

STATE OF SOUTH CAROLINA
BOARD OF EXAMINERS IN PSYCHOLOGY
P O BOX 11329
COLUMBIA, SOUTH CAROLINA 29211-1329
(803) 896-4664

**PRELIMINARY APPLICATION FOR LICENSURE
TEMPORARY PERMIT**

ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS'
EDUCATION AND CREDENTIALING REQUIREMENTS DATAFORM

According to Section 40-55-110 of the SC Code of Laws:

"A person not licensed in this State and a nonresident of this State who wishes to perform practices under the provisions of this chapter for a period not to exceed sixty (60) days within a calendar year, must petition the Board for a temporary permit to perform such practices..."

Instructions:

1. Please complete all required sections including the Affidavit of Eligibility.
2. If additional information is needed for any questions, please attach separate sheets and/or photocopies.
3. The completed application and a Curriculum Vita should be mailed with the **non-refundable** application/ temporary permit fee of **\$250.00** in the form of a money order, a cashier's check or personal check to the above address.
4. Submit an official terminal transcript of your doctoral degree in psychology.
5. Request license verification to be sent directly to SC Board of Examiners in Psychology from the state you are currently licensed.

For Office Use Only:

Date received: _____

APA-approved program?

YES _____ NO _____

Date of Board approval: _____

GENERAL INFORMATION

Name (Last, First, Initial, Suffix)

Mailing Address

Home Address (Number, Street, City, Zip Code)

Business Address (Number, Street, City, Zip Code)

Date of Birth

Social Security Number

Race

Sex

Area(s) of specialization

(____) _____
Cell Phone Number

(____) _____
Home Telephone Number

(____) _____
Business Telephone Number

E-mail Address

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1. Are you a graduate of a doctoral program in psychology which was accredited by the American Psychological Association at the time of your graduation?

YES _____>>>>> **Skip** to question **10** and complete the following:

Name of Program Date of Graduation

Name of Department

Name of University

NO _____>>>>> Please complete questions **1 through 10**.

2. Was your doctoral degree obtained from an institution of higher learning that was regionally accredited at the time of your graduation?

YES _____>>>>> _____

NO _____ Name of University Name of Accrediting Organization

3. Was your training program clearly identified and labeled as a psychology program? Please provide a photocopy of the program description from the Bulletin of the institution of higher learning from which the doctoral degree was obtained.

YES _____>>>>> _____ Photocopy Attached? YES _____

NO _____ Name of Program NO _____

4. Did your training program have an identifiable faculty and a psychologist responsible for the program?

YES _____>>>>> _____

NO _____ Name of Program Director

5. Did the curriculum of your program encompass at least three (3) years of full-time graduate study?

YES _____>>>>> _____

NO _____ Dates of Full-Time Graduate Study

6. Did your doctoral program involve one continuous year of full-time residency at the university from which the degree was granted?

YES _____>>>>> _____

NO _____ Dates of Full-Time Residency

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7. Describe any supervised practicum, internship, field laboratory training experiences which were included in your graduate programs and which you successfully completed. If your transcript does not reflect these experiences, please provide letters describing your practical experiences from the persons who supervised those experiences.

a. From: _____ To: _____

Hours worked/week: _____

Hours of supervision/week: _____

Institution Name

Institution Address

Program Director

Major Supervisor(s)

Letter attached? _____yes_____no

b. From: _____ To: _____

Hours worked/week: _____

Hours of supervision/week: _____

Institution Name

Institution Address

Program Director

Major Supervisor(s)

Letter attached? _____yes_____no

c. From: _____ To: _____

Hours worked/week: _____

Hours of supervision/week: _____

Institution Name

Institution Address

Program Director

Major Supervisor(s)

Letter attached? _____yes_____no

d. From: _____ To: _____

Hours worked/week: _____

Hours of supervision/week: _____

Institution Name

Institution Address

Program Director

Major Supervisor(s)

Letter attached? _____yes_____no

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8. Was there instruction in your graduate program in:

a. Scientific and Professional Ethics?

YES _____>> _____
Department Name Course Number Course Title

NO _____

b. History and Systems of Psychology?

YES _____>> _____
Department Name Course Number Course Title

NO _____

c. Research Design Methodology?

YES _____>> _____
Department Name Course Number Course Title

NO _____

d. Statistics and Psychometrics?

YES _____>> _____
Department Name Course Number Course Title

NO _____

For those courses whose content is not immediately apparent from the course titles, please provide photocopies of course descriptions from the Bulletin of the institution of higher learning at which the courses were taken.

9. The successful completion of a core of training in four substantive content areas in psychology is also required for licensure as a psychologist. In order to facilitate the evaluation of your transcript by the Board of Examiners, please list those courses that, in your opinion, satisfy the requirement of a minimum of six (6) semester hours [or nine (9) quarter hours] in each of the following areas:

a. biological bases of behavior (e.g., physiological psychology, comparative psychology, sensation and perception, psychopharmacology)

Department Name Course Number Course Title

Department Name Course Number Course Title

Department Name Course Number Course Title

Department Name Course Number Course Title

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b. cognitive affective bases of behavior (e.g., learning, thinking, motivation, emotion)

_____ Department Name	_____ Course Number	_____ Course Title
_____ Department Name	_____ Course Number	_____ Course Title
_____ Department Name	_____ Course Number	_____ Course Title
_____ Department Name	_____ Course Number	_____ Course Title

c. social bases of behavior (e.g., social psychology, group processes, organizational and systems theory)

_____ Department Name	_____ Course Number	_____ Course Title
_____ Department Name	_____ Course Number	_____ Course Title
_____ Department Name	_____ Course Number	_____ Course Title
_____ Department Name	_____ Course Number	_____ Course Title

d. individual differences (e.g., personality theory, human development, psychopathology)

_____ Department Number	_____ Course Number	_____ Course Title
_____ Department Number	_____ Course Number	_____ Course Title
_____ Department Number	_____ Course Number	_____ Course Title
_____ Department Number	_____ Course Number	_____ Course Title

For those courses whose content is not immediately apparent from the course titles, please provide photocopies of course descriptions from the Bulletin of the institution of higher learning at which the courses were taken.

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10. Are you currently, or have you in the past, been licensed to practice psychology in another state or province?

YES _____ NO _____ If "yes," please provide the following information:

1. _____
State License #

Status: _____active _____expired _____suspended expiration date: _____

2. _____
State License #

Status: _____active _____expired _____suspended expiration date: _____

3. _____
State License #

Status: _____active _____expired _____suspended expiration date: _____

11. Statements of Understanding and Intent:

(1) In making this preliminary application for licensure, I understand that it is my obligation to furnish the South Carolina Board of Examiners in Psychology with all the information required by the Board, plus any relevant materials which I may wish to have considered, or which ethically should be considered, by the Board while acting on my application for licensure.

YES _____ NO _____

(2) In addition to the materials I submit and request to be submitted, I hereby grant permission to the S.C. Board of Examiners in Psychology to solicit, obtain and evaluate any information it deems necessary for appropriately appraising my qualifications for licensure in psychology in the state of South Carolina.

YES _____ NO _____

(3) Do you have a pending complaint, or have you ever had a complaint, either formal or informal, filed against you that alleged or accused you of, in whole or in part, unethical professional practices?

YES _____ NO _____ If yes, attach a complete explanation to this document to include the current disposition of the complaint(s).

(4) Have you ever been the subject, either principle or secondary, of professional malpractice lawsuit or other legal suit that had, or could have, an impact on your practice or professional character?

YES _____ NO _____ If yes, attach a complete explanation to this document.

(5) Have you ever had a license to practice psychology or psychotherapy (e.g., an LPC, MFT, CADC or similar license or certification) denied, suspended or revoked?

YES _____ NO _____ If yes, attach a complete explanation to this document.

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- (6) Have you received an employment-related discipline, or been suspended, placed on probation, or dismissed from professional employment or practice? Have you ever resigned from a position to avoid being fired, or after learning that you were going to be fired or discharged for any reason?
YES_____ NO_____ If yes, attach a complete explanation to this document.
- (7) Are you habitually intemperate in the use of alcoholic beverages, narcotics, stimulants or "recreational drugs" to such a degree as to impair the performance of your professional duties? Has anyone (i.e., colleague, family member, health care provider) ever expressed concern to you regarding your use, misuse or abuse of alcohol, narcotics, stimulants or "recreational drugs?"
YES_____ NO_____ If yes, please attach a complete explanation.
- (8) Have you ever been charged or convicted of a felony or any other crime involving moral turpitude or of unprofessional conduct?
YES_____ NO_____ If yes, please attach a complete explanation.
- (9) I understand that employment of fraud or deception in applying for licensure or in passing the examination will be grounds for the Board to refuse to grant a license or to recommend revocation of a license after it has been granted. I further affirm that I am not withholding, or causing to be withheld, any information that may be potentially detrimental to my application.
YES_____ NO_____

12. I, the below-named applicant, being duly sworn, do hereby affirm that I am the person referred to in this application for a license to practice psychology and that all foregoing statements are true in every respect.

Enclosed is the non-refundable application fee of \$250.00 in the form of a money order, cashier's check or personal check made payable to the **South Carolina Board of Examiners in Psychology**.

The Board of Examiners may require further evidence that it deems reasonable and proper from the sources above.

MUST BE SIGNED IN THE PRESENCE IN A NOTARY

Applicant's Signature

Date

SUBSCRIBED AND SWORN BEFORE ME,
THIS _____ DAY OF _____, 20____

Notary Public's Signature

Notary Public's Name (Please type/print)

MY COMMISSION EXPIRES: _____

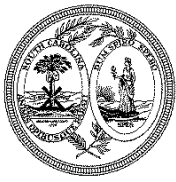
APPENDIX A
ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS'
CRITERIA

Principle: The foundation of professional practice in psychology is the evolving body of knowledge in the discipline of psychology.

The following criteria will be used to identify and designate educational programs as psychology programs:

1. Programs that are accredited by the American Psychological Association are recognized as meeting the definition of a professional psychology program. The criteria for accreditation serve as a model for professional training.
2. Training in professional psychology is doctoral training offered in a regionally accredited institution of higher learning.
3. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists.
4. The psychology program must stand as a recognizable, coherent organizational entity within the institution.
5. There must be clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.
6. The program must be an organized sequence of study planned by those responsible for the training program to provide an integrated educational sequence appropriate to the professional practice of psychology.
7. There must be an identifiable psychology faculty and a psychologist responsible for the program.
8. The program must have an identifiable body of students who are matriculated in that program for a degree. Since the quality of any educational program is partially dependent on the quality of students, careful attention must be given that students meet appropriate standards of educational preparation and ability for admission.
9. The program must include supervised practicum, internship, field or laboratory training appropriate to the practice of psychology.
10. The curriculum shall encompass a minimum of three academic years of full-time graduate study. The doctoral program shall involve one continuous academic year of full-time residency at the university at which the degree is granted. In addition to instruction in scientific and professional ethics and standards, history and systems, research design methodology, statistics and psychometrics, the core program shall require each student to demonstrate competence in each of the following substantive content areas. This typically will be met by including a minimum of six or more graduate semester hours (nine or more graduate quarter hours) in each of these four substantive content areas:
 - a. Biological bases of behavior, e.g., physiological psychology, comparative psychology.
 - b. Cognitive-affective bases of behavior, e.g., learning, thinking, motivation, emotion.
 - c. Social bases of behavior, e.g., social psychology, group processes, organization and systems theory.
 - d. Individual differences, e.g., personality theory, human development, abnormal psychology.

Note: Item 10 identifies the core psychology program. In addition to these criteria, all professional education programs in psychology will include course requirements in specialty areas. The above curriculum requirements, then, represent the necessary, but not the sufficient number of graduate hours for a degree in professional psychology.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____,
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
 being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are: An alien who is lawfully admitted for residence under the INA. An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551) Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766) Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status) DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)