
Rules of Department of Economic Development

Division 235—State Committee of Psychologists

Chapter 1—General Rules

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 235—State Committee of
Psychologists
Chapter 1—General Rules**

4 CSR 235-1.010 State Committee of Psychologists

PURPOSE: This rule complies with section 337.050, RSMo which permits the department to adopt rules governing the conduct of the State Committee of Psychologists.

(1) The committee shall meet at the call of the chairperson or by a notice signed by not fewer than three (3) members of the committee. The committee shall meet at least once during each calendar year and as frequently as the business of the committee requires. The committee, with the assistance of the Division of Professional Registration and its staff, shall provide all application forms and maintain all records contemplated by Chapter 337, RSMo and shall make regular reports to the board and the Department of Economic Development concerning the fulfillment of its functions and duties. The committee shall screen all applicants for licensure as psychologists and report to the director of the department, through the Division of Professional Registration, concerning the qualifications of all applicants.

Auth: section 337.050.5., RSMo (Cum. Supp. 1989). This rule was previously filed as 4 CSR 150-5.050. Emergency rule filed Oct. 4, 1977, effective Oct. 14, 1977, expired Feb. 11, 1978. Original rule filed Oct. 4, 1977, effective Feb. 11, 1978. Amended: Filed May 4, 1987, effective Aug. 13, 1987.*

**Original authority 1977, amended 1981, 1989.*

4 CSR 235-1.015 Definitions

PURPOSE: This rule establishes various definitions and terms used in these rules.

(1) Postdegree supervised professional experience. The purpose and intention of postdegree supervised experience is to provide experiential training in the practice of psychology in order to meet the requirements for licensure. It is not designed to enable a person to engage in the practice of psychology without a license. Postdegree supervised professional experience is more than a consultation or supervisory session.

(2) Psychological trainee. A person enrolled in a graduate program in psychology and performing functions as a part of his/her graduate training or practicum.

(3) Psychological intern. A person possessing a master's degree in psychology as defined in section 337.021 or 337.025, RSMo and enrolled in a doctoral program in psychology and serving as an intern as part of the requirements for his/her degree program, or a person enrolled in a doctoral program in psychology and serving as an intern as part of the requirements for his/her degree program.

(4) Psychological resident. A person possessing a master's or doctoral degree in psychology as defined in section 337.025, RSMo who is engaged in postdegree supervised professional experience in order to obtain licensure as a psychologist.

(5) Psychological assistant. A person who has received formal approval by the committee as having met the educational and postdegree professional experience requirements but has not yet met the examination requirements for licensure as a psychologist and who is engaged in postdegree supervised professional experience; provided, however, no one may hold him/herself out as a psychological assistant for more than five (5) years.

(6) Qualified assistant. Any person employed by or otherwise directly accountable to a licensed psychologist and who assists the licensed psychologist in the delivery of psychological services but whose employment is not in the course of pursuing the educational, professional supervised experience or examination requirements for licensure as a psychologist. The activities and functions of the qualified assistant are the full responsibility and liability of the licensed psychologist. Qualified assistants may not diagnose, interpret psychological tests or perform psychotherapy. Nothing in this rule shall be construed to require a person who is otherwise exempt from licensure pursuant to section 337.045, RSMo, to act or otherwise serve as a qualified assistant.

(7) Applicant. Any person who submits an application for licensure and pays the appropriate application fee to be licensed as a psychologist.

(8) Psychological health services. The assessment, diagnosis and treatment of an individual(s) for the purposes of remediation of a cognitive, emotional, behavioral or mental disorder.

(9) Psychological health service provider. A licensed psychologist who possesses health service provider certification through relevant education, training and experience as defined in 4 CSR 235-3.020(3)(A) in the delivery of psychological health services and who provides psychological health services as defined in section (8).

Auth: section 337.050.9., RSMo (Cum. Supp. 1989). Original rule filed July 30, 1991, effective Feb. 6, 1992. Amended: Filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed Nov. 13, 1992, effective July 8, 1993.*

**Original authority 1977, amended 1981, 1989.*

4 CSR 235-1.020 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 337, RSMo.

(1) The following fees are established for the State Committee of Psychologists and are payable in the form of a cashier's check, personal check or money order:

(A) Application for Licensure Fee	\$150.00;
(B) EPPP Fee	\$250.00;
(C) Oral Interview Fee	\$100.00;
(D) Jurisprudence Examination Fee	\$ 60.00;
(E) Reexamination Fees—	
1. EPPP Fee	\$250.00;
2. Oral Interview Fee	\$100.00;
and	
3. Jurisprudence Examination Fee	\$ 60.00;
(F) Reciprocity/Endorsement of Score Fee	\$ 50.00;
(G) Annual Renewal Fee	\$150.00;
(H) Annual Delinquency Fee (effective February 1 after each renewal period, in addition to the Annual Renewal Fee)	\$150.00;
(I) Photocopy Fee (per page)	\$.50;
(J) Licensure Verification/Transfer of Score to Other States Fee	\$ 25.00;
(K) Replacement of Wall-Hanging License Fee	\$ 25.00;
(L) Insufficient Funds Check Service Charge	\$ 50.00;
(M) Prior Review Fee (educational experience)	\$100.00;
(N) Prior Review Fee (postdegree supervision)	\$100.00;
(O) Health Service Provider Application Fee	\$100.00;

and

(P) Health Service Provider
Annual Renewal Fee \$ 50.00.

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

Auth: section 337.030.4., RSMo (1994).
Emergency rule filed Dec. 9, 1981, effective Jan. 11, 1982, expired April 4, 1982. Original rule filed Dec. 9, 1981, effective April 4, 1982. Amended: Filed Aug. 12, 1983, effective Dec. 11, 1983. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed June 6, 1989, effective Sept. 11, 1989. Emergency amendment filed Sept. 5, 1990, effective Sept. 15, 1990, expired Jan. 13, 1991. Amended: Filed Sept. 18, 1990, effective Dec. 31, 1990. Amended: Filed July 2, 1991, effective Feb. 6, 1992. Emergency amendment filed March 14, 1995, effective March 24, 1995, expired July 11, 1995. Amended: Filed March 31, 1995, effective Sept. 30, 1995.*

**Original authority 1977, amended 1981, 1989.*

(3) Applications and all other documents required by the committee for licensure other than by examination must be received at least sixty (60) days before a regularly scheduled committee meeting. Completed applications received less than sixty (60) days before a regularly scheduled committee meeting will be considered at a subsequent committee meeting.

(4) An application will not be considered as officially submitted unless it is typewritten, signed, notarized and includes the application fee. The application fee must be in the form of a cashier's check, personal check or money order.

(5) Applicants must indicate on the application form the section of the statute under which they are applying for licensure.

Auth: section 337.050.5., RSMo (Cum. Supp. 1989). Emergency rule filed Jan. 22, 1982, effective Feb. 1, 1982, expired June 1, 1982. Original rule filed Jan. 22, 1982, effective May 13, 1982. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed June 6, 1989, effective Sept. 11, 1989. Amended: Filed July 30, 1991, effective Feb. 6, 1992.*

**Original authority 1977, amended 1981, 1989.*

4 CSR 235-1.030 Application for Licensure

PURPOSE: This rule outlines and standardizes the procedures followed by the committee in receiving and considering information relative to an applicant's qualifications for licensure by examination.

(1) Applications for licensure must be made on the forms provided by the State Committee of Psychologists. Application forms may be obtained by writing the State Committee of Psychologists, P.O. Box 153, Jefferson City, MO 65102.

(2) Applications and all other documents required by the committee for licensure by examination must be received at least ninety (90) days before the examination. Completed applications received less than ninety (90) days before a scheduled examination will not be considered for that examination.



MISSOURI STATE COMMITTEE
OF PSYCHOLOGISTS
APPLICATION FOR LICENSURE

FOR OFFICIAL USE ONLY	
DATE FORWARDED	DATE RECEIVED

INSTRUCTIONS		PLEASE TYPE OR PRINT		USE BLACK INK							
1. APPLICANT MUST COMPLETE ALL SECTIONS. 2. IF ADDITIONAL INFORMATION IS NEEDED FOR ANY QUESTIONS, PLEASE ATTACH SEPARATE SHEET. 3. COMPLETED APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING CENTRAL OFFICE ADDRESS: STATE COMMITTEE OF PSYCHOLOGISTS 3523 NORTH TEN MILE DRIVE POST OFFICE BOX 153 JEFFERSON CITY, MISSOURI 65102 TELEPHONE (314) 751-2334 EXT. 161		APPLICANT ATTACH RECENT PHOTO HERE									
I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A PSYCHOLOGIST IN THE STATE OF MISSOURI ON THE BASIS OF (PLACE AN X IN THE APPROPRIATE BOX) <input type="checkbox"/> EXAMINATION <input type="checkbox"/> RECIPROCITY <input type="checkbox"/> ENDORSEMENT OF SCORE				EXAMINATION FOR WHICH YOU ARE APPLYING <input type="checkbox"/> APRIL OR <input type="checkbox"/> OCTOBER 19							
I. GENERAL INFORMATION											
1. NAME (LAST, FIRST, MIDDLE, MAIDEN WHERE APPLICABLE)											
2. DATE OF BIRTH	BIRTH PLACE (CITY/STATE)			SOCIAL SECURITY NUMBER	TELEPHONE NUMBER						
4. MAILING ADDRESS (STREET, CITY, STATE, ZIP, COUNTY)											
5. INTENDED OFFICE ADDRESS (STREET, CITY, STATE, ZIP, COUNTY)											
6. DEGREE (FOR WHICH YOU ARE APPLYING FOR LICENSURE) <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy. D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> OTHER (Specify)			DEGREE MAJOR AS IT APPEARS ON TRANSCRIPT		DATE CONFERRED						
7. MAJOR AREA OF YOUR PROFESSIONAL WORK <input type="checkbox"/> CLINICAL PSYCHOLOGY <input type="checkbox"/> SCHOOL PSYCHOLOGY <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> COUNSELING PSYCHOLOGY <input type="checkbox"/> INDUSTRIAL/ORGANIZATIONAL PSYCHOLOGY											
8. ARE YOU A MEMBER OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION?					YES <input type="checkbox"/>	NO <input type="checkbox"/>					
9. ARE YOU A MEMBER OF THE MISSOURI PSYCHOLOGICAL ASSOCIATION?					<input type="checkbox"/>	<input type="checkbox"/>					
10. ARE YOU A DIPLOMATE OF THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY?					<input type="checkbox"/>	<input type="checkbox"/>					
IF YES,		DIPLOMA NUMBER	DATE	SPECIALITY							
11. ARE YOU LISTED IN THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY?					<input type="checkbox"/>	<input type="checkbox"/>					
IF YES,		DATE LISTED		CERTIFICATE NUMBER							
12. HAVE YOU PREVIOUSLY TAKEN THE EPPP EXAMINATION?					<input type="checkbox"/>	<input type="checkbox"/>					
HOW MANY TIMES		NUMBER									
13. LIST DATE AND LOCATION OF ALL PRIOR EXAMINATIONS (DATE/STATE)											
(a.)	DATE	STATE	(b.)	DATE	STATE	(c.)	DATE	STATE	(d.)	DATE	STATE
14. WHAT WERE THE RESULTS OF PRIOR EXAMINATIONS TAKEN											

MO 419-1069 (9-87)

SCOP-1 (9-87)



15. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE PSYCHOLOGY, IN ORDER OF ATTAINMENT

STATE	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUANCE	CURRENT STATUS
A.			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
B.			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
C.			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
D.			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

16. HAS ANY CERTIFICATE/LICENSE ISSUED BY ANY STATE PSYCHOLOGY BOARD EVER BEEN REVOKED OR SUSPENDED? YES NO

 IF YES, EXPLAIN

17. HAVE YOU PREVIOUS TO THIS DATE BEEN DENIED LICENSURE/CERTIFICATION IN THIS STATE OR ANY OTHER STATE, EITHER BY NONSTATUTORY CERTIFICATION, EXAMINATION OR RECIPROCITY? IF YES, WHICH STATE(S)? YES NO

REASON FOR DENIAL:

18. HAVE ANY PROFESSIONAL LICENSES/CERTIFICATES WHICH YOU HOLD OR HELD EVER BEEN DISCIPLINED (INCLUDING BUT NOT LIMITED TO PSYCHOLOGY)? IF YES, EXPLAIN YES NO

19. HAVE YOU EVER BEEN DISCIPLINED FOR UNETHICAL BEHAVIOR OR UNPROFESSIONAL CONDUCT? IF YES, EXPLAIN YES NO

20. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (TRAFFIC VIOLATION EXEMPTED)? IF YES, EXPLAIN YES NO

II. CERTIFICATION BY ACADEMIC OR PROFESSIONAL REFERENCES

1. This certifies that I have been personally acquainted with _____ for _____ years; that I believe them to be of good and professional character, and in every respect worthy of confidence. I hereby recommend _____ to the State Committee of Psychologists as entirely worthy to be licensed to practice as a psychologist in the state of Missouri. Date _____

Signature _____ (DEGREE) Address _____ STREET

Name _____ (PLEASE PRINT) CITY STATE ZIP

_____ PROFESSION OR OCCUPATION _____ TITLE

2. This certifies that I have been personally acquainted with _____ for _____ years; that I believe them to be of good and professional character, and in every respect worthy of confidence. I hereby recommend _____ to the State Committee of Psychologists as entirely worthy to be licensed to practice as a psychologist in the state of Missouri. Date _____

Signature _____ (DEGREE) Address _____ STREET

Name _____ (PLEASE PRINT) CITY STATE ZIP

_____ PROFESSION OR OCCUPATION _____ TITLE

III. EDUCATIONAL EXPERIENCE

1. UNDERGRADUATE UNIVERSITY ATTENDED

	UNIVERSITY/COLLEGE	CITY AND STATE	DATES ATTENDED				DEGREE	CONFERRED	
			FROM		TO			MON.	YR.
			MON.	YR.	MON.	YR.			
A.									
B.									

2. GRADUATE UNIVERSITY ATTENDED

	UNIVERSITY/COLLEGE	CITY AND STATE	DATES ATTENDED				DEGREE	CONFERRED	
			FROM		TO			MON.	YR.
			MON.	YR.	MON.	YR.			
A.									
B.									
C.									
D.									

3. INTERNSHIP SERVED AS PART OF DEGREE PROGRAM

A. DATES SERVED			B. INSTITUTION NAME								
FROM			TO			INSTITUTION ADDRESS					
MON.	DAY	YR.	MON.	DAY	YR.						
						C. DIRECTOR OF PROGRAM					
D. MAJOR SUPERVISOR						E. WAS INTERNSHIP PROGRAM APA APPROVED?			YES	NO	
									<input type="checkbox"/>	<input type="checkbox"/>	

4. DOCTORATE DEGREE

MAJOR ADVISOR									
A. TITLE OF DISSERTATION									
B. WAS DOCTORATE DEGREE PROGRAM APA APPROVED?								YES	NO
								<input type="checkbox"/>	<input type="checkbox"/>
C. WAS DOCTORATE DEGREE PROGRAM DESIGNATED BY THE NATIONAL REGISTER?								YES	NO
								<input type="checkbox"/>	<input type="checkbox"/>

5. MASTER'S DEGREE

MAJOR ADVISOR									
A. TITLE OF THESIS									

6. LIST ALL COURSES TAKEN FOR GRADUATE CREDIT. (OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO CENTRAL OFFICE DIRECTLY FROM THE UNIVERSITY/COLLEGE.) THIS SECTION **MUST BE COMPLETED.**

A. BIOLOGICAL BASES OF BEHAVIOR (e.g. SENSATION, PERCEPTION, PHYSIOLOGICAL PSYCHOLOGY, PSYCHOPHARMACOLOGY, ETC.)

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

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B. COGNITIVE — AFFECTIVE BASES OF BEHAVIOR (e.g. LEARNING, THINKING, MOTIVATION, AND EMOTION, ETC.)

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

C. SOCIAL BASES OF BEHAVIOR (e.g. GROUP PROCESSES, ORGANIZATIONAL AND SYSTEMS THEORY, SOCIAL PSYCHOLOGY, FAMILY SYSTEMS THEORY, ETC.)

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

D. INDIVIDUAL DIFFERENCES (e.g. PERSONALITY THEORY, HUMAN DEVELOPMENT, ABNORMAL PSYCHOLOGY, ETC.)

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

E. SCIENTIFIC METHODS AND PROCEDURES OF UNDERSTANDING, PREDICTING AND INFLUENCING HUMAN BEHAVIOR (e.g. STATISTICS, EXPERIMENTAL DESIGN, PSYCHOMETRICS, ETC.)

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

F. OTHER GRADUATE COURSES IN PSYCHOLOGY

COURSE NO.	DEPARTMENT	TITLE OF COURSE	DATE TAKEN

IV. PROFESSIONAL EXPERIENCE

1. BEGIN WITH MOST RECENT EMPLOYMENT, USING ADDITIONAL SHEETS IF NECESSARY

A NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)	
MON.	YR.	MON.	YR.	TITLE OF YOUR POSITION	
HOURS WORKED PER WEEK			PSYCHOLOGICAL DUTIES PERFORMED		

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B NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED PER WEEK		PSYCHOLOGICAL DUTIES PERFORMED		
C NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED PER WEEK		PSYCHOLOGICAL DUTIES PERFORMED		
D NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED PER WEEK		PSYCHOLOGICAL DUTIES PERFORMED		

2. LIST ALL PRACTICUMS OR INTERNSHIP POSITIONS, BEGINNING WITH THE MOST RECENT DATE.

A NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED PER WEEK		PSYCHOLOGICAL DUTIES PERFORMED		
B NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED PER WEEK		PSYCHOLOGICAL DUTIES PERFORMED		
C NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED PER WEEK		PSYCHOLOGICAL DUTIES PERFORMED		
D NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED PER WEEK		PSYCHOLOGICAL DUTIES PERFORMED		

3. PERSON(S) DESIGNATED AS YOUR SUPERVISOR OF POST-DOCTORAL OR POST-MASTER'S SUPERVISED EXPERIENCE TO WHOM ATTESTATION FORM(S) WILL BE SENT (PLEASE INDICATE IF MORE THAN TWO SUPERVISORS). ATTESTATION FORMS MUST BE RETURNED TO CENTRAL OFFICE BY THE ATTESTOR, NOT THE APPLICANT.



A SUPERVISOR'S NAME	
INSTITUTION NAME AND ADDRESS	
DATES APPLICANT EMPLOYED FROM _____ TO _____	HOURS SUPERVISED PER WEEK
DESCRIPTION OF SUPERVISION	
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK AT THIS INSTITUTION	
B SUPERVISOR'S NAME	
INSTITUTION NAME AND ADDRESS	
DATES APPLICANT EMPLOYED FROM _____ TO _____	HOURS SUPERVISED PER WEEK
DESCRIPTION OF SUPERVISION	
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK AT THIS INSTITUTION	

V. AFFIDAVIT OF APPLICANT

State of _____ County of _____

I, _____, of _____
NAME OF APPLICANT ADDRESS OF APPLICANT

being duly sworn, states that they are the person referred to in the preceding application for a license to practice as a psychologist in the state of Missouri, and that all foregoing statements and enclosures are true in every respect.

APPLICANT'S SIGNATURE DEGREE

Subscribed and sworn to before me this _____ day of _____, 19 _____

NOTARY PUBLIC

COMMISSION EXPIRES

NOTARY SEAL

I submit for consideration the above proofs as required by the Missouri laws governing the practice of psychologists and subject to the rules and regulations of the State Committee of Psychologists.

Enclosed is application fee in the amount of \$150.00 made payable to the State Committee of Psychologists, **WHICH IS NOT REFUNDABLE**, in the form of a money order, cashier's check or bank draft (**PERSONAL CHECKS ARE NOT ACCEPTED**). The Committee may require further evidence that it deems reasonable and proper from the sources above.

SIGNATURE OF APPLICANT

4 CSR 235-1.031 Application for Health Service Provider Certification

PURPOSE: This rule outlines and standardizes the procedures followed by the committee in receiving and considering information relative to an applicant's qualifications for health service provider certification.

(1) Applications for a health service provider must be made on forms provided by the State Committee of Psychologists. Application forms may be obtained by writing the State Committee of Psychologists, P.O. Box 153, Jefferson City, MO 65102.

(2) Applications and all other documents required by the committee for health service provider certification must be received at least sixty (60) days before a regularly scheduled committee meeting. Completed applications received less than sixty (60) days before a regularly scheduled committee meeting will be considered at a subsequent committee meeting.

(3) An application will not be considered as officially submitted unless it is typewritten, signed, notarized and includes the application fee. The application fee must be in the form of a cashier's check, personal check or money order.

*Auth: section 337.050.9., RSMo (Cum. Supp. 1989). * Original rule filed Feb. 4, 1992, effective Dec. 3, 1992.*

**Original authority 1977, amended 1981 and 1989.*

4 CSR 235-1.035 Licensure by Endorsement of Written (EPPP) Examination Score

(Moved to 4 CSR 235-2.065)

4 CSR 235-1.037 Licensure Verification/Transfer of Scores to Other States/Jurisdictions

PURPOSE: This rule outlines the procedures for providing licensure information/transfer of scores of individuals to other states or jurisdictions.

(1) Individuals wishing to have licensure information or exam scores forwarded to other state licensing boards or jurisdictions must submit the following:

(A) A written request to the committee's office thirty (30) days prior to the date the requested information is due; and

(B) The nonrefundable licensure verification/transfer of score fee.

*Auth: section 337.050.5., RSMo (Cum. Supp. 1989). * Original rule filed Oct. 4, 1988, effective Dec. 29, 1988.*

**Original authority 1977, amended 1981 and 1989.*

4 CSR 235-1.040 Public Complaint Handling and Disposition Procedure

(Moved to 4 CSR 235-4.030)

4 CSR 235-1.045 Procedures for Recognition of Educational Institutions

PURPOSE: This rule outlines the procedures for determining if an educational institution satisfies the requirements of section 337.010, RSMo.

(1) In determining whether a school, college, university or other institution of higher learning in the United States is a "recognized educational institution," as defined in section 337.010(4)(a), RSMo, the applicant, upon request, shall furnish to the committee competent and substantial evidence, admissible in the courts of Missouri, that the educational institution is accredited by a regional accrediting association recognized by the Council on Postsecondary Accreditation (COPA). Failure by the applicant to furnish that evidence to the committee shall constitute evidence that the educational institution is not a recognized educational institution, as defined in section 337.010(4)(a), RSMo.

(2) In determining whether a school, college university or other institution of higher learning outside the United States is a "recognized educational institution," as defined in section 337.010(4)(b), RSMo, the applicant, upon request, shall furnish to the committee competent and substantial evidence, admissible in the courts of Missouri, that the educational institution is substantially equivalent to the standards of training of those programs accredited by a regional accrediting association recognized by the COPA. Failure by the applicant to furnish that evidence to the committee shall constitute evidence that the educational institution is not a recognized educational institution, as defined in section 337.010(4)(b), RSMo.

*Auth: section 337.050.9., RSMo (Cum. Supp. 1989). * Original rule filed July 2, 1991, effective Feb. 6, 1992.*

**Original authority 1977, amended 1981 and 1989.*

4 CSR 235-1.050 Renewal of License

PURPOSE: This rule establishes the obligation of licensees for renewal of their licenses.

(1) Failure of a licensee to receive the notice and application to renew the license shall not excuse the licensee from the requirement of section 337.030, RSMo to renew the license.

(2) Any licensee who fails to renew the license within the sixty (60)-day period set forth in section 337.030.2., RSMo shall not perform any act for which a license is required.

(3) Any licensee who fails to renew his/her license by January 31 of each calendar year and, within two (2) years of the registration renewal date, wishes to restore his/her license, shall pay an annual delinquency fee for each year the license is delinquent in addition to the annual renewal fee.

*Auth: section 337.050.9., RSMo (Cum. Supp. 1989). * Original rule filed Aug. 11, 1983, effective Dec. 11, 1983. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed July 30, 1991, effective Feb. 6, 1992.*

**Original authority 1977, amended 1981 and 1989.*

4 CSR 235-1.060 Notification of Change of Address

PURPOSE: This rule establishes the obligation of licensees to inform the State Committee of Psychologists of their changes of address.

Within thirty (30) days of the effective date of the change, a licensee must inform the State Committee of Psychologists of all changes in the mailing address as it appears on the licensee's license by sending a letter to the committee's office in Jefferson City, Missouri.

*Auth: section 337.050, RSMo (Cum. Supp. 1989). * Original rule filed Aug. 11, 1983, effective Dec. 11, 1983.*

**Original authority 1977, amended 1981 and 1989.*

4 CSR 235-1.063 Wall-Hanging Licenses

PURPOSE: *This rule establishes the procedures for replacing registration certificates, wall-hanging licenses, or both, pursuant to section 337.030.3., RSMo.*

(1) Licensees whose annual registration certificates are lost, destroyed or mutilated or require replacement as a result of an incorrect address or name change, or who require additional certificates for additional practice locations may obtain a duplicate certificate, without charge, upon receipt of a notarized statement indicating the need for the duplicate.

(2) Licensees whose original wall-hanging licenses are lost, destroyed or mutilated or require replacement as a result of a name change may be replaced upon submission of the following:

(A) Return of the original wall-hanging license or a notarized affidavit indicating the reason for the replacement and statement that the license has been lost, destroyed or is no longer in the possession of the licensee and that if the lost license is recovered it will be forwarded to the committee immediately;

(B) A notarized copy of the court document indicating the name change, if applicable;

(C) A recent photograph of the licensee; and

(D) The nonrefundable replacement fee.

*Auth: section 337.050, RSMo (Cum. Supp. 1989). * Original rule filed July 2, 1991, effective Feb. 6, 1992.*

**Original authority 1977, amended 1981 and 1989.*

4 CSR 235-1.065 Policy for Handling Release of Public Records

PURPOSE: *This rule sets forth the committee's written policy in compliance with sections 610.010—610.030, RSMo regarding the release of information on any meeting, record or vote of the committee.*

(1) The State Committee of Psychologists is a public governmental body as defined in Chapter 610, RSMo and adopts the following as its written policy for compliance with the provisions of that chapter. This policy is open

to public inspection and implements the provisions of Chapter 610, RSMo regarding the release of information of any meeting, record or vote of the committee which is not closed pursuant to the provisions of Chapter 610, RSMo.

(2) All public records of the State Committee of Psychologists shall be open for inspection and copying by any member of the general public during normal business hours (8:00 a.m. to 5:00 p.m., Monday through Friday, holidays excepted) upon a minimum of a three (3)-day notice and appointment except for those records closed pursuant to section 610.021, RSMo. All public meetings of the State Committee of Psychologists not closed pursuant to the provisions of section 610.021, RSMo, will be open to any member of the public.

(3) The State Committee of Psychologists establishes the executive director of the committee or his/her authorized representative as the custodian of its records as required by section 610.023, RSMo. The executive director or his/her authorized representative is responsible for the maintenance of the committee's records and is responsible for responding to requests for access to public records.

(4) Whenever a request for inspection of public records is made and the individual inspecting the records requests copies of the records, the committee may charge a reasonable fee for the cost for inspecting and copying the records. The fees charged by the committee shall be as follows:

(A) A fee for copying public records shall not exceed the actual cost of the document search and duplication;

(B) The committee may require payment for the fees prior to making the copies; and

(C) Fees collected shall be remitted to the director of revenue for deposit to the credit of the State Committee of Psychologists' Fund.

(5) Whenever a request for access to public records is made and the custodian believes that access is not required under the provisions of Chapter 610, RSMo, the custodian shall consult with the Office of the Attorney General before making a determination whether to deny access to the records. In the event that contact by the custodian with the Office of the Attorney General is not practicable or is impossible, the custodian may make a decision whether to deny access. However, in those events, the custodian shall consult with the Office of the Attorney General concerning the decision within five (5) working days of the decision. Whenever the decision is made to deny access, the custodian will comply with

the requirements in section 610.023, RSMo concerning informing the individual requesting access to the records. Whenever the custodian denies access to the records, the custodian shall supply to members of the committee copies of the written response conveying the denial to the requesting individual. At the next meeting of the committee, the committee shall either affirm the decision of the custodian or reverse the decision of the custodian. In the event that the committee decides to reverse the decision of the custodian, the committee shall direct the custodian to so advise the person requesting access to the information and supply the access to the information during regular business hours at the convenience of the requesting party.

(6) The custodian shall maintain a file which will retain copies of all written requests for access to records and responses to these requests through the current audit period. The file shall be maintained as a public record of the committee open for inspection by any member of the general public during regular business hours.

*Auth: section 337.050.9., RSMo (Cum. Supp. 1989). * Original rule filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed July 30, 1991, effective Feb. 6, 1992.*

**Original authority 1977, amended 1981 and 1989.*