

# **Vermont Board of Psychological Examiners**

Office of Professional Regulation  
National Life Bldg., North FL2  
Montpelier, VT 05620-3402  
(802) 828-2373

## **Application for Registration for Supervised Practice**

Your application will be considered only if the following materials have been received:

1. Completed application, pages 2, 3 & 4
2. Verification of Supervision

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Application for Registration for Supervised Practice  
(802) 828-2373**

Fees: NONE

Type or Print. When space is insufficient, attach additional sheets.

Last Name	First Name	MI	Former/Maiden
Mailing Address - Street			
City	State	Zip Code	
Telephone:	Fax:	E-Mail:	

911 Address – (if different than mailing address) - Street		
City	State	Zip Code

Business Name		
Mailing Address - Street		
City	State	Zip Code
Telephone:	Fax:	

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<b>Circle Yes or No. A yes requires a written explanation, and/or other documentation.</b>	
Have you been convicted of a crime other than a minor traffic violation? <i>If "yes," explain and attach the court documents, if any.</i>	YES NO
Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES NO
Has Vermont, any other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES NO

<b>Circle Yes or No. A yes requires a written explanation, and/or other documentation.</b>	
<b>Answers to these Questions are not subject to public disclosure.</b>	
Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If yes, provide a physician's statement or medical confirmation of the disability.</i>	YES NO
Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If yes, please explain in detail.</i>	YES NO

<b>Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions</b>	
Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3133, and 21 V.S.A. § 1378 you are required to answer the following:	
<b>Child Support</b>	<b>You must check one of the statements below regarding child support: As of the date of this renewal application:</b>
	This does not apply to me, because I do not have any children, OR
	I do not owe any child support, or I do owe child support, but am under a plan with the Office of Child Support to pay all child support due, OR
	I am behind in my child support, and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship

<b>Taxes</b>	<b>You must check one of the two statements below regarding taxes. As of the date of this renewal application:</b>
	All tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due or they are under appeal.
	I am behind in my tax payments, and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.

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<b>Unemployment Compensation</b>	<b>You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:</b>
	This does not apply to me, because I am not now, nor have I ever been, an employer.
	I do not owe any unemployment compensation, or I owe unemployment compensation but am under plan with the Unemployment Division to pay any and all unemployment compensation due.
	I am behind in my unemployment compensation payments, and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship.

<b>Social Security #</b>	<b>Date of Birth</b>
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*\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.*

<b>Statement of Applicant</b>	
<b>I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for Registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine. 13 VSA §2901 )</b>	
<b>Signature of Applicant</b>	<b>Date</b>

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## Verification of Supervised Practice

**Applicant:** Have your Supervising Psychologist complete this form.

Applicant's Last Name	First Name	MI

<b>Supervising Psychologist Name</b>		
<b>Mailing Address - Street</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone:</b>		<b>Fax:</b>
<b>E-mail address:</b>		<b>Supervisor's License #:</b>

<b>The individual named above began working under my supervision on.</b>	(month/day/year)

<b>Statement of Supervising Psychologist</b>	
<p>I certify that as supervisor I am not a spouse, business associate, employer, or relative of the applicant. I will not financially benefit directly from the applicant/trainee's work.</p>	
<p>I further certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in disciplinary action.</p>	
<b>Signature of Supervisor</b>	<b>Date</b>

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