full license or if you have been issued a Doctoral Educational Limited License. When you are ready to take the exam, please e-mail the Michigan Board of Psychology at bhphelp@michigan.gov. You will receive an examination registration packet from the testing company, PES, about 2-3 weeks later. If you have previously taken the EPPP examination, contact ASPPB at (334) 832-4580 or at their website www.asppb.org to have your results sent to this office.

NOTE: A Doctoral Educational Limited License must be obtained prior to beginning your post-doctoral degree experience in Michigan. The Doctoral Educational Limited License is renewed on a yearly basis and may be renewed a total of 5 times. No extensions are available.

REQUIREMENTS FOR A FULLY LICENSED PSYCHOLOGIST INCLUDE THE EDUCATION REQUIREMENTS INDICATED ABOVE FOR THE DOCTORAL LIMITED LICENSE AND THE FOLLOWING:

1. A complete application with the \$150.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. The Supervision Confirmation form confirming that a 2000 hour internship was completed during the Doctoral degree program. A fully licensed psychologist must supervise the internship. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting. The applicant must meet individually and in person with the supervisor for at least 8 hours per month during the internship. You are required to work at least 20 hours a week in the internship program. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted. (This form does not need to be completed if the internship hours were submitted and approved at the time a Doctoral Limited License was issued.)
3. The Supervision Confirmation Form confirming the completion of 2000 hours of Post-Doctoral experience completed in not more than 2 consecutive years. A fully licensed psychologist must supervise the experience. If these hours were earned in Michigan, the applicant must hold a limited level of psychology licensure in the State of Michigan. The supervisor must list the duties performed including assessment (testing), evaluation, and treatment and verify that the duties were performed in an organized health care setting as defined in the Board's Administrative Rules. You are required to work at least 16 hours a week and no more than 40 hours per week while accumulating the 2000 hours of experience. The applicant must meet individually and in person on a weekly basis with the supervisor for at least 4 hours per month. This form must be sent to the Board directly from the supervising psychologist. Forms sent by the applicant will not be accepted.
4. In Michigan, you may sit for the EPPP exam if you have applied and are eligible for a Full License or if you have been issued a Doctoral Educational Limited License. When you are ready to take the exam, please e-mail the Michigan Board of Psychology at bhphelp@michigan.gov. You will receive an examination registration packet from the testing company, PES, about 2-3 weeks later. If you have previously taken the EPPP examination, contact ASPPB at (334) 832-4580 or at their website www.asppb.org to have your results sent to this office.
5. If your psychology education was not taught in English, you must achieve an overall score of 80 on the TOEFLib administered by the Educational Testing Service (ETS). Information about TOEFLib is available on their website at www.toefl.org.
6. Verification of licensure from any state where you hold or have ever held a permanent psychology license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

NOTE: If you are upgrading a license from a Doctoral Limited License to a Full license, it is not necessary to resubmit transcripts and the Certification of Psychology Education. If you have already submitted verification that you completed the 2000-hour internship, you do not need to re-submit.

APPLICANTS FOR FULL PSYCHOLOGIST LICENSE BY ENDORSEMENT MUST SUBMIT THE FOLLOWING:

Note: If you are currently licensed in another state, but do not meet the requirements of #2 or #3 below, you must apply for the Full License by Examination.

1. A complete application with the \$150.00 fee made payable to the State of Michigan. An application accompanied by the appropriate fee is valid for two years.
2. Completed Verification of Licensure form showing ten years of licensure in another state(s) received in this office directly from the other state(s) **OR**
3. Verification of a current Certificate of Professional Qualification in Psychology (CPQ) received in this office directly from the ASPPB. ASPPB can be reached by phone at (334) 832-4580 or at www.asppb.org.
4. Verification of licensure from any state where you hold or have ever held a permanent psychology license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Psychology in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Psychology in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.

ORIGINAL FULL, MASTER'S LIMITED, AND DOCTORAL EDUCATIONAL LIMITED LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO- YEAR PERIOD, WITH THE EXCEPTION OF THE DOCTORAL EDUCATIONAL LIMITED LICENSE THAT IS RENEWED ON A YEARLY BASIS.

Michigan Department of Consumer & Industry Services
Board of Psychology
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

CERTIFICATION OF PSYCHOLOGY EDUCATION

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

INSTRUCTIONS: Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II send this form to the Director of the psychology education program or the Registrar of the institution in which you completed your psychology degree. **This certification must be submitted directly to the Michigan Board of Psychology by your educational institution along with a final official transcript.**

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Name and Address of Educational Institution		Degree Awarded
Date of Admission		Date of Completion

Signature of Applicant	Date
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Applicant: Upon completion of Section I, send this form to your educational institution for completion of Section II.

Applicant's Name

THIS SIDE TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

SECTION II - CERTIFICATION OF PSYCHOLOGY PROGRAM

Please complete the following information. Return this completed certification, along with the applicant's final, official transcript directly to the Michigan Board of Psychology at the address shown on the reverse side of this form.

Name of Educational Institution

I certify that _____ attended the educational institution named above from _____ to _____ and was granted a _____ degree in _____

that included course work as checked below:

MASTERS LEVEL ONLY- Master's degree included all of the following:

- 75% of hours required for degree were primarily psychological in content (thesis and practicum excluded).
A course in assessment (training in the use of techniques to evaluate intelligence and/or personality).
A course in treatment (the application of psychological techniques to correct or resolve mental or emotional problems).
A course in scientific and professional ethics and standards.
PRACTICUM: University credit; 500 hours of psychological work; supervised by a licensed psychologist.

DOCTORAL LEVEL ONLY- Doctoral degree included all of the following:

- 75% of hours, required for degree, were primarily psychological in content (dissertation and internship excluded).
A course in assessment (training in the use of techniques to evaluate intelligence and/or personality).
A course in treatment (the application of psychological techniques to correct or resolve mental or emotional problems).
Degree was an integrated, organized sequence of study that included instruction in research design and methodology, statistics, psychometrics, and scientific and professional ethics and standards.

Degree included at least one graduate course, taken for credit, from three of the four following areas:

- Biological Bases of Behavior: physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology.
Social Bases of Behavior: social psychology, group processes, and organizational, and systems theory.
Cognitive-Affective Bases of Behavior: learning, thinking, motivation, and emotion.
Individual Differences: personality theory, human development, and abnormal psychology.

FOR PSYCHOLOGY EDUCATION PROGRAMS LOCATED OUTSIDE THE U.S.

Was this educational program taught in the English language? YES NO

Authorized Signature of Program Director/Registrar
Print or Type Name of Program Director/Registrar

Date of Signature

SEAL

If school has no seal, please indicate.

Michigan Department of Community Health
Bureau of Health Professions
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Lansing, MI 48909
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VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.			
<input type="checkbox"/> Audiology	<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Nursing Home Adm.	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Sanitarians
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physician's Assistants	<input type="checkbox"/> Social Work
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Veterinary
First Name	Middle Name	Last Name	
Previous Names Used	Date of Birth	U. S. Social Security Number	
State Board	License Number	Date of Issue	

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board