

**LIMITED TELEPSYCHOLOGY PRACTICE
VERIFICATION OF GOOD STANDING IN HOME JURISDICTION**

Top portion only to be completed by applicant:

"I authorize my home jurisdiction to provide all information on the Limited Telepsychology Practice Verification of Good Standing in Home Jurisdiction form to the jurisdiction(s) to which I am applying for Limited Telepsychology Practice, including regarding any unresolved complaints or investigations about which I have been notified."

Applicant signature

Date

Applicant name

This portion to be completed by an authorized official of the Regulatory Body and returned directly to the College/ Board of the jurisdiction for which Limited Telepsychology Practice authorization is requested.

1. Full Name of Applicant:

[name as it appears on official register/license]

2. License/Registration/Certification #

Jurisdiction

3. Current Registration Status

4. Expiration Date

5. Title of Registrant/Licensee/Certificant (e.g. psychologist/psychological associate)

6. Date of initial registration

7. Has registration been continuous since date of initial registration? Yes No
(If no, please attach additional information)

8. Highest degree in psychology on which the applicant's registration in your jurisdiction is based:

9. Does the applicant have:

a. any current or previous restrictions, terms, or limitations on their practice

Yes No

b. any unresolved complaints and investigations about which they have been notified

Yes No Unable to respond

c. any complaints/investigations referred to discipline hearing or alternate resolution

Yes No

d. any sanctions or censures

Yes No

e. revocation or suspension of registration/licensure

Yes No

f. voluntarily relinquished registration/licensure to prevent commencement or completion of an investigation, review or other proceeding

Yes No

Please provide details on reverse and attach copies of any relevant documentation for “yes” answer to item 9 above.

10. For jurisdictions with reserved acts or actions, has this applicant been granted access to any reserved acts (e.g. diagnosis)?

Yes No N/A

a) If yes, please specify:

b) If applicant has been denied such access, please provide details

Signature of Official

Date

Name and Title

Regulatory Body

Telephone #

Email Address