



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Psychology License Application
Request for Certification of State Licensure

Name of Applicant _____
Social Security Number _____
License Number _____

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Psychology of the District of Columbia for a license to practice psychology. The applicant claims to be currently licensed to practice psychology in your state and claims the above license number. This certification request is being forwarded to you to verify that the applicant is currently licensed and in good standing to practice psychology in your state.

Each applicant for a psychology license by endorsement in the District of Columbia is required by statute to submit proof that the jurisdiction where the applicant is licensed will currently grant licenses to licensees from the District of Columbia without further examination. If your licensing board requires a reciprocity candidate from the District of Columbia to take any type of examination (written, oral, or practical) or any type of interview, your requirements should be specified in the "Remarks" section on Page 2 of this certification form.

Please complete and return this form to:

Government of the District of Columbia
Department of Health
Health Professional Licensing Administration
899 North Capitol St., NE, First Floor
Washington, DC 20002

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.



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This document certifies that _____ (name of applicant) is the holder of a license in good standing to practice psychology in the state of _____.

License Number _____ was issued on _____ (date of issuance).

Is the license current? Yes No

If not current, please provide the expiration date: _____

Applicant was examined after submitting a diploma conferring the degree of _____ (type of degree) from _____ (name of education institution)

Does your state grant licenses in psychology to licensees from the District of Columbia without further examination?

Yes No

Remarks: _____

Signature of Authorized Official Date

Name and Title of Authorized Official (please print or type)

Seal