



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
CONTINUING EDUCATION APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME			
FEIN OR SSN			
PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Maine Board of Examiners of Psychologists
Continuing Education Program Approval Requests

(check *one* box and insert information requested):

<input type="checkbox"/>	Continuing Education Sponsor Request for Program Approval _____ Number of programs accompanying this application	\$75.00 per program Total Amount \$ _____
<input type="checkbox"/>	Continuing Education Individual Request for Program Approval _____ Number of programs accompanying this application	\$20.00 per program Total Amount \$ _____

Office Use Only:

1470 - See amount in the box to the left

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE		DATE	



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF EXAMINERS OF PSYCHOLOGISTS
35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035
TEL: (207) 624-8603 – FAX: (207) 624-8637

APPLICATION FOR CONTINUING EDUCATION (CE) PROGRAM PRIOR APPROVAL
(For instructors and presenters)

Before completing this form, please review the attached instructions for CE application. Details for program approval can be found in Chapter 5 of the board's rules regarding continuing education requirements and CE approval requests. You may access board rules online at the web address listed above.

Date of application: _____

Date(s) of proposed program (if known): _____

Name of presenter(s): _____

Sponsoring agency and address: _____

Contacts: Phone #: (____) _____ Email: _____

Title of program: _____

Location of program: _____

Web site address of program offering *(if available)*: _____

Category and number of CEU's requesting: _____

IMPORTANT NOTICE

Your confirmation on the program review will be a copy of this page, which will be sent to you within 45 days of receipt of your request for CE program approval. A program approval is valid for one year from the date of this approval. Any program corrections must be made and approved prior to program presentation.

FOR OFFICE USE ONLY:

Program Reviewer's Name _____

Approved on _____ Activity Number _____

_____ # of Contact Hours for Category I _____ # of Contact Hours for Category II

Denied on _____ Reason for denial: _____

**INSTRUCTIONS FOR COMPLETING CE APPLICATION
FOR CONTINUING EDUCATION (CE) PRIOR PROGRAM APPROVAL**

1. Complete and submit this application together with appropriate payment. Please note this office will not accept fax or email submissions of program approvals.

Submit to: Maine Board of Examiners of Psychologists, 35 State House Station, Augusta, ME 04333

2. A program that has been disapproved may be resubmitted **once**. It is advised that you forward all of the required information to insure an accurate and timely review. Carefully reviewing the board's rules will assist in your submission. A disapproval may be appealed, in writing, to the State Board of Examiners of Psychologists.
3. A program instructor may, at his or her discretion, deny part or all of any approved CE credit to a program participant for just cause. Just cause includes, but is not limited to, tardiness, non-participation, and non-attendance. If this occurs, the instructor must be prepared to defend his or her decision to the Board if it becomes necessary.
4. Application for CE prior approval should be submitted AT LEAST 45 days prior to the desired effective date of approval.

CRITERIA FOR CE PROGRAM APPROVAL

1. The program material is applicable to the field of psychology and has been reviewed or prepared by a licensed psychologist who asserts **in writing** that the program is suitable as professional continuing education.
2. The title of program is an accurate reflection of the material to be presented. Brief description of program is a clear and concise narrative of the material to be presented.
3. Learning goals are provided and reflect measurable outcomes that participants might expect to gain from attending this program.
4. An evaluation form that will be used is attached and includes a request for participants' view of the presenter's success at reaching the learning goals.
5. The duration of program (hours), category level and number of CE's requested are listed.
6. There is a statement confirming that participants will be given a certificate of attendance, which shall include at a minimum:
 - Name of the approved program provider
 - Title of the program
 - Date(s) of the program
 - Name of the participant
 - Activity number
 - Number of continuing education unit awarded (including Category)
 - Signature of instructor
 - A statement of approval, which states that the program has been approved by the State Board of Examiners of Psychologists.

Note: This is an abbreviated checklist please review the Board's Laws and Rules for specific requirements.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, ME 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.