



APPLICATION INSTRUCTIONS INITIAL REGISTRATION OF RESIDENCY CLINICAL PSYCHOLOGIST

This application is for individuals who have completed the educational requirements in [18VAC125-20-54](#), but either:

- Their pre-doctoral practicum hours do not meet the requirements to fulfill all the residency requirements, or
- They intend to provide clinical psychology services while taking the EPPP examination.

APPLICATION INSTRUCTIONS

Follow these steps to apply for Initial Registration of Residency:

1. **Read** the [Laws](#) and [Regulations](#) regarding the Practice of Psychology in Virginia and utilize the detailed information in the [Clinical Psychology Licensure Process Handbook](#) for detailed information about the required documents and process to obtain a license.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE beginning the online application. Have copies of the required documents ready to upload as part of the online application process. PDF format is preferred.
3. **Apply Online** by registering for an account or logging into your existing account.
 - Select the license type of: "Resident in Clinical Psychology" and the Obtained by Method of "Application".
 - Complete the required fields.
4. **Upload** the necessary documentation within the online application portal.
 - Ensure you have uploaded all the necessary documents as indicated by the checklist. A complete application provides the best opportunity to avoid delays in the review and approval process.
 - Once you have paid the application fee, your application will be submitted, and you can no longer upload additional documents. Any documents you did not upload will need to be emailed to the Board and will delay the review of your application.
5. **Pay** the application fee within the online application portal.
 - **Application fees are non-refundable.**
 - The application fee for initial registration of residency is \$50.00.
 - Your application is not submitted until the fee is paid.
6. **Wait** for Board review of your application and reply to any correspondence from the Board.
 - Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Psychology](#) will be reviewed within **30 days** of receipt of a **complete** application.
 - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
 - Your [online checklist](#) will be your primary source of application status.
 - As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.

RULES AND GUIDELINES

- Virginia law states that a person who has neither passed the examination nor been issued a license as a Clinical Psychologist, even if they have completed the necessary number of supervised practicum or residency hours, must not engage in the provision of Clinical Psychology services except as a Board approved “Resident in Clinical Psychology”. The only exception is providing Clinical Psychology services in an exempt setting. See, [Law 54.1-3601](#) for exemptions.
- Please notify the Board in writing within 30 days of a name change or address change by completing the [Name/Address Change Form](#).
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of residents are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number, or your control number issued by the Virginia Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **No license will be issued to any individual who has failed to disclose one of these numbers.**

INITIAL APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION	SUBMIT BY
Required	1. OFFICIAL SCHOOL TRANSCRIPT	
<input type="checkbox"/>	<p>Request that copies of your official college transcripts be mailed or emailed directly to the Board from your school.</p> <ul style="list-style-type: none"> The transcripts must show that you graduated with a doctorate degree in clinical psychology, counseling psychology, or school psychology from an APA, CPA, PCSAS or substantially equivalent accredited program. The transcripts must contain your conferred date. It is encouraged that transcripts be electronically sent directly to the Board at psy@dhp.virginia.gov via a secured electronic transcript service used by the school (for example: eScript or Parchment). If your school is unable to send your transcripts electronically, the official transcripts can be mailed to the Board. Photocopied transcripts will not be accepted. 	E-MAIL or MAIL
Required	2. INTERNSHIP VERIFICATION FORM	
<input type="checkbox"/>	<p>Have your Director of Internship Training complete the Internship Verification for Clinical Psychological License form to verify you have successfully completed an internship.</p> <ul style="list-style-type: none"> Internship must have been in a program that is either accredited by APA or CPA, is a member of APPIC, the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If your internship was not accredited by one of the above organizations, you will be required to submit a copy of your internship handbook or brochure demonstrating equivalency. 	ONLINE
Required	3. VERIFICATION OF PRE-DOCTORAL SUPERVISED PRACTICUM HOURS FORM	
<input type="checkbox"/>	<p>Have your Director of Clinical Training complete the Verification of Pre-Doctoral Supervised Practicum Hours form to verify that your practicum fulfilled all or part of the residency requirements.</p>	ONLINE
Required	4. SUPERVISORY CONTRACT	
<input type="checkbox"/>	<p>Submit a copy of the signed contract between you and your supervisor outlining the expectations and responsibilities during your residency. A sample supervisory contract to use as a template is available on the Board's website.</p>	ONLINE
If Applicable	5. AREAS OF GRADUATE STUDY FORM	
<input type="checkbox"/>	<p>If your degree is not from an APA, CPA, or PCSAS accredited university, you must submit an Area of Graduate Study for Clinical Psychologist Verification of Required Coursework form with your application. <i>A course cannot be used to satisfy more than one required course content area.</i> In addition to this form, you must submit a copy of each course syllabus for consideration. All information provided will be subject to Board review and approval.</p>	ONLINE
If Applicable	6. INTERNSHIP EQUIVALENCY QUESTIONNAIRE FORM	
<input type="checkbox"/>	<p>If your internship is not accredited by APA or CAEP, or approved by NASP, or a member of APPIC, you must submit an Internship Equivalency Questionnaire form. This form is used to gather the necessary information and verification from your internship director, which will be used to assess equivalency for non-accredited internships as outlined in 18VAC125-20-54(E).</p>	ONLINE

If Applicable	7. PROOF OF NAME CHANGE	
<input type="checkbox"/>	You must provide documentation if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in another jurisdiction or is other than what is listed on your application. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.	ONLINE
If Applicable	8. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS	
<input type="checkbox"/>	If you answer "YES" to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to Guidance Document 125-2 , for a list of required documentation and further information. All applications are reviewed on a case-by-case basis.	ONLINE

END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).