

## Psychologist Form 4F

### Certification of Licensed Experience

**This form is for applicants seeking licensure in New York State by endorsement of a license to practice Psychology issued from another jurisdiction. You must have at least 5 years of licensed experience in Psychology in the 10 year period prior to applying for licensure.**

#### Applicant Instructions

1. Complete Section I. Be sure to sign and date item 9.
2. Send the entire form to your licensed colleague who will certify your licensed experience to complete Section II and forward all pages of this form directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant.**

#### Section I: Applicant Information

1. Last 4 Digits of Social Security Number  
*(Leave this blank if you do not have a U.S. Social Security Number)*
2. Birth Date    Month    Day    Year
3. Print Name    Last  
                          First  
                          Middle
5. Telephone/Email Address  
Daytime Phone  
 Home or  Business

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address  Home or  Business  
*(You must notify the Department within 30 days of any address or name changes)*  
Line 1  
Line 2  
Line 3  
City  
State                    ZIP Code  
Country/  
Province
- Area Code                    Phone  
Email Address (please print clearly)  
 Home or  Business
6. New York State DMV ID Number  
(Driver or Non-Driver ID)  
*(Leave this blank if you do not have a New York State DMV ID Number)*

7. Name as it appears on degree or other credentials (if different from above) \_\_\_\_\_

8. Name of licensed colleague \_\_\_\_\_

I practiced Psychology as defined below:

1. *The practice of psychology is the observation, description, evaluation, interpretation, and modification of behavior for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior; enhancing interpersonal relationships, personal, group or organizational effectiveness and work and/or life adjustment; and improving behavioral health and/or mental health. The practice includes, but is not limited to psychological (including neuropsychological) testing and counseling; psychoanalysis; psychotherapy; the diagnosis and treatment of mental, nervous, emotional, cognitive or behavioral disorders, disabilities, ailments or illnesses, alcoholism, substance abuse, disorders of habit or conduct, the psychological aspects of physical illness, accident, injury or disability, psychological aspects of learning (including learning disorders); and the use of accepted classification systems.*

2. *The term "diagnosis and treatment" means the appropriate psychological diagnosis and the ordering or providing of treatment according to need. Treatment includes, but is not limited to counseling, psychotherapy, marital or family therapy, psychoanalysis, and other psychological interventions, including verbal, behavioral, or other appropriate means as defined in regulations promulgated by the commissioner.*

Jurisdiction where I practiced Psychology \_\_\_\_\_

Date of licensure    mo.    day    yr.                    License Number \_\_\_\_\_

9. I request and give my permission to the individual listed in item 8 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II: Certification of Licensed Experience**

**Instructions to the Licensed Colleague:** Complete Section II, sign and date the attestation and send the entire form along with any additional information directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant.**

Name of the applicant \_\_\_\_\_  
(see Section I, item 3)

I am a licensed \_\_\_\_\_ in \_\_\_\_\_  
Professional title Jurisdiction

License number (attach a copy of your license if other than New York State) \_\_\_\_\_ Date licensed \_\_\_\_\_  
mo. day yr.

I am attesting that the above named applicant practiced psychology (defined below):

*1. The practice of psychology is the observation, description, evaluation, interpretation, and modification of behavior for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior; enhancing interpersonal relationships, personal, group or organizational effectiveness and work and/or life adjustment; and improving behavioral health and/or mental health. The practice includes, but is not limited to psychological (including neuropsychological) testing and counseling; psychoanalysis; psychotherapy; the diagnosis and treatment of mental, nervous, emotional, cognitive or behavioral disorders, disabilities, ailments or illnesses, alcoholism, substance abuse, disorders of habit or conduct, the psychological aspects of physical illness, accident, injury or disability, psychological aspects of learning (including learning disorders); and the use of accepted classification systems.*

*2. The term "diagnosis and treatment" means the appropriate psychological diagnosis and the ordering or providing of treatment according to need. Treatment includes, but is not limited to counseling, psychotherapy, marital or family therapy, psychoanalysis, and other psychological interventions, including verbal, behavioral, or other appropriate means as defined in regulations promulgated by the commissioner.*

Setting where applicant practiced psychology: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of licensed experience From \_\_\_\_\_ To \_\_\_\_\_  
mo. day yr. mo. day yr.

**Attestation**

I declare and affirm that the statements made in the foregoing application, including any attached statements, are true, complete and correct and that the experience I am attesting to meets the definition of Psychology. I understand that any false or misleading information on this form, or related to verification of this applicant's experience, may be cause for charges of misconduct and/or criminal prosecution.

Colleague Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Psychology Unit, 89 Washington Avenue, Albany, NY 12234-1000.