



MINNESOTA BOARD OF PSYCHOLOGY
2829 University Avenue SE, Suite 320
Minneapolis, MN 55414
Phone (612) 617-2230; Fax (612) 617-2240
MN Relay Service 1(800) 627-3529
www.psychologyboard.state.mn.us
Email: psychology.board@state.mn.us

RE-LICENSURE FOLLOWING TERMINATION APPLICATION INFORMATION

This document may be made available in alternative formats upon request.

SEND THE PROCESSING FEE ALONG WITH THE PROPERLY COMPLETED APPLICATION FORM AND SUPPORTING DOCUMENTATION TO THE ADDRESS ABOVE.

Please make sure you are filing the most current version of this form. Before submitting this form visit us online at www.psychologyboard.state.mn.us go to "Licensing" and click on "Forms". The date shown at the bottom of each printed page should match the date shown on the current online form.

ACCORDING TO CURRENT RETENTION SCHEDULES, CERTAIN DOCUMENTS MAINTAINED BY THE MINNESOTA BOARD OF PSYCHOLOGY MAY BE DESTROYED. PLEASE KEEP COPIES OF ALL DOCUMENTATION YOU SUBMIT TO THE BOARD SHOULD THE INFORMATION BE NEEDED AT A FUTURE DATE.

1. An information sheet explaining the requirements for re-licensure (page 2 of this form).
2. An application for re-licensure. Please complete and return the form with the current, non-refundable licensure fee of \$550.00. Note that the form must be notarized.
3. A form for reporting continuing education (CE) activities, if applicable. If you have not held a license to practice psychology in another jurisdiction and have not practiced psychology since termination of your Minnesota licensure, please complete this form and submit the requested documentation. Minnesota rules require that you provide evidence of completion of 40 CE hours meeting this state's requirements.
4. A calendar with Application Review Committee and Board meeting dates and deadlines for completed application materials.

After reviewing the materials, please complete and return the applicable forms, along with your notarized statement attesting to whether or not you have practiced psychology in this state since termination. You should also contact the Board of any other jurisdiction in which you hold a license, and have that jurisdiction send an official verification of your licensure *directly to this Board*, along with a statement regarding whether you have met their continuing education requirements during the time you held a license in that jurisdiction.

The Application Review Committee (ARC) will review your completed application at a regularly scheduled meeting. The ARC will recommend an action to the full Board. The full Board will then deliberate at its next regularly scheduled meeting, and make a final decision on your application(s). We will notify you of the Board's decision on your re-licensure application materials

RE-LICENSURE REQUIREMENTS: If you voluntarily terminated your licensure or were administratively terminated by the Board for non-payment of your license renewal when it was due, you may apply for re-licensure. You may be re-licensed after complying with all laws and rules required of applicants for examination and licensure and after verifying that you have not practiced psychology in this state since the date of termination. According to Minnesota Rule 7200.3610, the fee for re-licensure following termination is the licensure fee in effect at the time of application for re-licensure, and rules governing re-licensure are the rules in effect at the time the initial license was granted.

CONTINUING EDUCATION REQUIREMENTS FOR RE-LICENSURE: If you hold a license in another jurisdiction and have been practicing there, the Board will need to receive verification that you have met the continuing education requirements of the other jurisdiction since termination of your Minnesota psychology license. You must have the other jurisdiction(s) send verification directly to the Minnesota Board. If you have not held a license to practice in another jurisdiction, and have not practiced psychology since terminating your Minnesota psychology license, you must provide the Board with evidence that you have completed at least 40 hours of continuing education activities that meet Minnesota's continuing education requirements.

PRACTICE WITHOUT A LICENSE: According to Minnesota Rules, part 7200.3620, if you have practiced psychology in Minnesota since the date of termination of your psychology license, you are subject to disciplinary action at the time a new license is granted or to denial of licensure.

MASTER'S LEVEL FORMER LICENSEES RETURNING TO PRACTICE IN MINNESOTA AT THE DOCTORAL LEVEL:

If you terminated your Minnesota licensure as a master's level licensed psychologist, and you wish to be licensed again as a master's level licensed psychologist, follow the procedures outlined in this packet. However, if you terminated your Minnesota licensure as a master's level licensed psychologist, you have since earned a doctoral degree with a major in psychology, and now you wish to become licensed as a doctoral level licensed psychologist, please contact the Board office and request licensure information. Your process to licensure will be slightly different requiring a different set of forms.

GENERAL INFORMATION

The application fee is non-refundable. Applications are processed in the order they are received. Your application will be presented to the Board at the first regular Board meeting after documentation is complete as determined by the Application Review Committee. Please notify the Board immediately of any address change.

KEEP A COPY OF EACH APPLICATION FOR YOUR OWN RECORDS. YOU MAY NEED THE INFORMATION CONTAINED IN IT AFTER YOU HAVE BECOME LICENSED. YOU SHOULD MAINTAIN A CURRENT COPY OF THE MINNESOTA BOARD OF PSYCHOLOGY PRACTICE ACT BOOKLET AS A RESOURCE THROUGHOUT YOUR PRACTICE OF PSYCHOLOGY.

AREAS OF COMPETENCE

Please use the following guidelines in listing your areas of competence:

1. The statements describing your areas of competence should be written in terms of services you are prepared to provide for clients.
2. General areas, such as Clinical Psychology, Counseling, Educational Psychology are fields of practice, **not** areas of competence.
3. It is appropriate to include the population of clients unless that population is not different from other populations with respect to services provided.
4. It is inappropriate to include the locale where the services are to be provided unless the services are unique to that locale.
5. Avoid being so specific that the list includes a great deal of overlap.
6. Take great care in writing your areas of competence. Minnesota Rules, part 7200.4600, subpart 1 requires licensees to limit practice to areas of competence in which proficiency has been gained through education and training or experience and which have been stated in writing to the Board.

BELOW ARE EXAMPLES OF AREAS OF COMPETENCE:

- a. Administer and interpret standardized measures of cognitive functioning, achievement, aptitudes and interests for (population).
- b. Conduct research on learning and motivation.
- c. Design and implement workshops for (population) relating to stress management.
- d. Provide hypnotherapy services to (population).
- e. Provide biofeedback services to (population).
- f. Use behavioral analysis to identify and plan a program to produce a change in behavior for (population).

RIGHTS OF SUBJECTS OF DATA

Under Minnesota Statutes, section 13.41, subdivision 2, information you provide in this application, except for your name and address is classified as private, that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate, while you remain an applicant. When you become a licensee, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivisions 2 and 5.

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be granted licensure without doing so.

CONTINUING EDUCATION RULES

7200.0100 DEFINITIONS.

Subp. 4a. **Continuing education.** "Continuing education" means a wide range of education and training activities designed to contribute to the development and enhancement of skills associated with professional practice in psychology. These skills include assessment, intervention, consultation, supervision, teaching, scholarly activity, and the application of ethical, legal, and quality assurance standards of professional practice. Unless otherwise stated, one continuing education hour equals 60 minutes. Credit is given in one-half hour increments to the nearest one-half or full hour.

7200.3810 PURPOSE OF CONTINUING EDUCATION.

The purpose of mandatory continuing education is to:

- A. promote the health and well being of the residents of Minnesota who receive services from licensees; and
- B. promote the professional development of providers of these services.

The continued professional growth and maintenance of competence in providing psychological services are the ethical responsibilities of each licensee.

7200.3820 CONTINUING EDUCATION REQUIREMENTS.

Except as provided in part [7200.3840](#), as a requirement for license renewal, each licensee must have completed during the preceding renewal period a minimum of 40 hours of continuing education activities approved by the board according to part [7200.3830](#).

7200.3830 APPROVAL OF CONTINUING EDUCATION ACTIVITIES.

Subpart 1. **Continuing education activities eligible for approval.** The activities in items A to G are designated as sponsored activities that may be used to meet continuing education requirements, provided they meet the definition of continuing education in part [7200.0100](#), subpart 4a, and pertain to psychology or enhance psychological skills.

A. Developing and teaching an academic course in psychology in an institution accredited by a regional accrediting association. Continuing education hours may be earned only for the first time the licensee teaches the course. One academic credit, unit, or hour equals ten continuing education hours. Acceptable documentation is verification from the dean or head of the department of the institution that the licensee taught the course for the first time and of the number of credits, units, or hours assigned by the institution.

B. Completing satisfactorily a graduate level course in psychology offered by an institution accredited by a regional accrediting association. The course need not be submitted for prior approval by either the sponsor or the individual licensee. Acceptable documentation is an academic transcript showing graduate credits earned. One academic credit, unit, or hour equals 20 continuing education hours.

C. Developing a presentation for workshops, seminars, symposia, colloquia, invited speaker sessions, meetings of professional or scientific organizations, or postdoctoral institutes. Acceptable documentation is a printed program or agenda. One hour of development equals one continuing education hour and up to three hours of development time may be claimed for each hour of presentation. Continuing education hours may be earned only for development for the licensee's first presentation on the subject developed.

D. Authoring, editing, or reviewing a psychological publication. Continuing education hours may be earned only in the year of publication or first distribution. Acceptable documentation includes a publication cover sheet, masthead, table of contents, or marketing materials. The maximum hours earned are as follows:

- (1) author of a professional or scientific book, 40 hours;
- (2) author of a professional or scientific book chapter or journal article, 20 hours;
- (3) editor of a professional or scientific book, 30 hours;
- (4) editor of a professional or scientific journal, 30 hours;
- (5) journal article review, one hour per manuscript; and
- (6) other professional or scientific activities not covered in subitems (1) to (5), including preparation of products such as tests, videotaped materials, and computer programs. Up to 40 hours may be credited, the amount to be determined by the board using the amounts in subitems (1) to (4) as guidelines.

E. Attendance at workshops, seminars, symposia, colloquia, invited speaker sessions, postdoctoral institutes, or scientific or professional programs offered at meetings of local, state, regional, national, or international professional or scientific organizations, or audited graduate courses at an institution accredited by a regional accrediting association. Acceptable documentation includes a certificate of attendance or a transcript. For activities which do not provide a certificate of attendance or transcript, documentation includes a registration receipt with a printed program.

F. Completion of audio-visual or other home study courses. Acceptable documentation includes transcripts, personal notes, or posttests. Three hours of activity equals one continuing education hour.

G. Service on board oral examination panels. One day of service equals eight continuing education hours. Continuing education hours may be credited once per renewal period.

Subp. 2. Sponsor request for approval. A sponsor may request in writing board approval at any time for activities intended to meet continuing education requirements. The sponsor shall be notified within 45 days after receipt of a request that includes the information required in subpart 4 whether the activity has been approved or denied. Materials advertising approved activities may include the statement: "THIS PROGRAM HAS BEEN APPROVED BY THE MINNESOTA BOARD OF PSYCHOLOGY FOR (NUMBER) CONTINUING EDUCATION HOURS." Materials advertising nonapproved activities may not include such a statement or otherwise imply board approval. Violation of this subpart by a sponsor who is a licensee is grounds for disciplinary action.

Subp. 3. Licensee request for approval. A licensee may at any time request in writing the approval of activities sponsored by other entities to meet the licensee's continuing education requirements. The licensee shall be notified within 45 days after receipt of a request that includes the information required in subpart 4 whether the activity has been approved or denied.

Subp. 4. Information required for approval. A request for approval under subpart 2 or 3 must include the following information:

- A. the name and address of sponsor;
- B. the names and credentials of instructors;
- C. an outline of topics to be covered;
- D. the number of hours of actual instruction;
- E. the mechanism for monitoring and certifying attendance;
- F. the location at which the activity will be conducted;
- G. the date of the activity; and
- H. a statement of the educational objectives, expected outcomes, and targeted participants.

Materials advertising the activity must include the information provided under this subpart exactly as stated in the request for approval.

Subp. 5. Approval of individually designed continuing education activities. A licensee may obtain a maximum of 15 of the required 40 hours through individually designed continuing education activities which do not include sponsored activities. A licensee may submit a written proposal at any time. The licensee shall be notified within 45 days after receipt of a proposal that includes the information required in this subpart whether the proposal has been approved or denied. The request must include the following:

- A. the rationale for pursuing an individually designed activity;
- B. specific goals and objectives, and an explanation of how the goals and objectives are related to the enhancement of the psychologist's professional skills;
- C. an outline of the topics to be covered;
- D. a description of resources and activities;
- E. the proposed documentation of completion of activity, to be kept by the licensee through the following renewal period for random verification by the board; and
- F. an estimate of time to be expended in the activity, and the number of continuing education hours requested, using the following guidelines: three hours of reading/study equals one continuing education hour; one hour of tutoring, consultation, or supervision received equals one continuing education hour.

Subp. 6. Criteria for approval. Approval of continuing education activities shall be based on the following criteria:

- A. for sponsored activities, submission of the information required in subpart 4;
- B. for individually designed activities, submission of the information required in subpart 5;
- C. relevance to the practice of psychology or to the development of new professional skills of licensees;
- D. relation of the proposed topics to the body of psychological knowledge; and
- E. the qualifications of consultants, tutors, supervisors, instructors, and other individuals used as resources, and the relevancy of those qualifications to the topics presented.

STAT AUTH: MS s [148.905](#); [148.911](#)

7200.3840 CONTINUING EDUCATION HOURS FOR FIRST RENEWAL AFTER BEGINNING DATE.

Parts [7200.0100](#) to 7200.3840 are effective on the first day of the month following publication of their notice of adoption in the State Register. Continuing education requirements for the first renewal following the effective date are as follows:

- A. for licensees whose renewal dates occur less than six months after the effective date, no continuing education hours;
- B. for licensees whose renewal dates occur at least six months but less than one year after the effective date, ten continuing education hours;
- C. for licensees whose renewal dates occur at least one year but less than 18 months after the effective date, 20 continuing education hours; and
- D. for licensees whose renewal dates occur at least 18 months but less than two years after the effective date, 30 continuing education hours.



MINNESOTA BOARD OF PSYCHOLOGY
 Phone (612) 617-2230; Fax (612) 617-2240
 MN Relay Service 1(800) 627-3529
www.psychologyboard.state.mn.us
 Email: psychology.board@state.mn.us

FOR BOARD USE ONLY:

DATE: _____

FEE: \$550.00 _____

DEPOSIT: _____

FEE

\$550.00 check money order
 made payable to:
 MN Board of Psychology
 (Cash will NOT be accepted)

APPLICATION FOR RE-LICENSURE "LICENSED PSYCHOLOGIST"

SECTION A (Please print or type)

1. Legal Name: last first middle

2. Degree on which licensure was based; specify date degree granted:

☐ Ph.D. _____ ☐ Ed.D. _____ ☐ Psy.D. _____ ☐ Other: (Specify) _____
 Degree Date

AREAS OF COMPETENCE

Area of competence means a specific psychological service, technique, method, or procedure in which the applicant through education, training, or experience has gained sufficient proficiency to be able to provide it to the public with little or no supervision.

Please state below your areas of competence. You may include areas of competence gained through internships and practica, not counted toward the employment requirement. For each area of competence stated, please include the population(s) you are competent to serve.

PLEASE NOTE: It is a violation of the Rules of Conduct to inaccurately represent your areas of competence or to practice outside your areas of competence. Do not list an area of competence that you could not later document.

FIELD OF PRACTICE

Please identify your field(s) of practice. Field of practice is defined as a broad area within the profession of psychology that is commonly recognized as requiring skills not necessarily required for practice in other areas.

| | | |
|--|--|---|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Counseling/Psychotherapy | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Counseling/Psychotherapy Supervision | <input type="checkbox"/> Educational Supervision |
| <input type="checkbox"/> Industrial/Organizational | <input type="checkbox"/> Rehabilitation Counseling | <input type="checkbox"/> Testing/Research |
| <input type="checkbox"/> Industrial/Organizational Supervision | <input type="checkbox"/> Rehabilitation Counseling Supervision | <input type="checkbox"/> Testing/Research Supervision |
| <input type="checkbox"/> Testing/Evaluation | <input type="checkbox"/> School | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Testing/Evaluation Supervision | <input type="checkbox"/> School Supervision | <input type="checkbox"/> Other _____ Supervision |

NAME OF APPLICANT:

SECTION B
(Please print or type)

1. Are you a diplomat of the American Board of Professional Psychology?

☐ YES ☐ NO If **YES**, give Diploma Number: _____ Date: _____ Specialty: _____

2. Are you now or have you ever been licensed, or otherwise credentialed, to practice psychology or any mental health profession in any state (including Minnesota) or Canadian province?

☐ YES ☐ NO If **YES**, name the state(s)/province(s): _____; profession _____

[Please have each jurisdiction(s) verify your license(s)/credential(s). (Verification of all license(s)/credential(s) must be sent directly from the agency(ies) to the MN Board of Psychology office. All verifications must be received before you are eligible for licensure.]

3. Have you ever been disciplined by any mental health licensure or other credentialing board or professional association?

☐ YES ☐ NO If **YES**, give full particulars on an attached sheet, and attach a copy of the disciplinary documentation.

4. Do you have any complaints, disciplinary or corrective action pending or resolved in any jurisdiction?

☐ YES ☐ NO If **YES**, give the jurisdiction(s) _____; Profession _____.

[Please have all boards of current licensure, certify, in letter format directly to the Minnesota Board of Psychology office that you have no pending complaints, disciplinary or corrective action.]

5. Have you ever applied for a professional license or other credential and been denied or rejected?

☐ YES ☐ NO If **YES**, give full particulars on an attached sheet.

6. Have there ever been any criminal charges filed against you? This includes charges of disorderly conduct, assault or battery, or domestic abuse, whether the charges were misdemeanor, gross misdemeanor, or felony. This also includes any offenses which have been expunged or otherwise removed from your record by executive pardon.

☐ YES ☐ NO If **YES**, give particulars including the date of conduct, state and local jurisdiction charges were filed.

7. Have there ever been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving alcohol or other chemicals filed against you?

☐ YES ☐ NO If **YES**, give particulars including the date of conduct, state and local jurisdiction charges were filed.

8. Have you ever been a defendant in any malpractice lawsuits, had any malpractice settlement, or have any pending?

☐ YES ☐ NO If **YES**, give a detailed clinical explanation of each case as well as documentation of outcome (insurance papers or court documents)

9. Are you current on your State of Minnesota taxes? ☐ YES ☐ NO ☐ N/A

10. Are you current on your child support? ☐ YES ☐ NO ☐ N/A

NAME OF APPLICANT:

STATE OF _____

COUNTY OF _____

I hereby swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have answered all questions on the application fully, completely, and without omission. I also swear (or affirm) that I have read the Rules of Conduct adopted by the Minnesota Board of Psychology and ascribe to those Rules.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public

Notary Stamp

FOR BOARD USE ONLY

Professional Responsibility Examination Date:

License Granted:

License Number: LP

License Mailed:

License Not Granted:

Signature of Board Chairperson

THIS PAGE IS INTENTIONALLY LEFT BLANK
(Include this page when copying this form front to back)

*Pursuant to Minnesota Statutes, section 13.41, subdivision 2(b), a licensee who is subject to a health-related licensing board, must designate to the Board a residence or business address and telephone number at which the licensee can be contacted in connection with the license. These data are to be maintained in the Board's records as public data. Therefore, the address and phone number you designate below is the address and phone number we will release in response to public inquiries, and is the address & phone number the Board will use for all contacts to you regarding your license. **If you change addresses & phone numbers before the next renewal, it is your responsibility to so notify the Board. Please do so in writing.***

| | |
|--|--------------------------------|
| NAME: last first middle | PREFERRED HOME PHONE #: |
|--|--------------------------------|

| | | |
|---------------------------------------|---|----------------|
| HOME ADDRESS: (Street address) | (city) (state) (zip code) | COUNTY: |
|---------------------------------------|---|----------------|

| | |
|------------------------------------|--------------------------|
| NAME OF BUSINESS OR AGENCY: | BUSINESS PHONE #: |
|------------------------------------|--------------------------|

| | | |
|---|---|----------------|
| BUSINESS ADDRESS: (Street address) | (city) (state) (zip code) | COUNTY: |
|---|---|----------------|

| | | |
|--|-------------------------------|-----------------------------------|
| Designated address for official Board mailings: | <input type="checkbox"/> Home | <input type="checkbox"/> Business |
|--|-------------------------------|-----------------------------------|

| | | |
|--|-------------------------------|-----------------------------------|
| Designated address for release to Public: | <input type="checkbox"/> Home | <input type="checkbox"/> Business |
|--|-------------------------------|-----------------------------------|

| | | |
|--|-------------------------------|-----------------------------------|
| Designated public phone number: | <input type="checkbox"/> Home | <input type="checkbox"/> Business |
|--|-------------------------------|-----------------------------------|

| |
|-----------------------|
| Email Address: |
|-----------------------|

THIS PAGE IS INTENTIONALLY LEFT BLANK
(Include this page when copying this form front to back

REPORT OF CONTINUING EDUCATION ACTIVITIES

| | | |
|---|-------|--------|
| NAME OF APPLICANT: last | first | middle |
| <p>PLEASE READ BEFORE COMPLETING THIS SECTION:</p> <ul style="list-style-type: none"> Each Licensee is responsible for keeping documentation of his/her attendance at sponsored CE activities or completion of individually designed activities for two years after the renewal date. All activities in Options E, F, & Individually Designed CE Activities require Board approval. In order to process for approval, please submit the information requirements in Minnesota Rules, part 7200.3830, subparts 4 and 5. The rules allow the Board 45 days to approve or deny such a request. This process may delay your renewal. | | |

OPTION A:

DEVELOPING & TEACHING AN ACADEMIC COURSE IN PSYCHOLOGY IN AN INSTITUTE ACCREDITED BY A REGIONAL ACCREDITING ASSOCIATION. Continuing education hours may be earned only for the first time the licensee teaches the course. One academic credit, unit, or hour equals ten continuing education hours. ***Acceptable documentation includes verification from the dean or head of department of the institution that you taught the course for the first time and the number of credits, units, or hours assigned by the institution.***

| Date(s) | Course Title | # of credits, units, or hours | Name and Location of Institute | CE hours request'd | For Board Use: Hours Approved |
|---------|--------------|-------------------------------|--------------------------------|--------------------|-------------------------------|
| | | | | | |
| | | | | | |

OPTION B:

COMPLETING SATISFACTORILY A GRADUATE LEVEL COURSE IN PSYCHOLOGY OFFERED BY AN INSTITUTION ACCREDITED BY A REGIONAL ACCREDITING ASSOCIATION. One academic credit, unit, or hour equals 20 continuing education hours. ***Acceptable documentation is an academic transcript showing graduate credits earned.***

| Date(s) | Course Title | # of credits, units, or hours | Name and Location of Institute | CE hours request'd | For Board Use: Hours Approved |
|---------|--------------|-------------------------------|--------------------------------|--------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

REPORT OF CONTINUING EDUCATION ACTIVITIES

OPTION C:

DEVELOPING A PRESENTATION FOR WORKSHOPS, SEMINARS, SYMPOSIA, COLLOQUIA, INVITED SPEAKER SESSIONS, MEETINGS OF PROFESSIONAL OR SCIENTIFIC ORGANIZATIONS, OR POSTDOCTORAL INSTITUTES. One hour of development time equals one continuing education hour and up to three hours of development time may be claimed for each hour of presentation. Presentation time itself cannot be counted toward CE hours. Continuing education hours may be earned only for development for the licensee's first presentation on the subject. ***Acceptable documentation includes a printed program or agenda.***

| Date(s) | Course Title & Location | Hours of Development | Hour(s) of Presentation | CE hours request'd | For Board Use: Hours Approved |
|---------|-------------------------|----------------------|-------------------------|--------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OPTION D:

AUTHORING, EDITING, OR REVIEWING A PSYCHOLOGICAL PUBLICATION. Continuing education hours may be earned only in the year of publication or first distribution. ***Acceptable documentation includes a publication cover sheet, masthead, table of contents, or marketing materials.*** The maximum hours earned are as follows:

1. Author of a professional or scientific book, 40 hours;
2. Author of a professional or scientific book chapter or journal article, 20 hours;
3. Editor of a professional or scientific book, 30 hours;
4. Editor of a professional or scientific journal, 30 hours;
5. Journal article review, one hour per manuscript; and
6. Other professional or scientific activities not covered in items (1) to (5), including preparation of products such as tests, videotaped materials and computer programs. Up to 40 hours may be credited, the amount to be determined by the Board using the amounts in items (1) to (4) as guidelines.

| Publication or First Distribution Date | Title of Publication/Type of Publication | Your Role | CE hours request'd | For Board Use: Hours Approved |
|--|--|-----------|--------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REPORT OF CONTINUING EDUCATION ACTIVITIES

OPTION E:

ATTENDANCE AT WORKSHOPS, SEMINARS, SYMPOSIA, COLLOQUIA, INVITED SPEAKER SESSIONS, POSTDOCTORAL INSTITUTES, OR PROFESSIONAL OR SCIENTIFIC PROGRAMS OFFERED AT MEETINGS OF LOCAL, STATE, REGIONAL, NATIONAL, OR INTERNATIONAL PROFESSIONAL SCIENTIFIC ORGANIZATIONS, OR AUDITED GRADUATE COURSES AT AN INSTITUTION ACCREDITED BY A REGIONAL ACCREDITING ASSOCIATION. Acceptable documentation includes a certificate of attendance or transcript. For activities which do not provide a certificate at attendance or transcript, documentation includes a registration receipt with printed program. If your activity does not list a Board Log Number assigned by the Minnesota Board of Psychology, please enclose a copy of the program, agenda, and/or advertising material with a certificate of attendance or transcript.

| Date(s) | Title of Presentation | Sponsor & Location | Board Log Number | CE hours request'd | For Board Use: Hours Approved |
|---------|-----------------------|--------------------|------------------|--------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OPTION F:

COMPLETION OF AUDIO-VISUAL OR OTHER HOME COURSES. Three hours of activity equals one continuing education hour. Please indicate the number of hours it took you to complete the activity and the number of CE hours you are requesting. **Acceptable documentation includes transcripts, personal notes, or post-tests.**

| Date(s) | Course Title | School, Dept., & Location | Form of Study | Total #of hours of Activity | Board Log Number | CE hours request'd | For Board Use: Hours Approved |
|---------|--------------|---------------------------|---------------|-----------------------------|------------------|--------------------|-------------------------------|
| | | | | | | | |
| | | | | | | | |

REPORT OF CONTINUING EDUCATION ACTIVITIES

APPROVAL OF INDIVIDUALLY DESIGNED CONTINUING EDUCATION ACTIVITIES.

A licensee may obtain a maximum of 15 of the required 40 hours through individually designed continuing education activities which do not include sponsored activities. A licensee may submit a written proposal at any time. The licensee shall be notified within 45 days after receipt of a proposal that includes the information required in Minnesota Rules, part 7200.3830, subpart 5, whether the proposal has been approved or denied. The request must include the following:

- A. the rationale for pursuing an individually designed activity;
- B. specific goals and objectives, and an explanation of how the goals and objectives are related to the enhancement of the licensee's professional skills;
- C. an outline of the topics covered;
- D. a description of resources and activities;
- E. the proposed documentation of completion of activity, to be kept by the licensee through the following renewal period for random verification by the board; and
- F. an estimate of time to be expended in the activity, and the number of continuing education hours requested, using the following guidelines: three hours of reading/study equals one continuing education hour; one hour of tutoring, consultation, or supervision received equals one continuing education hour.

Acceptable document includes letter from the Board approving the proposal with documentation of completion as indicated in the proposal. If not approved by the Board at the time of this renewal attach proposal request. This process may delay your renewal, because the rules allow the Board 45 days to approve or deny such a request.

| Date(s) | Title and Nature of Activity | Board Approved Proposal? Y or N | Board Log Number | CE hours request'd | For Board Use: Hours Approved |
|---------|------------------------------|------------------------------------|------------------|--------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FOR BOARD USE ONLY:

| | | |
|------------------------------|--|-----------------------------|
| Reviewed by: | | Date: |
| Total CEUs requested: | | Total CEUs approved: |
| Reasons for denial: | | |
| Comments: | | |



MINNESOTA BOARD OF PSYCHOLOGY
Phone (612) 617-2230; Fax (612) 617-2240
MN Relay Service 1(800) 627-3529
www.psychologyboard.state.mn.us
Email: psychology.board@state.mn.us

Tax Clearance Information Form

PLEASE SEND THIS COMPLETED PAGE IN A SEPARATE ENVELOPE FROM YOUR APPLICATION

Pursuant to Minnesota Statutes, section 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your social security number. Under the Minnesota Government Data Practice Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- 1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;*
- 2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;*
- 3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.*

| | | | |
|--------------------|------|-------|--------|
| Legal Name: | last | first | middle |
|--------------------|------|-------|--------|

| |
|--------------------------------|
| Social Security Number: |
|--------------------------------|

PLEASE SEND THIS COMPLETED PAGE IN A SEPARATE ENVELOPE FROM YOUR APPLICATION TO:

MINNESOTA BOARD OF PSYCHOLOGY
ATTN: TAX CLEARANCE
2829 UNIVERSITY AVENUE SE, SUITE 320
MINNEAPOLIS, MINNESOTA 55414-3237

Please make sure you are filing the most current version of this form. Before submitting this form visit us online at www.psychologyboard.state.mn.us go to "Licensing" and click on "Forms". The date shown at the bottom of each printed page should match the date shown on the current online form.