



Board of Psychology Credentialing  
PO Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## **Examining Board of Psychology License Verification**

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have held a license/registration/certification. Instruct them to return the form directly to the address listed above. Make a copy of this form if you are licensed in more than one state and/or jurisdiction. Licensing agencies normally charge a fee to verify a license. Please check in advance to help expedite this process.

If you have a license with the Department of Health, you do not need to complete a verification form.

This form is not required of those credentials issued by Washington State.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Any other names used: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have the licensing agency return this completed form to the address above.

# License Verification

## (To be Completed by the State Psychology Board)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of licensed psychologist: \_\_\_\_\_

Authority providing verification: \_\_\_\_\_

Applicant was licensed by:

Written Examination: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Examination: \_\_\_\_\_

Other Examination: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Examination: \_\_\_\_\_

Is license current?  Yes  No

Expiration Date: \_\_\_\_\_ Issuance Date: \_\_\_\_\_

Is this licensee considered to be in good standing in your state?  Yes  No

If "No," please attach explanation.

Has this license ever been:

Yes No

Denied

Suspended

Revoked

Surrendered

Reinstated

If this licensee has been disciplined, has he/she successfully completed all requirements and is currently in good standing?  Yes  No

If yes, please provide a copy of the Final Order or other documentation of action taken.



Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_