



VERIFICATION OF LICENSURE

APPLICANT IS REQUIRED TO COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH HE/SHE ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE PSYCHOLOGY. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

To Whom It May Concern:

I am being considered for licensure in the Territory of the U.S. Virgin Islands. The V.I. Board of Psychological Examiners requires that this form be completed by each state in which, I am now or have ever been licensed to practice my profession. Enclosed is my authorization for release of information. **Kindly forward this form directly to: VI Board of Psychological Examiners, Department of Health, 1303 Hospital Ground, Suite 10, St. Thomas, VI 00802.**

Applicant's Signature

Name: _____

Address: _____

My License No. in your State: _____

THIS SECTION IS TO BE COMPLETED AND SIGNED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE VI BOARD OF PSYCHOLOGICAL EXAMINERS.

State of: _____ **License #** _____ **Issued:** _____

Full Name of Licensee: _____

By: Endorsement/Reciprocity _____ **EPPP** _____ **Local State Exam** _____
Name of State

National Board/Commission _____
Name of Board/Commissioner

Is license current and in good standing? ____ If **NO**, furnish details. _____

Has any disciplinary action ever been taken against the above named Psychologist? ____ If **YES**, furnish details.

Comments, if any: _____

Signed: _____

Title: _____