



VIRGIN ISLANDS BOARD OF PSYCHOLOGICAL EXAMINERS

Checklist for Applicant using PLUS

Please use this checklist to make sure you have submitted all necessary initial documents for your application for licensing as a psychologist or associate psychologist in the U.S. Virgin Islands. *All other forms and information required for license application will be collected through the ASPPB PLUS Program.*

- _____ Completed Initial PLUS Application for Licensure form.
- _____ Required Application fee (**\$125.00**) made payable to Board of Psychology Examiners).
- _____ Release of Information form signed.

Please submit (do not email or fax) all items to:

***Virgin Islands Board of Psychological Examiners
Department of Health
Roy L. Schneider Hospital
1303 Hospital Ground, Suite 10
St. Thomas, VI 00802***



VIRGIN ISLANDS BOARD OF PSYCHOLOGY EXAMINERS

INITIAL PLUS APPLICATION FOR LICENSE PSYCHOLOGIST OR PSYCHOLOGICAL ASSOCIATE

Please complete all questions in order for your application to be processed. A current, original application form must be completed, signed, notarized, and returned to the Secretary of the Virgin Islands Board of Psychology Examiners with a postmark of no less than sixty (60) days prior to the examination. **No** application material may be faxed to the Board. A non-refundable application fee must accompany your application. *All other forms and information required for license application will be collected through the ASPPB PLUS Program. An ASPPB PLUS Licensure Specialist will contact you directly with further instruction.*

Applying for Psychologist License

Applying for Psychological Associate License

Email Address

Last Name

First Name

Middle Initial

Social Security Number

Date of Birth

Place of Birth

Residential Address

Mailing Address

City

State

Zip Code

Residential Phone

Are you currently involved in the practice of psychology? Yes No If yes, complete the following:

Business Name

Business Address

City

State

Zip Code

Business Phone

Affidavit: After completing all parts of this application, have the following Affidavit completed by a Notary Public.

State/Territory of _____ City/County of _____

_____ personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

I am of good moral character, the signature hereto is my own signature and each and every statement made in this application (including the several parts hereto attached and which form part hereof) was made by me, and is in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant

Sworn to or affirmed) and subscribed before me this _____ day of _____ 20____.

Notary Public

My commission expires _____ 20____.

OFFICIAL SEAL

BOARD SEAL

State Board: _____

Date: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Virgin Islands Board of Psychological Examiners to assess and verify my educational background and professional qualifications, I hereby authorize the Board to:

- make inquiries concerning such information about me to my employers (past and present), hospital(s), institution(s) or organization(s), my references, all governmental agencies and instrumentalities (local, state, federal or foreign);
- authorize the release of such information and copies of related records and documents to the Virgin Islands Board of Psychological Examiners;
- authorize the Board to disclose to such persons, employers, hospitals, institutions, organizations, references, governmental agencies and instrumentalities identifying and other information about me sufficient to enable the Board to make such inquiries;
- release from liability all those who provide information to the Virgin Islands Board of Psychological Examiners in good faith and without malice in response to such inquiries.

Signature of Applicant

Date

Print Name

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public

My commission expires _____ 20_____.