

CSP Exam c/o Joan Marsh-Reed, MA, CSP 1604 Button Bay Road Vergennes, VT 05491	Do not send via a method that requires a signature for delivery.	For Office Use Only	
		Registry:	Date:
		Approved by:	
		Validation Information:	

Application for Certified Specialist in PsychometrySM Examination

Please Print Clearly or Type: Carefully follow all instructions provided. It is the applicant's responsibility to submit or request to have submitted all required documents. Failure to do so can result in a delay in processing the application. *[Note: Upon passing the exam, your CSP certificate will use the Applicant Name unless you specify otherwise.]*

1. Demographic Information

Applicant Name		Last	First	Middle Initial
Mailing Address				
City		State/Province		Zip/Postal Code
Telephones: (circle best # to reach you)		Work Email:		
Work		Home Email:		
Home		Cell		
Exam location:				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mo/day/yr)		Place of Birth	Last 4 digits of your SSN or ID
Have you ever been known under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, list name(s):	
Are you a current member of NAP? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about this certification? (E.g., NAP Conference, NAP Website, mailed flyer, colleague, NAN Conference, Div40 Conference, BCP website, email notification, Internet search, etc.) Name of referring colleague/supervisor & email:		

2. Previous Certification/Licensure/Registration (if applicable)

Please list all Certifications, Licensures and Registrations, where held, identifying number, and dates issued.

State	Certification/License/Registration Type	ID Number	Date Issued

3. Education

Please list, in chronological order (most recent first), educational degrees granted.

An official transcript copy is required from the highest completed degree school – does not have to come directly from the school.

School(s)	Degree / Major	Date Granted (mo/yr)

4. Application Attestation

I, _____, certify that I am the person described and identified in this
 Printed Name of Applicant

Application, that I have answered all questions truthfully and completely, and that the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the BCP may require additional information from me prior to making a determination regarding my application.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my Certified Specialist in Psychometry designation.

Signature of Applicant _____ Date _____

2018 CSP Application

Personal and Professional Data

Circle one

1. Do you have a medical or mental condition, which in any way impairs or limits your ability to practice the psychometry profession with reasonable skill and safety?	No Yes
2. In the last two (2) years, have you used chemical substance(s) in any way, which impairs or limits your ability to practice the psychometry profession with reasonable skill and safety?	No Yes
3. In the past two (2) years, have you engaged in the illegal use of controlled substances?	No Yes
4. Have you ever been accused of sexual misconduct or any professional impropriety, or have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?	No Yes
5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in your state/province of residence or another state/province or jurisdiction? <small>(If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered. To protect the public, the BCP considers criminal history. A criminal history may not automatically bar you from obtaining certification. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.)</small>	No Yes
6. Have you ever been found in any civil, administrative or criminal proceeding to have:	
a. Possessed, used, prescribed for use, or distributed controlled substances or illegal drugs in any way other than for legitimate or therapeutic purposes?	No Yes
b. Diverted controlled substances or illegal drugs?	No Yes
c. Violated any drug laws?	No Yes
d. Prescribed controlled substances for yourself?	No Yes
7. Have you ever been convicted of a felony?	No Yes
8. Have you ever been convicted of a misdemeanor involving moral turpitude (e.g., involving lying, stealing, cheating, etc.)?	No Yes
9. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of psychometry?	No Yes
10. Have you ever had any license, certificate, registration or other privilege to practice the psychometry profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	No Yes

11. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, professional liability or malpractice in connection with the practice of psychometry, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or suit?	No Yes
12. Have any complaints ever been filed against you with a peer review committee or an ethics committee of a professional association, hospital, health care facility, licensing board, or any other governmental or private entity?	No Yes
13. Do you know of any reason why you cannot comply with the legal, ethical, or professional standards set by law, by regulation, by a peer review committee or by the CSP Code of Ethics?	No Yes

If you answered **Yes** to any of the items above, please attach explanations for each and provide copies of all judgments, decisions, and agreements where applicable.

As a CSP you agree to act in accordance with the CSP Code of Ethics .	No Yes
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Personal and Professional Data - continued

I, _____, certify that I am the person described and identified in this
 Printed Name of Applicant
 Personal and Professional Data document, that I have answered all questions truthfully and completely, and that the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the BCP may require additional information from me prior to making a determination regarding my application.

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Signature of Applicant _____ Date _____
 2017 CSPe Application, 7/2/13

Optional information

<p><u>For Contract Psychometrists ONLY:</u> If you are practicing psychometry as a contractor (non-employee) please indicate your professional liability insurance carrier including coverage limits and renewal date. While practicing psychometry as a contractor you are encouraged to maintain <i>your own</i> malpractice insurance – not under the insurance of the PhD, which only protects them from you and not you from them or alone.</p>	_____
	Professional Carrier

	Coverage Limits

	Renewal Date
