

Vermont Secretary of State  
Office of Professional Regulation  
89 Main Street, 3<sup>rd</sup> Floor  
Montpelier VT 05620-3402



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Licensing Board Specialist  
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## Verification of License & Licensing Standards

**Applicant:** Complete the applicant section of this form and have every state or province in which you now hold, or have ever held, a license to practice complete this page.

Last Name	First Name	MI	Former/Maiden
Mailing Address - Street			
City	State	Zip Code	
I hereby authorize the Licensing Agency to provide the information requested below.			
Signature	Date		

### Information Below To Be Completed by the Licensing Agency:

This is to certify that the above named individual was issued:					
License #			Licensed as		
Date Issued			Date Expired(s)		
Licensed By		Examination	License Status		Active
		Endorsement/Reciprocity			Inactive
		Waiver			Lapsed
Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, conditioned, restricted, placed on probation)? <i>If yes, attach a copy of the decision.</i>					YES   NO
Do you require an applicant to receive a doctoral degree in psychology or equivalent, granted by a regionally accredited college or university based on substantial coursework that is primarily psychological in nature?					YES   NO

Do you require an applicant receive a doctoral degree that is APA/NR approved?	YES	NO
Do you require applicants to receive two years (4,000 hours) of clinical supervised practice?	YES	NO
Do you require that 2,000 hours of the total be post-degree hours?	YES	NO
Do you require an applicant to pass the EPPP examination?	YES	NO

Did this applicant take the Examination for Professional Practice in Psychology (EPPP)?		YES	NO
If yes, complete below.			
Date Administered		Applicant's Score	
National Mean-All Candidates		Standard Deviation	

Signature of person completing form:	
State or province completing this form:	
Full Address:	
Phone Number:	Fax Number:

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