# Rules of Department of Economic Development

## Division 235—State Committee of Psychologists

### Chapter 1—General Rules

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 CSR 235-1.010 State Committee of Psychologists</td>
<td>3</td>
</tr>
<tr>
<td>4 CSR 235-1.015 Definitions</td>
<td>3</td>
</tr>
<tr>
<td>4 CSR 235-1.020 Fees</td>
<td>3</td>
</tr>
<tr>
<td>4 CSR 235-1.030 Application for Licensure</td>
<td>4</td>
</tr>
<tr>
<td>4 CSR 235-1.031 Application for Health Service Provider Certification</td>
<td>11</td>
</tr>
<tr>
<td>4 CSR 235-1.035 Licensure by Endorsement of Written (EPPP) Examination Score (Moved to 4 CSR 235-2.065)</td>
<td>11</td>
</tr>
<tr>
<td>4 CSR 235-1.037 Licensure Verification/Transfer of Scores to Other States/Jurisdictions</td>
<td>11</td>
</tr>
<tr>
<td>4 CSR 235-1.040 Public Complaint Handling and Disposition Procedure (Moved to 4 CSR 235-4.030)</td>
<td>11</td>
</tr>
<tr>
<td>4 CSR 235-1.045 Procedures for Recognition of Educational Institutions</td>
<td>11</td>
</tr>
<tr>
<td>4 CSR 235-1.050 Renewal of License</td>
<td>11</td>
</tr>
<tr>
<td>4 CSR 235-1.060 Notification of Change of Address</td>
<td>11</td>
</tr>
<tr>
<td>4 CSR 235-1.063 Wall-Hanging Licenses</td>
<td>12</td>
</tr>
<tr>
<td>4 CSR 235-1.065 Policy for Handling Release of Public Records</td>
<td>12</td>
</tr>
</tbody>
</table>
Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 235—State Committee of Psychologists
Chapter 1—General Rules

4 CSR 235-1.010 State Committee of Psychologists

PURPOSE: This rule establishes various definitions and terms used in these rules.

(1) Postdegree supervised professional experience. The purpose and intention of postdegree supervised experience is to provide experiential training in the practice of psychology in order to meet the requirements for licensure. It is not designed to enable a person to engage in the practice of psychology without a license. Postdegree supervised professional experience is more than a consultation or supervisory session.

(2) Psychological trainee. A person enrolled in a graduate program in psychology and performing functions as a part of his/her graduate training or practicum.

(3) Psychological intern. A person possessing a master's degree in psychology as defined in section 337.021 or 337.025, RSMo and enrolled in a doctoral program in psychology and serving as an intern as part of the requirements for his/her degree program, or a person enrolled in a doctoral program in psychology and serving as an intern as part of the requirements for his/her degree program.

(4) Psychological resident. A person possessing a master's or doctoral degree in psychology as defined in section 337.025, RSMo who is engaged in postdegree supervised professional experience in order to obtain licensure as a psychologist.

(5) Psychological assistant. A person who has received formal approval by the committee as having met the educational and postdegree professional experience requirements but has not yet met the examination requirements for licensure as a psychologist and who is engaged in postdegree supervised professional experience, provided, however, no one may hold him/herself out as a psychological assistant for more than five (5) years.

(6) Qualified assistant. Any person employed by or otherwise directly accountable to a licensed psychologist and who assists the licensed psychologist in the delivery of psychological services but whose employment is not in the course of pursuing the educational, professional supervised experience or examination requirements for licensure as a psychologist. The activities and functions of the qualified assistant are the full responsibility and liability of the licensed psychologist. Qualified assistants may not diagnose, interpret psychological tests or perform psychotherapy. Nothing in this rule shall be construed to require a person who is otherwise exempt from licensure pursuant to section 337.045, RSMo, to act or otherwise serve as a qualified assistant.

(7) Applicant. Any person who submits an application for licensure and pays the appropriate application fee to be licensed as a psychologist.

(8) Psychological health services. The assessment, diagnosis and treatment of an individual(s) for the purposes of remediation of a cognitive, emotional, behavioral or mental disorder.

(9) Psychological health service provider. A licensed psychologist who possesses health service provider certification through relevant education, training and experience as defined in 4 CSR 235-3.0203(A) in the delivery of psychological health services and who provides psychological health services as defined in section (8).


4 CSR 235-1.020 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 337, RSMo.

(1) The following fees are established for the State Committee of Psychologists and are payable in the form of a cashier's check, personal check or money order:

- Application for Licensure Fee $150.00;
- EPPP Fee $250.00;
- Oral Interview Fee $100.00;
- Jurisprudence Examination Fee $60.00;
- Reexamination Fees—
  1. EPPP Fee $250.00;
  2. Oral Interview Fee $100.00;
- Jurisprudence Examination Fee $60.00;
- Reciprocity/Endorsement of Score Fee $50.00;
- Annual Renewal Fee $130.00;
- Annual Delinquency Fee (effective February 1 after each renewal period, in addition to the Annual Renewal Fee) $150.00;
- Photocopy Fee (per page) $.50;
- Licensure Verification/Transfer of Score to Other States Fee $25.00;
- Replacement of Wall-Hanging License Fee $25.00;
- Insufficient Funds Check Service Charge $50.00;
- Prior Review Fee (educational experience) $100.00;
- Prior Review Fee (postdegree supervision) $100.00;
- Health Service Provider Application Fee $100.00;
(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.


4 CSR 235-1.030 Application for Licensure

PURPOSE: This rule outlines and standardizes the procedures followed by the committee in receiving and considering information relative to an applicant's qualifications for licensure by examination.

(1) Applications for licensure must be made on the forms provided by the State Committee of Psychologists. Application forms may be obtained by writing the State Committee of Psychologists, P.O. Box 153, Jefferson City, MO 65102.

(2) Applications and all other documents required by the committee for licensure by examination must be received at least sixty (60) days before a regularly scheduled committee meeting. Completed applications received less than sixty (60) days before a regularly scheduled committee meeting will be considered at a subsequent committee meeting.

(3) Applications and all other documents required by the committee for licensure other than by examination must be received at least sixty (60) days before a regularly scheduled committee meeting. Completed applications received less than sixty (60) days before a regularly scheduled committee meeting will be considered at a subsequent committee meeting.

(4) An application will not be considered as officially submitted unless it is typewritten, signed, notarized and includes the application fee. The application fee must be in the form of a cashier's check, personal check or money order.

(5) Applicants must indicate on the application form the section of the statute under which they are applying for licensure.


MISSOURI STATE COMMITTEE
OF PSYCHOLOGISTS
APPLICATION FOR LICENSURE

INSTRUCTIONS
1. APPLICANT MUST COMPLETE ALL SECTIONS.
2. IF ADDITIONAL INFORMATION IS NEEDED FOR ANY QUESTIONS, PLEASE ATTACH SEPARATE SHEET.
3. COMPLETED APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING CENTRAL OFFICE ADDRESS:

STATE COMMITTEE OF PSYCHOLOGISTS
3523 NORTH TEN MILE DRIVE
POST OFFICE BOX 153
JEFFERSON CITY, MISSOURI 65102

TELEPHONE (314) 751-2334 EXT. 161

4. MAILING ADDRESS (STREET, CITY, STATE, ZIP, COUNTY)

5. INTENDED OFFICE ADDRESS (STREET, CITY, STATE, ZIP, COUNTY)

6. DEGREE (FOR WHICH YOU ARE APPLYING FOR LICENSURE)
   DEGREE MAJOR AS IT APPEARS ON TRANSCRIPT
   DATE CONFERRED

7. MAJOR AREA OF YOUR PROFESSIONAL WORK
   [ ] CLINICAL PSYCHOLOGY [ ] SCHOOL PSYCHOLOGY [ ] OTHER (SPECIFY)
   [ ] COUNSELING PSYCHOLOGY [ ] INDUSTRIAL/ORGANIZATIONAL PSYCHOLOGY

8. ARE YOU A MEMBER OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION?
   [ ] YES [ ] NO

9. ARE YOU A MEMBER OF THE MISSOURI PSYCHOLOGICAL ASSOCIATION?
   [ ] YES [ ] NO

10. ARE YOU A DIPLOMATE OF THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY?
    IF YES,
    DIPLOMA NUMBER
    DATE
    SPECIALTY

11. ARE YOU LISTED IN THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY?
    IF YES,
    DATE LISTED
    CERTIFICATE NUMBER

12. HAVE YOU PREVIOUSLY TAKEN THE EPPP EXAMINATION?
    HOW MANY TIMES
    NUMBER

13. LIST DATE AND LOCATION OF ALL PRIOR EXAMINATIONS (DATE/STATE)
    (A) DATE
    STATE
    (B) DATE
    STATE
    (C) DATE
    STATE

14. WHAT WERE THE RESULTS OF PRIOR EXAMINATIONS TAKEN

FOR OFFICIAL USE ONLY
DATE forwarded
DATE RECEIVED

APPLICANT
ATTACH
RECENT
PHOTO
HERE

I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A PSYCHOLOGIST IN THE STATE OF MISSOURI ON THE BASIS OF (PLACE AN X IN THE APPROPRIATE BOX)

[ ] EXAMINATION [ ] RECIPROCITY [ ] ENDORSEMENT OF SCORE

EXAMINATION FOR WHICH YOU ARE APPLYING

[ ] APRIL [ ] OCTOBER

NAME (LAST, FIRST, MIDDLE, MAIDEN WHERE APPLICABLE)

JUDITH K. MOLIARTY (5/28/93)

SECRETARY OF STATE

CODE OF STATE REGULATIONS

5
**4 CSR 235-1—ECONOMIC DEVELOPMENT**  
Division 235—State Committee of Psychologists

### 15. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE PSYCHOLOGY, IN ORDER OF ATTAINMENT

<table>
<thead>
<tr>
<th>STATE</th>
<th>LICENSE/CERTIFICATE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>CURRENT STATUS</th>
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<td>D.</td>
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**16. HAS ANY CERTIFICATE/LICENSE ISSUED BY ANY STATE PSYCHOLOGY BOARD EVER BEEN REVOKED OR SUSPENDED?**  
YES _____ NO _____  
IF YES, EXPLAIN

**17. HAVE YOU PREVIOUS TO THIS DATE BEEN DENIED LICENSURE/CERTIFICATION IN THIS STATE OR ANY OTHER STATE, EITHER BY NONSTATUTORY CERTIFICATION, EXAMINATION OR RECIPROCITY? IF YES, WHICH STATE(S)?**  
YES _____ NO _____  
IF YES, EXPLAIN

**18. HAVE ANY PROFESSIONAL LICENSES/CERTIFICATES WHICH YOU HOLD OR HELD EVER BEEN DISCIPLINED (INCLUDING BUT NOT LIMITED TO PSYCHOLOGY)? IF YES, EXPLAIN**  
YES _____ NO _____  
IF YES, EXPLAIN

**19. HAVE YOU EVER BEEN DISCIPLINED FOR UNETHICAL BEHAVIOR OR UNPROFESSIONAL CONDUCT? IF YES, EXPLAIN**  
YES _____ NO _____  
IF YES, EXPLAIN

**20. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (TRAFFIC VIOLATION EXEMPTED)? IF YES, EXPLAIN**  
YES _____ NO _____  
IF YES, EXPLAIN

### II. CERTIFICATION BY ACADEMIC OR PROFESSIONAL REFERENCES

1. This certifies that I have been personally acquainted with ____________________________ for ____________________________ years; that I believe them to be of good and professional character, and in every respect worthy of confidence.  
   I hereby recommend ____________________________ to the State Committee of Psychologists as entirely worthy to be licensed to practice as a psychologist in the state of Missouri. Date ____________________________

   Signature ____________________________  
   Name ____________________________  
   (PLEASE PRINT) ____________________________  
   Address ____________________________ STREET ____________________________  
   CITY ____________________________ STATE ____________________________ ZIP ____________________________  
   PROFESSION OR OCCUPATION ____________________________  
   TITLE ____________________________

2. This certifies that I have been personally acquainted with ____________________________ for ____________________________ years; that I believe them to be of good and professional character, and in every respect worthy of confidence.  
   I hereby recommend ____________________________ to the State Committee of Psychologists as entirely worthy to be licensed to practice as a psychologist in the state of Missouri. Date ____________________________

   Signature ____________________________  
   Name ____________________________  
   (PLEASE PRINT) ____________________________  
   Address ____________________________ STREET ____________________________  
   CITY ____________________________ STATE ____________________________ ZIP ____________________________  
   PROFESSION OR OCCUPATION ____________________________  
   TITLE ____________________________

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**CODE OF STATE REGULATIONS**  
(5/28/93)  
Judith K. Moriarty  
Secretary of State
### III. EDUCATIONAL EXPERIENCE

#### 1. UNDERGRADUATE UNIVERSITY ATTENDED

<table>
<thead>
<tr>
<th>UNIVERSITY/-College</th>
<th>City and State</th>
<th>Dates Attended</th>
<th>Degree Confirmed</th>
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<td>A.</td>
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#### 2. GRADUATE UNIVERSITY ATTENDED

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<thead>
<tr>
<th>UNIVERSITY/-College</th>
<th>City and State</th>
<th>Dates Attended</th>
<th>Degree Confirmed</th>
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#### 3. INTERNSHIP SERVED AS PART OF DEGREE PROGRAM

<table>
<thead>
<tr>
<th>Dates Served</th>
<th>Institution Name</th>
<th>Institution Address</th>
<th>Director of Program</th>
<th>Major Supervisor</th>
<th>Internship Program Approved?</th>
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<td>Yes  No</td>
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#### 4. DOCTORATE DEGREE

<table>
<thead>
<tr>
<th>Title of Dissertation</th>
<th>Doctorate Degree Program Approved?</th>
<th>Doctorate Degree Program Designated by the National Register?</th>
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<td>Yes  No</td>
<td>Yes  No</td>
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#### 5. MASTER'S DEGREE

<table>
<thead>
<tr>
<th>Title of Thesis</th>
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#### 6. LIST ALL COURSES TAKEN FOR GRADUATE CREDIT. (Official copies of all graduate degree transcripts must be sent to Central Office directly from the University/College.) This section **MUST BE COMPLETED**.

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Department</th>
<th>Title of Course</th>
<th>Date Taken</th>
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MO 415-1069 (9-87)
### B. COGNITIVE — AFFECTIVE BASES OF BEHAVIOR (e.g. LEARNING, THINKING, MOTIVATION AND EMOTION, ETC.)

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>DEPARTMENT</th>
<th>TITLE OF COURSE</th>
<th>DATE TAKEN</th>
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### C. SOCIAL BASES OF BEHAVIOR (e.g. GROUP PROCESSES, ORGANIZATIONAL AND SYSTEMS THEORY, SOCIAL PSYCHOLOGY, FAMILY SYSTEMS THEORY, ETC.)

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### D. INDIVIDUAL DIFFERENCES (e.g. PERSONALITY THEORY, HUMAN DEVELOPMENT, ABNORMAL PSYCHOLOGY, ETC.)

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### E. SCIENTIFIC METHODS AND PROCEDURES OF UNDERSTANDING, PREDICTING AND INFLUENCING HUMAN BEHAVIOR (e.g. STATISTICS, EXPERIMENTAL DESIGN, PSYCHOMETRICS, ETC.)

<table>
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### F. OTHER GRADUATE COURSES IN PSYCHOLOGY

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### IV. PROFESSIONAL EXPERIENCE

1. BEGIN WITH MOST RECENT EMPLOYMENT, USING ADDITIONAL SHEETS IF NECESSARY

A. NAME AND ADDRESS OF EMPLOYER

<table>
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<tr>
<th>FROM</th>
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IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)

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TITLE OF YOUR POSITION

<table>
<thead>
<tr>
<th>HOURS WORKED PER WEEK</th>
<th>PSYCHOLOGICAL DUTIES PERFORMED</th>
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CODE OF STATE REGULATIONS

(5/28/93) Judith K. Moriarty
Secretary of State
### Chapter 1—General Rules

#### Section 4 CSR 235-1

**B. NAME AND ADDRESS OF EMPLOYER**

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**IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)**

**TITLE OF YOUR POSITION**

**HOURS WORKED PER WEEK**

**PSYCHOLOGICAL DUTIES PERFORMED**

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**C. NAME AND ADDRESS OF EMPLOYER**

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**IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)**

**TITLE OF YOUR POSITION**

**HOURS WORKED PER WEEK**

**PSYCHOLOGICAL DUTIES PERFORMED**

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**D. NAME AND ADDRESS OF EMPLOYER**

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**IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)**

**TITLE OF YOUR POSITION**

**HOURS WORKED PER WEEK**

**PSYCHOLOGICAL DUTIES PERFORMED**

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**2. LIST ALL PRACTICUMS OR INTERNSHIP POSITIONS, BEGINNING WITH THE MOST RECENT DATE.**

**A. NAME AND ADDRESS OF EMPLOYER**

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**IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)**

**TITLE OF YOUR POSITION**

**HOURS WORKED PER WEEK**

**PSYCHOLOGICAL DUTIES PERFORMED**

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**B. NAME AND ADDRESS OF EMPLOYER**

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**IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)**

**TITLE OF YOUR POSITION**

**HOURS WORKED PER WEEK**

**PSYCHOLOGICAL DUTIES PERFORMED**

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**C. NAME AND ADDRESS OF EMPLOYER**

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**IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)**

**TITLE OF YOUR POSITION**

**HOURS WORKED PER WEEK**

**PSYCHOLOGICAL DUTIES PERFORMED**

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**D. NAME AND ADDRESS OF EMPLOYER**

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**IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)**

**TITLE OF YOUR POSITION**

**HOURS WORKED PER WEEK**

**PSYCHOLOGICAL DUTIES PERFORMED**

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**3. PERSON(S) DESIGNATED AS YOUR SUPERVISOR OF POST-DOCTORAL OR POST-MASTER'S SUPERVISED EXPERIENCE TO WHOM ATTESTATION FORM(S) WILL BE SENT (PLEASE INDICATE IF MORE THAN TWO SUPERVISORS). ATTESTATION FORMS MUST BE RETURNED TO CENTRAL OFFICE BY THE ATTESTOR, NOT THE APPLICANT.**

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**Judith K. Moriarty** (5/28/93)  
**Secretary of State**  
**CODE OF STATE REGULATIONS**
I, ____________________________, of ____________________________, being duly sworn, states that they are the person referred to in the preceding application for a license to practice as a psychologist in the state of Missouri, and that all foregoing statements and enclosures are true in every respect.

APPLICATION'S SIGNATURE   DEGREE

Subscribed and sworn to before me this ____________________________ day of ____________________________, 19 __________

NOTARY PUBLIC                 COMMISSION EXPIRES

I submit for consideration the above proofs as required by the Missouri laws governing the practice of psychologists and subject to the rules and regulations of the State Committee of Psychologists.

Enclosed is application fee in the amount of $150.00 made payable to the State Committee of Psychologists, WHICH IS NOT REFUNDABLE, in the form of a money order, cashier's check or bank draft (PERSONAL CHECKS ARE NOT ACCEPTED). The Committee may require further evidence that it deems reasonable and proper from the sources above.

SIGNATURE OF APPLICANT
4 CSR 235-1.031 Application for Health Service Provider Certification

PURPOSE: This rule outlines and standardizes the procedures followed by the committee in receiving and considering information relative to an applicant's qualifications for health service provider certification.

(A) A written request to the committee's office thirty (30) days prior to the date the requested information is due; and
(B) The nonrefundable licensure verification/transfer of score fee.


4 CSR 235-1.040 Public Complaint Handling and Disposition Procedure

Moved to 4 CSR 235-4.030

4 CSR 235-1.045 Procedures for Recognition of Educational Institutions

PURPOSE: This rule outlines the procedures for determining if an educational institution satisfies the requirements of section 337.010, RSMo.

(1) In determining whether a school, college, university or other institution of higher learning in the United States is a "recognized educational institution," as defined in section 337.010(4)(a), RSMo, the applicant, upon request, shall furnish to the committee competent and substantial evidence, admissible in the courts of Missouri, that the educational institution is accredited by a regional accrediting association recognized by the Council on Postsecondary Accreditation (COPA). Failure by the applicant to furnish that evidence to the committee shall constitute evidence that the educational institution is not a recognized educational institution, as defined in section 337.010(4)(a), RSMo.

(2) In determining whether a school, college university or other institution of higher learning outside the United States is a "recognized educational institution," as defined in section 337.010(4)(b), RSMo, the applicant, upon request, shall furnish to the committee competent and substantial evidence, admissible in the courts of Missouri, that the educational institution is substantially equivalent to the standards of training of those programs accredited by a regional accrediting association recognized by the COPA. Failure by the applicant to furnish that evidence to the committee shall constitute evidence that the educational institution is not a recognized educational institution, as defined in section 337.010(4)(b), RSMo.


4 CSR 235-1.050 Renewal of License

PURPOSE: This rule establishes the obligation of licensees for renewal of their licenses.

(1) Failure of a licensee to receive the notice and application to renew the license shall not excuse the licensee from the requirement of section 337.030, RSMo to renew the license.

(2) Any licensee who fails to renew the license within the sixty (60)-day period set forth in section 337.030.2, RSMo shall not perform any act for which a license is required.

(3) Any licensee who fails to renew his/her license by January 31 of each calendar year and, within two (2) years of the registration renewal date, wishes to restore his/her license, shall pay an annual delinquency fee for each year the license is delinquent in addition to the annual renewal fee.


4 CSR 235-1.060 Notification of Change of Address

PURPOSE: This rule establishes the obligation of licensees to inform the State Committee of Psychologists of their changes of address.

Within thirty (30) days of the effective date of the change, a licensee must inform the State Committee of Psychologists of all changes in the mailing address it appears on the licensee's license by sending a letter to the committee's office in Jefferson City, Missouri.


4 CSR 235-1.063 Wall-Hanging Licenses

PURPOSE: This rule establishes the procedures for replacing registration certificates, wall-hanging licenses, or both, pursuant to section 337.030.3., RSMo.

(1) Licensees whose annual registration certificates are lost, destroyed or mutilated or require replacement as a result of an incorrect address or name change, or who require additional certificates for additional practice locations may obtain a duplicate certificate, without charge, upon receipt of a notarized statement indicating the need for the duplicate.

(2) Licensees whose original wall-hanging licenses are lost, destroyed or mutilated or require replacement as a result of a name change may be replaced upon submission of the following:
   (A) Return of the original wall-hanging license or a notarized affidavit indicating the reason for the replacement and statement that the license has been lost, destroyed or is no longer in the possession of the licensee and that if the lost license is recovered it will be forwarded to the committee immediately;
   (B) A notarized copy of the court document indicating the name change, if applicable;
   (C) A recent photograph of the licensee; and
   (D) The nonrefundable replacement fee.

4 CSR 235-1.065 Policy for Handling Release of Public Records

PURPOSE: This rule sets forth the committee's written policy in compliance with sections 610.010-610.030, RSMo regarding the release of information on any meeting, record or vote of the committee.

(1) The State Committee of Psychologists is a public governmental body as defined in Chapter 610, RSMo and adopts the following as its written policy for compliance with the provisions of that chapter. This policy is open to public inspection and implements the provisions of Chapter 610, RSMo regarding the release of information of any meeting, record or vote of the committee which is not closed pursuant to the provisions of Chapter 610, RSMo.

(2) All public records of the State Committee of Psychologists shall be open for inspection and copying by any member of the general public during normal business hours (8:00 a.m. to 5:00 p.m. Monday through Friday, holidays excepted) upon a minimum of a three (3)-day notice and appointment except for those records closed pursuant to section 610.021, RSMo. All public meetings of the State Committee of Psychologists not closed pursuant to the provisions of section 610.021, RSMo, will be open to any member of the public.

(3) The State Committee of Psychologists establishes the executive director of the committee or his/her authorized representative as the custodian of its records as required by section 610.023, RSMo. The executive director or his/her authorized representative is responsible for the maintenance of the committee's records and is responsible for responding to requests for access to public records.

(4) Whenever a request for inspection of public records is made and the individual inspecting the records requests copies of the records, the committee may charge a reasonable fee for the cost for inspecting and copying the records. The fees charged by the committee shall be as follows:
   (A) A fee for copying public records shall not exceed the actual cost of the document search and duplication;
   (B) The committee may require payment for the fees prior to making the copies; and
   (C) Fees collected shall be remitted to the director of revenue for deposit to the credit of the State Committee of Psychologists' Fund.

(5) Whenever a request for access to public records is made and the custodian believes that access is not required under the provisions of Chapter 610, RSMo, the custodian shall consult with the Office of the Attorney General before making a determination whether to deny access to the records. In the event that contact by the custodian with the Office of the Attorney General is not practicable or is impossible, the custodian may make a decision whether to deny access. However, in those events, the custodian shall consult with the Office of the Attorney General concerning the decision within five (5) working days of the decision. Whenever the decision is made to deny access, the custodian will comply with the requirements in section 610.023, RSMo concerning informing the individual requesting access to the records. Whenever the custodian denies access to the records, the custodian shall supply to members of the committee copies of the written response conveying the denial to the requesting individual. At the next meeting of the committee, the committee shall either affirm the decision of the custodian or reverse the decision of the custodian. In the event that the committee decides to reverse the decision of the custodian, the committee shall direct the custodian to so advise the person requesting access to the information and supply the access to the information during regular business hours at the convenience of the requesting party.

4 CSR 235-1.073 Open Book Program

PURPOSE: This rule establishes the procedures for the open book program for the State Committee of Psychologists.

(1) The State Committee of Psychologists shall adopt the following policies and procedures for the open book program.

(2) The open book program shall be open to any member of the general public.

(3) The open book program shall be open during regular business hours.

(4) The open book program shall be conducted in accordance with the provisions of Chapter 610, RSMo.

(5) The open book program shall be conducted in accordance with the provisions of the State Committee of Psychologists' Fund.

9 CSR 235-1.046 Board of Education

PURPOSE: This rule establishes the procedures for the Board of Education.

(1) The Board of Education shall adopt the following policies and procedures for the Board of Education.

(2) The Board of Education shall be open to any member of the general public.

(3) The Board of Education shall be open during regular business hours.

(4) The Board of Education shall be conducted in accordance with the provisions of Chapter 610, RSMo.

(5) The Board of Education shall be conducted in accordance with the provisions of the Board of Education Fund.

5 CSR 235-1.053 State Board of Education

PURPOSE: This rule establishes the procedures for the State Board of Education.

(1) The State Board of Education shall adopt the following policies and procedures for the State Board of Education.

(2) The State Board of Education shall be open to any member of the general public.

(3) The State Board of Education shall be open during regular business hours.

(4) The State Board of Education shall be conducted in accordance with the provisions of Chapter 610, RSMo.

(5) The State Board of Education shall be conducted in accordance with the provisions of the State Board of Education Fund.