



APPLICATION FOR REPEAT EXAMINATION FOR PSYCHOLOGY

State Form 53327 (R7 / 5-19)

**INDIANA STATE PSYCHOLOGY BOARD
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-2054
 E-mail: pla8@pla.IN.gov
 www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$50.00, payable to the Indiana Professional Licensing Agency, in accordance with 868 IAC 1.1-12-1.5.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

| | |
|-----------------|----------------------------------|
| Application fee | Date fee paid (month, day, year) |
| Receipt number | Approved by |

DO NOT WRITE ABOVE THIS LINE

EPPP is given by computer. Information regarding testing will be sent after passing of the jurisprudence examination.

APPLICANT INFORMATION

| | | |
|---|---|---------------------------|
| Name of applicant (last, first, middle) | | Social Security number * |
| Date of birth (month, day, year) | Place of birth (city and state or country) | |
| Address of applicant (number and street or rural route) | | City, state, and ZIP code |
| Telephone number (daytime) () | E-mail address | |
| Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity ** | Race ** |
| Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641). | | |
| Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of school | Number of previous exam attempts | |

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? Yes No
2. Have you ever been denied licensure, registration, certification, or permit to practice psychology or any regulated health occupation in any state (including Indiana) or country? (Note: if only denial is because you failed this licensing exam, do not mark 'Yes') Yes No
3. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? Yes No
4. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - (1) have you ever been arrested; Yes No
 - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? Yes No
5. Have you ever been admonished, censored, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant? Yes No

If information regarding a positive response has been submitted with your original application and has not changed, please check here:

Please submit additional information only if circumstances have changed since you last submitted an explanation regarding these questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

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|------------------------|-------------------------|
| Signature of applicant | Date (month, day, year) |
|------------------------|-------------------------|