



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

New Mexico State Board of Psychologist Examiners

2550 Cerrillos Road ▪ PO Box 25101 ▪ Santa Fe, New Mexico 87504

(505) 476.4622 ▪ Fax (505) 476.4645 ▪ www.rld.state.nm.us/boards

INSTRUCTIONS AND CHECKLIST FOR PSYCHOLOGIST APPLICATION FOR TEMPORAY LICENSE

INSTRUCTIONS

1. Read the entire application before you begin to answer any questions, so you will understand exactly what information is being requested.
2. All questions must be answered. The burden of proof in satisfying the board that you are eligible for licensure is upon you.
3. Type or print legibly your responses.
4. Your **Application Fee of \$300.00** must accompany your application. Your check or money order should be made payable to the "New Mexico State Board of Psychologist Examiners". **FEES ARE NON-REFUNDABLE.**
5. Contact each jurisdiction where you are licensed to practice psychology to request that an official verification of licensure be sent in a **sealed envelope** to the Board Office.
6. Your application should include documentation that supports your reason for seeking temporary license, including court-ordered evaluations or providing services during a federally declared natural disaster. Documentation may be a copy of a court order, agreement or letter from person, agency or organization requesting applicant's temporary service.

CHECKLIST – To assist you in completing your applications please use the following checklist:

- ☐ Complete Application
- ☐ Application Fee of \$300.00
- ☐ Current Color Photograph
- ☐ Verification of Licensure
- ☐ Documentation Supporting Reason for Temporary License



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PSYCHOLOGIST APPLICATION FOR TEMPORAY LICENSE

Temporary License, Fee **\$300.00**

Temporary License will expire six months from date of issuance.

Attach a Passport
Quality Photo Here

*Please Write Name on
Back of Photo*

****ALL FEES ARE NON-REFUNDABLE****

****ALL LICENSING INFORMATION IS PUBLIC INFORMATION****

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE					
MAILING ADDRESS					
CITY		STATE	ZIP CODE		
PERSONAL PHONE		BUSINESS PHONE			
EMAIL			<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS		
DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER		
HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST NAME(S) USED:					
BUSINESS INFORMATION:					
PROPOSED PRACTICE NAME (if applicable)					
PROPOSED PRACTICE ADDRESS (if applicable)					
CITY		STATE	ZIP CODE		
PREFERRED MAILING ADDRESS: <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS					
LICENSURE INFORMATION: List all states (or countries) in which you are or have been licensed, regardless of current status (attach additional pages if necessary):					
STATE/ COUNTRY	OBTAINED BY EXAM/CREDENTIALS/ RECIPROCITY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATION DATE
BCD USE ONLY:					
RECEIVED ON:		PROCESSED BY:		RECEIPT NO:	
AMOUNT:		CHECK/MO #			

PROFESSIONAL EDUCATION			
NAME OF DOCTORAL PROGRAM AND LOCATION			
DATE DOCTORAL DEGREE AWARDED			
ARE YOU A MEMBER OF THE NATIONAL REGISTER? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HOLD A CERTIFICATION PROFESSIONAL QUALIFICATION (CPQ)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR TEMPORARY LICENSE			
Please provide an explanation for the reason you are seeking a temporary license, including court-ordered evaluation or services provided during a federally declared natural disaster and attach supporting documentation.			
QUESTIONS RELATED TO ETHICAL STANDARDS			
Read the following carefully, Circle Yes or No. "Yes" answers to any question require an explanation (attach additional pages if necessary) and a copy of the final judgment.			
1.	Has any disciplinary action ever been started, or taken against you as result of your practice of psychology by the following: (<i>Disciplinary action includes but is not limited to suspension, probation, reprimand letter, admonition censure, and any allegations currently pending.</i>)		
	a. Another licensing jurisdiction?	YES	NO
	b. A professional psychologist association of which you are, or have been a member?	YES	NO
	c. A government agency?	YES	NO
2.	Have you ever voluntarily surrendered your license in another jurisdiction?	YES	NO
3.	Have you ever been denied a license or certificate as a psychologist or the right to take an examination in any jurisdiction or country?	YES	NO
4.	Have you ever been convicted of, or pled guilty or nolo contendere to a violation of any federal or state statute, city or county ordinance, or law of a foreign country?	YES	NO
ATTESTATION			
The undersigned is the person making the foregoing statements, and attests that all the statements made in the application are true, complete and correct to the best of his/her knowledge and belief, and are made in good faith. By executing this application, the undersigned also acknowledges that he/she has read the Code of Ethics for Psychologists and, if issued a license, agrees to conform with and support the Code of Professional Ethics, Rules and Regulations of the New Mexico Board of Psychologist Examiners, and the Professional Psychologist Act.			
Signature of Applicant		Date	