Dear Licensee:

Read the entire application before you begin to answer any questions, so you will understand exactly what information is being requested. All questions must be answered. **The burden of proof in satisfying the Board that you are eligible for licensure is upon you.**

Print and submit the online Jurisprudence Exam. The fee for the Jurisprudence Exam is $75.00. This is an open book, multiple-choice examination. You may use the New Mexico Psychologists Statutes, Rules and Regulations viewable on our website [www.state.nm.us](http://www.state.nm.us).

**Please make sure the following have been sent to the board office:**

- ✓ Completed Notarized Application
- ✓ Application Fee $300.00
  
  *When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.*
- ✓ Official Transcripts
- ✓ Jurisprudence Exam
- ✓ Jurisprudence Exam Fee $75.00
- ✓ EPPP Scores
- ✓ Three (3) current letters of reference
- ✓ Psychologist Associate Supervisor Agreement Form
PSYCHOLOGIST ASSOCIATE APPLICATION FOR LICENSURE

You are responsible for insuring that all needed information on your application has been forwarded to the board office, including transcripts and the non-refundable application fee of $300

If, at the discretion of the board, more information is found to be needed or deemed advisable, further documented evidence may be required.

APPLICATION INFORMATION- *Required Field

ALL LICENSING INFORMATION PROVIDED IS PUBLIC INFORMATION

*LEGAL NAME: ___________________________________________________________________

Last          First           M.          Any Other Name Used

*Date of Birth: ____________________  *Social Security Number: ____________________

*E-mail: _______________________________________________________________________

All communication (including renewal notices) will be sent to this email address

*Contact Number: W: ____________________  H: ____________________

*Mailing Address: ___________________________________________________________________

Number and Street  City,  State  Zip

Business Address: _____________________________________________________________

Number and Street  City,  State  Zip

PROFESSIONAL EDUCATION (Undergraduate and Graduate)

All education must be verified by transcripts forwardedly directed from the office of the registrar of the college or university attended. If first time requesting a psychology license, forward undergraduate, master, and doctoral degree transcripts.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Major Field of Study</th>
<th>Date</th>
<th>Degree</th>
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A. Other relevant training or experience (give details): _______________________________

_______________________________________________________________________________

_______________________________________________________________________________

B. List major publications and/or honorary degrees etc.: ______________________________

_______________________________________________________________________________

_______________________________________________________________________________
C. Professional organizations of which you are currently a member, including dates of initial membership:


D. At present I am licensed as:

Title in State/Jurisdiction

QUESTIONS RELATED TO ETHICAL STANDARDS

Yes ☐ No ☐ Have you ever been called before the Committee on Ethics of any professional organization or State Licensing Board?

Has any action been taken against you by:

Yes ☐ No ☐ Another licensing jurisdiction?

Yes ☐ No ☐ A professional psychologist association of which you are or have been a member?

Yes ☐ No ☐ A government agency?

Yes ☐ No ☐ Have you ever failed to report to the board the surrender of a license or other authorization to practice psychology in another jurisdiction or the surrender of membership on a health care staff or in a professional association following, in lieu of, or while under a disciplinary investigation by any of those authorities for acts or conduct that would constitute grounds for action?

Yes ☐ No ☐ Have you voluntarily surrendered your license in another jurisdiction?

Yes ☐ No ☐ Have you ever been convicted of, or pled guilty or nolo contendere to a violation of any federal or state statute, any city or county ordinance, or law of a foreign country?

Yes ☐ No ☐ Are you now or have you ever engaged in any activities that misrepresents your professional qualifications, affiliation, or purposes, or these of institutions, organizations, products and/or services with which you are associated?

Yes ☐ No ☐ Have you ever been denied a license or certificate as a psychologist in any jurisdiction or country, or the right to take an examination?

Yes ☐ No ☐ Has any license or certificate as a psychologist ever been suspended or revoked?

Yes ☐ No ☐ Are you now under investigation by any other licensing board?

Yes ☐ No ☐ Are there any complaints pending in another licensing jurisdiction?

Yes ☐ No ☐ Are you currently more than thirty (30) days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico?

If you answered yes to any of these questions, explain in detail on a separate sheet attached to this application.
VERIFICATION OF REQUIRED COURSES

The applicant shall show that his/her program of graduate studies included a minimum of three (3) graduate semester hours, (six (6) graduate quarter hours) directly related to psychological theory in three of the nine following content areas. No course may be counted for more than two areas.

Additionally, the applicant shall have completed at least two (2) semesters (or four (4) quarter hours) of clinical, counseling, or school psychology practicum.

<table>
<thead>
<tr>
<th>Required Course</th>
<th>Institution Attended</th>
<th>Course Name and number of graduate Credits – indicate quarter or semester</th>
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<tbody>
<tr>
<td>Biological aspects of behavior: physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology, biological bases of development</td>
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<td>Cognitive and affective aspects of behavior: learning, thinking, motivation, emotion, and cognitive development</td>
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<td>Social aspects of behavior: social psychology, group processes, community psychology, social development, organizational and systems theory</td>
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<td>Human development: developmental psychology, human development, lifespan development, and developmental psychopathology</td>
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<td>Individual differences: personality theory, human development, and abnormal psychology</td>
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<td>Professional and scientific ethics and standards: professional and ethical problems in clinical, counseling, or school psychology, legal, ethical, and professional issues in psychotherapy or counseling</td>
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<tr>
<td>Research design, methodology, statistics, and data analysis: research methods in clinical, counseling, or school psychology; research design in psychology; statistical analysis in psychology; multivariate statistical methods</td>
<td></td>
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<tr>
<td>Cultural competence, multicultural counseling, counseling the culturally different, feminist psychology, counseling gay and lesbian populations, treating persons with disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methods of assessment and diagnosis: psychological assessment, clinical diagnosis, and intellectual and personality assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical, counseling, or school psychology practicum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This form must be signed in the presence of a Notary Public.*
AFFIDAVIT AND NOTARIZATION
The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. 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 Regulation of the New Mexico Board of Psychologist Examiners, and the Professional Psychologist Act. I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

______________________________
Signature of Applicant

Date

I ______________________ a Notary Public in and for said County, in the State of _______________DO HERBY CERTIFY THAT:

______________________________personally known
to be the same person whose name is subscribed in the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, said document for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS

_______DAY OF ___________________________, 200__

Notary Public

My Commission Expires_____________________________

Staple one (1) 2x2 passport photograph, taken within the last six months.

Application fee payment method: _____ Check _____ Money Order _____ Credit Card (Type) _____MC _____Visa

________________________________
Cardholder’s Name

_________________________
Address

Credit Card #: ____________________________ Expiration Date _____________ Amount $_______
PSYCHOLOGIST ASSOCIATE
SUPERVISORY AGREEMENT
Revised April 2008

Title 16, Chapter 22, Part 12 NMAC - Conditions of Practice for Psychologist Associates.

Psychologist Associates who engage in the practice of psychology shall be supervised by a licensed psychologist or a board-certified psychiatrist, except in the area of psychological or cognitive testing.

______________________________________________
Name of Psychologist Associate

______________________________________________
Name of Supervisor

The Psychologist Associate named above has designated you as his/her supervisor in his/her practice as a Psychologist Associate. Please review the following standards and initial those standards which your supervision will meet. All of these standards must be met for the New Mexico Board of Psychologist Examiners to find supervision of this licensee acceptable.

The supervisor assumes professional and ethical responsibility for the work the Psychologist Associate performed in the course of his/her professional relationships. To assume full ethical and professional responsibility for the work of the Psychologist Associate, the supervisor agrees to monitor and insure that the Psychologist Associate is working within his or her professional competence and is meeting all the ethical standards of the Professional Psychologist Act and the Board Rules and Regulations. To meet this standard, the supervisor must meet the following requirements.

Please initial below

_________ You are meeting with the Psychologist Associate at least two (2) hours a month of one-to-one basis supervision between you and the Psychologist Associate. If your are meeting for more than two hours a month on a one-to-one basis or within a group setting, please note that for our records on the back of this supervisory agreement.

_________ You are fully informed regarding the licensee’s educational and experiential background, including, but not limited to, clinical work under previous supervision, professional training, workshops, and continuing education beyond undergraduate and graduate psychology programs. You are also aware of the licensee’s professional affiliations with practice groups and organizations that support or enhance the skills of the licensee.

_________ The supervisor shall assume professional and ethical responsibility for the work of the psychologist associate performed in the course of the professional relationship.
You are informed of all the other standards of the Code of Conduct, Part 2, and the Rule concerning Conditions of Practice for Psychologist Associate, Part 12. It is incumbent upon the supervisor to become familiar with the Board’s Rules and Regulations.

The supervisor shall keep records of supervision. Such records shall be kept separately from the patient/client’s records and shall include dates of supervision without reference to the patient/client’s name. Such records shall be submitted to the Board on an annual basis as a condition of the renewal process.

The supervisor shall provide supervision in those areas of practice in which he or she is qualified to render services.

In areas of practice in which the supervisor is not qualified, an additional supervisor (s) should be sought who can monitor the work of the licensee in those practice areas. Likewise, if the supervisor believes he or she cannot insure the licensee is meeting the above standards in all of the various setting of the licensee’s practice, an additional supervisor (s) should be sought who can monitor the work of the licensee in the licensee’s various practice setting.

Please check one:

- I am supervising the licensee in all those setting in which he or she is practicing.
- I am not supervising the licensee in all those setting in which he or she is practicing. Listed below are those areas in which I am not supervising this licensee.

Please note on the back of this agreement why you are not supervising the licensee in all the setting in which they work.

If you provide supervision under this or any other circumstance that is in violation of the ethical standards of the New Mexico Board of Psychologist Examiners it may result in disciplinary action such as limitation, suspension, or revocation of your license.

In order to effectively supervise a Psychologist Associate, the supervisor should also be aware of the following responsibilities: a supervisor shall not exploit the licensee for financial gain or with excessive work demands; a supervisor and licensee must have clear financial arrangements that do not interfere with or compromise their duties to the client; and, a supervisor may not provide supervision to a licensee who is his/her administrative supervisor or is a member of his/her family. A supervisor shall notify the Board if the supervision agreement is terminated for any reason.

As used herein, termination includes a significant or material change in the professional relationship agreement between the supervisor and the licensee. In this event, the prior agreement should be terminated and a new agreement executed.

I understand and am acting in accordance with the above paragraph.
Board of Psychologist Examiners
APPLICATION AS A PSYCHOLOGIST ASSOCIATE

Name of Supervisor______________________________
Please Print

Signed Signature__________________________________

Name of Psychologist Associate:___________________
Please Print

Signature of Psychologist Associate_____________________________

This form must be signed in the presence of a Notary Public.

AFFIDAVIT AND NOTARIZATION
The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. 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 Regulation of the New Mexico Board of Psychologist Examiners, and the Professional Psychologist Act. **I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

Signature of Applicant ____________________________ Date ________________________

I ______________________ a Notary Public in__________ and for said County, in the State of ________________DO HERBY CERTIFY THAT:

____________________ personally known to be the same person whose name is subscribed in the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, said document for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS

_______ DAY OF _________________________, 200__

Notary Public

My Commission Expires__________________________

Staple one (1) 2x2 passport photograph, taken within the last six months.

Notary Seal