



**ALABAMA BOARD OF EXAMINERS  
IN PSYCHOLOGY**

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**FORM MS-540 APPLICATION FOR CERTIFICATION AND WAIVER**

**APPLICATIONS FOR CERTIFICATION AND WAIVER WILL BE REVIEWED UNDER THE  
LAW AND ADMINISTRATIVE CODE RULES IN EFFECT ON THE DATE THE APPLICATION IS RECEIVED IN THE BOARD OFFICE.**

**PLEASE WRITE LEGIBLY**

1. Name: \_\_\_\_\_  
Last First Middle

Name used on records, if different from above: \_\_\_\_\_

Exact title of Doctoral Degree: Ph.D.  Psy.D.  Ed.D.  Other: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Please indicate which of the following apply:

- First time applicant for licensure to practice in Alabama.
- Previously taken the Examination for Professional Practice in Psychology (EPPP):  
Date taken: \_\_\_\_\_ Admitting Jurisdiction: \_\_\_\_\_
- Currently licensed as a psychologist in:  
State: \_\_\_\_\_ License / Certificate Number: \_\_\_\_\_  
Date of issuance: \_\_\_\_\_ Specialty, if applicable: \_\_\_\_\_  
Dates of practice as a licensed psychologist: \_\_\_\_\_

4. Criminal History Record Information for Fingerprint Background Check Documentation and Fees Included?  
Yes  No  *\*This step of the process must be completed prior to Certification being issued.*

5. Are you currently under investigation or is disciplinary action pending against you by the Psychology Board or other licensing authority in any state, territory, or province, regulation board, professional organization, or association?  
Yes  No  *\*If "Yes", attach a detailed explanation on a separate sheet.*

6. As an "eligible individual" under Code of Ala. 1975, §31-1-6(c), I formally request a waiver of the initial license fee.  
Yes  No

7. ***I have read:***
- 1) APA's Ethical Principles of Psychologists and Code of Conduct Yes  No
  - 2) Ala. Code §34-26-1 et seq., the Law governing the practice of Psychology in the State of Alabama Yes  No

***Certify your familiarity with these documents by signing below:***

\_\_\_\_\_

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the Alabama Board of Examiners in Psychology to request and obtain information concerning my candidacy from organizations or persons including but not limited to the Committee on Scientific and Professional Ethics and Conduct of the American Psychological Association, the Executive Secretary of the American Psychological Association, the officers and Ethics Committee of the Alabama Psychological Association, and/or any other professional organization, the officers of any regulatory board, department, or agency which grants diplomas or certificates of licenses, whether or not related to the practice of psychology. Without limiting the foregoing, I authorize the Board to make any other inquiry with any person, entity, or governmental body regarding my candidacy that the Board may deem appropriate.

I acknowledge and agree that the Board has final decision-making authority with reference to this application. I also understand that any false, incomplete, or misleading information in connection with this application may be cause for rejection or denial of the application or revocation of the license.

I attest that upon receiving certification as a psychologist in the State of Alabama, I will complete the full licensure process within one (1) year.

**By submission of this application, I acknowledge that Alabama law prohibits the practice of psychology in Alabama prior to certification by the Alabama Board of Examiners in Psychology.**

A photocopy of this Affidavit and Authorization for Release of Information may serve as the original.

**NOTARIZATION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, being sworn, deposes and says that they are the person who executed this application for certification and waiver; that the statements contained herein are true in every respect; that they have not suppressed any information that might affect their application for certification and waiver; that they will conform to the Code of Ethics of the American Psychological Association; and, that they have read and understands this Affidavit.

Notary Seal

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Typed or Printed Name of Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
City, State, Zip

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

*Form MS-540 Application for Certification and Waiver pursuant to the Alabama Military Family Jobs Opportunity Act, Act 2018-540, as codified at Code of Ala. 1975, §31-1-6 and the Board's Administrative Code Rule 750-X-2-.10*

**PLEASE NOTE: The Board suggests that you retain a copy of your completed Application. The blank Application form is not to be copied for distribution.**