



**APPLICATION  
FOR PSYCHOLOGY EXAMINATIONS**

**Division of Public Health**  
 Licensure Unit  
 P.O. Box 94986  
 Lincoln, Nebraska 68509-4986  
 (402) 471-4970 carrie.nielsen@nebraska.gov

(Print or Type)

**SECTION A - PERSONAL INFORMATION (All applicants must complete this section) – Name and Address are public information**

1. Name: (last/first/middle)	
2. Public Address: (PO/Street)	
(city/state/zip)	
3. Mailing Address (if different then above):	
3. Telephone Number:	
4. Date of Birth:	
5. Email address:	

Please complete the following to register for the **State Board-Developed Examination in Psychology**

Oral Examinations for the year **2017** will be administered on the dates indicated in the following chart. Please check the date on you wish to be scheduled. Deadline for application submission is the first Monday of the month in which you wish to test. The examination will begin at 10:00 a.m. and each candidate will be scheduled individually for approximately 15 minutes. Please be advised that after receiving your completed application, **we will forward the examination and admission letter to you for completion, approximately 30-days prior to your selected testing date.** At the time of testing, please bring your examination answer sheet and admission letter.

January	March	May	July	September	November
27	17	19	21	15	17

You must attach a recent frontal view (head & shoulders) photograph-measuring 2" X 3", for purposes of identification and admission to test.

Do you have a disability that requires any accommodations for taking the examination? \_\_\_ yes \_\_\_ no. If yes, an accommodation request form must be completed (This form is available from the Credentialing Division).

**EPPP Examination:** Please complete the following to register for the **EPPP Examination**

**I'm eligible to sit for the EPPP examination based upon my:**

- Provisional Psychology License Number \_\_\_\_\_ in Nebraska**
- Psychology Education and Internship. You must submit a full license application and applicable supportive documentation before your eligibility can be determined. The application may be printed at: <http://dhhs.ne.gov/publichealth/pages/crIPsychAppsReqsFees.aspx>**

**Once we have determined your eligibility, you'll be sent additional information on how to complete the registration process.**

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 Date