

STATE BOARD OF PSYCHOLOGY OF OHIO
2008-2010 REQUEST FOR REINSTATEMENT OF
EXPIRED PSYCHOLOGIST LICENSE
Please print clearly

① IDENTIFYING INFORMATION

NAME: _____

DEGREE: _____ LICENSE NUMBER: _____

EMAIL: _____

② CHANGES TO PREFERRED MAILING ADDRESS ONLY

- NO CHANGE. The address on file with the board continues to be my preferred address for Board correspondence.
 UPDATE my preferred address for Board correspondence:

Number and Street Address _____

City _____ State _____ ZIP _____ County _____

(_____) _____ (_____) _____
 Telephone _____ Fax _____

③ SECONDARY ADDRESS [LIST YOUR PRIMARY BUSINESS ADDRESS IF YOUR HOME IS YOUR PREFERRED MAILING ADDRESS].

- N/A

Number and Street Address _____

City _____ State _____ ZIP _____ County _____

(_____) _____ (_____) _____
 Telephone _____ Fax _____

④ RENEWAL OPTION

- \$350 renewal fee (if not already paid)
 \$50 reinstatement penalty

Make check payable to "Ohio Treasurer of State"

⑤ MANDATORY CONTINUING EDUCATION

Before a license can be reinstated the Board must receive a report from OPA-MCE or OSPA-MCE of compliance with approved MCE completed after **9/1/06** (includes 3 hrs in ethics and professional conduct).

- 23 MCE hours (license issued before 10/1/06)
 13 MCE hours (license issued between 10/1/06 and 9/30/07)

⑥ COMPETENCE AREAS

I claim competence to perform psychological work in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Culture-Centered Services | <input type="checkbox"/> Civil Forensic Services |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Criminal Forensic Services |
| <input type="checkbox"/> Individual Psychotherapy | <input type="checkbox"/> Health Psychology |
| <input type="checkbox"/> Marital/Couples Therapy | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Others: _____ |

I claim competence to provide services to the following populations:

- Infants Children Adults Elderly

⑦ RECORDS

Identify a psychologist, school psychologist, or other appropriate person who in the event of your absence, emergency or death has knowledge of your plan for responsibility for your records.

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

(_____) _____
 Telephone _____

⑧ LEGAL/ETHICAL REGULATIONS

a) During the past five years have you been the subject of any formal regulatory or disciplinary action, whether by agreement or adjudication (other than by this Board), regarding your suitability to be licensed, certified, or registered or have you been denied professional licensure, certification or registration by any other credentialing body? NO YES

b) Are criminal charges currently pending or, during the past five years, have you been convicted of, or pled guilty or no contest to, violating any municipal, state or federal law other than minor traffic offenses? NO YES

If "YES" on either of the above two questions, attach details on separate page, including identities of any court and state/province and address/telephone number of the appropriate Clerk of Court.

⑨ PSYCHOLOGICAL SUPERVISION

- I have no supervisees registered on my license
 I am Board-authorized to exceed 4 supervisees (Do not list)
 I provide psychological supervision to the following persons:

1) _____ 2) _____

3) _____ 4) _____

⑩ SIGNATURE/SOCIAL SECURITY NUMBER

By signature hereon, I affirm that all information on this form is true to the best of my knowledge. I also authorize all professionals, government entities, educational institutions, professional associations, and past or present business or professional employers or associates to release to the State Board of Psychology of Ohio any information necessary to verify the information set forth in this registration or which is related to any questions in Section 8 answered "Yes." I also consent to the release of my Social Security Number (SSN), which must be collected by the Board pursuant to 42 U.S.C. sec. 1320a-7e(b), 5 U.S.C. sec 552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Services' Healthcare Integrity and Protection Data Bank. I understand that provision of my SSN is mandatory for child support enforcement purposes, pursuant to R.C. 3123.5.

SIGNATURE _____

SSN _____

DATE _____

STATE BOARD OF PSYCHOLOGY OF OHIO
LICENSE REINSTATEMENT REQUEST INSTRUCTIONS 2008-10

MAIL YOUR FORM AND FEES TO:

STATE BOARD OF PSYCHOLOGY 77 S. HIGH ST., SUITE 1830 COLUMBUS, OH 43215

INSTRUCTIONS FOR COMPLETING REINSTATEMENT FORM ON REVERSE

PURSUANT TO ORC 149.43 REINSTATEMENT FORMS ARE DEFINED AS PUBLIC RECORDS

- ① **IDENTIFYING INFORMATION.** Please be certain to provide your license number. Email address is requested but optional.
- ② **CHANGES TO MAILING ADDRESS ONLY [ORC 4732.14].**
- ③ **SECONDARY ADDRESS.** If a home address is your primary mailing address for Board correspondence, you are required to list your primary business address for Board records. Remember that listing a home address is always voluntary, but the Board must have your primary business address in section ② or ③.
- ④ **REGISTRATION FEE AND REINSTATEMENT PENALTY [ORC 4732.14].** Remit \$400 payable to Treasurer, State of Ohio. Remit only the \$50 penalty if the \$350 license registration fee was remitted previously.
- ⑤ **MCE REQUIREMENTS [ORC 4732.141].** Check the appropriate box indicating the number of MCE hours that you were required to have reported to the Board for the most recent registration deadline (September 2006).
- ⑥ **COMPETENCE AREAS [OAC 4732-1-06].** Indicate your areas of competence established by education, training, and experience.
- ⑦ **RECORDS [OAC 4732-17-01 (B) (6)].** Provide the name and contact information of a person who knows of your arrangements regarding transfer of and accountability for your records in the event of your absence from practice, emergency, or death.
- ⑧ **LEGAL/ETHICAL REGULATIONS [OAC 4732-1-06].** Please complete both items, and provide any details on a separate page. Staple any correspondence to the renewal form.
- ⑨ **PSYCHOLOGICAL SUPERVISION [4732-13-04].** *No Supervisees* if you do not have supervisees under your license or if you provide supervision in a university or training setting, where supervisees are registered with the Board under a designee such as a Director of Training. *Board-authorized to exceed 4 supervisees* if permission received. Do not list names. *The third box if you have FOUR OR FEWER supervisees registered with the Board*, and identify each by name. Please remember that Mental Health Worker Supervision is not psychological work, and should not be registered.
- ⑩ **SIGNATURE/SOCIAL SECURITY NUMBER.** SSN is required by state and federal law. Sign and date the form.

The license reinstatement process is governed under the following statute and rule:

ORC 4732.14: "A license of any licensed psychologist or school psychologist shall automatically be suspended if the biennial registration fee is not paid or the registration form is not received on or before the thirtieth day of September of a renewal year. Within five years thereafter, the board may reinstate any license so suspended upon payment of the current license registration fee and a penalty fee not to exceed fifty dollars, as determined by the board, and receipt of the registration form completed by the registrant in accordance with this section and section 4732.141 of the Revised Code or in accordance with any modifications authorized by the board under division (F) of section 4732.141 of the Revised Code...." **ORC 4732.141.** Continuing psychology education. (A) (2) On or before the thirty-first day of August of each even-numbered year after the biennium in which this amendment takes effect, each person licensed under this chapter by the state board of psychology shall have completed, in the preceding two-year period, not less than twenty-three hours of continuing education in psychology, including not less than three hours of continuing education in professional conduct and ethics, or the number of hours determined under division (D) of this section. (3) Each person subject to division (A)(1) or (2) of this section shall certify to the board, at the time of biennial registration pursuant to [section 4732.14](#) of the Revised Code and on the registration form prescribed by the board under that section, that in the preceding two years the person has completed continuing psychology education in compliance with this section. The board shall adopt rules establishing the procedure for a person to certify to the board and for properly recording with the Ohio psychological association or the state board of education completion of the continuing education.

OAC 4732-1-06: (C) Any license suspended pursuant to section 4732.14 of the Revised Code may be reinstated by the board within five years after such suspension, on request of the suspended licensee. Absent any grounds for denial as set forth in section 4732.17 of the Revised Code, and pursuant to section 4732.18 of the Revised Code, such reinstatement: (1) Shall be automatic if requested within one year, upon immediate payment of the biennial registration fee plus the penalty fee in effect at the time of the request and: (a) with presentation of evidence of having completed the CE requirements...;(2) After one year following such suspension shall require: (a) Payment of the biennial registration fee in effect at the time of the request for reinstatement plus the penalty fee, unless the board waives the fees pursuant to section 4732.14 of the Revised Code, with no part of these fees being refundable regardless of the outcome of the request for reinstatement; and (b) Approval by the board of the suspended licensee's notarized statement describing his/her psychological activities after the date of suspension of the license; and (c) Acceptance by the board of evidence of having completed, either during the previous two years or during the biennium, the CE requirements that were in effect for the biennium prior to the last regular license renewal anniversary unless the board excuses, in writing, the licensee from all or any part of the CE requirements pursuant to section 4732.14 or division (F) of section 4732.141 of the Revised Code and paragraph (C)(9) of rule 4732-2-01 of the Administrative Code; and (d) If deemed necessary by the board to determine the current competency of the applicant, passing an oral examination administered under the direction of the board...(iv) Other matters deemed relevant by the board to determine that competence to practice psychology or school psychology in the suspended licensee's declared area(s) of specialty has not been critically impaired during the period the license was lapsed.

2008-2010 MCE REGISTRATION INSTRUCTIONS

MCE REGISTRATION WITH OPA-MCE OR OSPA-MCE IS MANDATORY

YOU MUST REGISTER DIRECTLY WITH OPA-MCE OR OSPA-MCE TO DOCUMENT YOUR MCE COURSEWORK FOR THE NEXT BIENNIAL RENEWAL. THE 2-YEAR WINDOW FOR ACCRUING MCE HOURS FOR 2010 RENEWAL BEGAN ON SEPTEMBER 1, 2008 AND ENDS ON AUGUST 31, 2010.

COMPLETE YOUR MANDATORY MCE REGISTRATION:

CHOOSE AN ASSOCIATION OFFICE OF MANDATORY CONTINUING EDUCATION:

OHIO PSYCHOLOGICAL ASSOCIATION OFFICE OF MCE (OPA-MCE)

-OR-

OHIO SCHOOL PSYCHOLOGIST ASSOCIATION OFFICE OF MCE (OSPA-MCE)

REGISTERING WITH OPA-MCE?

- 1) USE A CREDIT CARD ONLINE AT WWW.OHPSYCH.ORG BY CLICKING ON "MCE"**
- 2) CALL OPA-MCE AT (614) 224-9620 FOR A REGISTRATION FORM BY MAIL**
- 3) CALL THE BOARD AT (877) 779-7446 TO REQUEST A REGISTRATION FORM**

REGISTERING WITH OSPA-MCE?

- 1) CALL OSPA-MCE AT (614) 414-5980 TO REQUEST A REGISTRATION FORM**
- 2) CALL THE BOARD AT (877) 779-7446 TO REQUEST A REGISTRATION FORM**

PLEASE REMEMBER THAT BIENNIAL MCE COMPLIANCE MUST BE REPORTED TO THE BOARD BY EITHER OPA-MCE OR OSPA-MCE BEFORE SEPTEMBER 30, 2010.