



Washington State Department of

Health

Board of Psychology Credentialing

P.O. 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: _____

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: _____