

# ORAL EXAMINATION FORM PSYCHOLOGIST

## PUBLIC DECLARATION OF PROFESSIONAL PRACTICE INTENTIONS

Please list your name as you want it on your licensure certificate and license card.

<b>NAME:</b>		<b>DEGREE: MA, Ph.D., etc.</b>	
<b>DATE:</b>	<b>CELL PHONE NUMBER:</b>		

**PROVISION UNDER WHICH YOU ARE APPLYING FOR LICENSURE:**

STANDARD     RECIPROCITY (States Licensed) \_\_\_\_\_  ABPP

**EDUCATIONAL BACKGROUND:**

COLLEGE/UNIVERSITY		
MAJOR		
DEGREE		
DATE CONFERRED		

What was your GPA in your highest degree program? \_\_\_\_\_

Title of your thesis or dissertation: \_\_\_\_\_

Describe your practicum or internship: \_\_\_\_\_

What was your score on the EPPP Examination? \_\_\_\_\_

Your work and/or practical experience: (Please begin with the most recent).

TITLE	DATE(S)

**ORAL EXAMINATION FORM**  
**PSYCHOLOGIST**

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**Describe your psychology practice during the past year:**


**What do you consider to be your professional practice strengths?**


**What do you consider to be your professional practice weaknesses?**


**What are your professional practice intentions during the next five (5) years? Specifically, do you intend to establish and maintain a private practice or change your area(s) of professional practice?**


**Please describe the more significant professional practice ethics issues that you have dealt with in the past:**
