



**APPLICATION FOR RENEWAL OF  
LICENSE TO PRACTICE PSYCHOLOGY**

NAME OF APPLICANT \_\_\_\_\_ HEREBY APPLIES FOR RENEWAL OF  
HIS/HER LICENSE TO PRACTICE AS A **PSYCHOLOGIST** IN THE U.S. VIRGIN ISLANDS FOR THE PERIOD  
**January 1, 2017** THRU **DECEMBER 31, 2018**.

**RENEWAL FEE is \$300.00 for Psychologist and \$250.00 for Associate Psychologist**

Email: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**CURRENT MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lic. #**

Are there any differences in your scope of practice? Are you providing a new type of service or services? Are you working with a new clientele? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have there been any civil proceedings or sanctions from a licensing Board in another jurisdiction regarding your professional practice? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of or entered a plea of guilty to any felony or misdemeanor charges other than a minor traffic violation? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_



**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF HEALTH  
1303 HOSPITAL GROUND, SUITE 10, ST. THOMAS, U.S.V.I. 00802**

Ph. 340-774-7477 x 50774/

VIRGIN ISLANDS  
BOARD OF PSYCHOLOGY

November 8, 2016

Dear Fellow Psychologist:

It is approaching the time that the Territory's licensed psychologists need to renew credentials before the **December 31, 2016** deadline. Below are the documents needed to complete this process:

- Completed renewal application form
- Application fee of **\$300.00** for Psychologists and **\$250.00** for Associate Psychologists
- Proof of Continuing Education (certificates) indicating that you have satisfied the required **18** continuing education credit hours.
- An updated Statement of Professional Intent and Professional Disclosure

To avoid **\$50.00** late fee, your renewal application needs to be submitted by **December 28, 2016**. Please return all information to:

**V.I. Board of Psychology Examiners**  
Department of Health  
1303 Hospital Ground, Suite 10  
St. Thomas, VI 00802

Make check payable to V.I. Board of Psychology Examiners.

Sincerely,

Ramona Moss, Ph.D.

Ramona Moss, Ph.D., NCSP  
Chairperson  
V.I. Board of Psychology

## STATEMENT OF PROFESSIONAL INTENT AND PROFESSIONAL DISCLOSURE STATEMENT

Under the Practice of Psychology section of the V.I. Code, section 169c(5) provides that each applicant for licensure declare areas of professional competence, and Section 1690 requires each licensed psychologist to display a Professional Disclosure Statement at the psychologist's place of work.

1. State your name, title, business address and business number.
2. State your formal professional education, including the institutions attended and the degrees received.
3. Describe your intended use of the license.
4. For which client populations will you provide services?
5. State your theoretical orientation, areas of specialization and the services provided.
6. Provide your schedule listed by type of service or hourly rate.
7. If you are a Psychological associate, provide your supervisor's name, title, address and phone number.