



## Credential Review Fee Payment Form

1200 New York Avenue NW Ste 800  
 Washington, DC 20005  
 Phone: 202-783-7663  
 Fax: 202-347-0550  
[www.nationalregister.org](http://www.nationalregister.org)

Please complete this form and return to the National Register with the **\$225 credential review fee**:

- By Fax: 202-347-0550
- By Mail: National Register of Health Service Psychologists  
 1200 New York Ave NW, Ste 800  
 Washington, DC 20005

**Contact Information:**

Name:		Degree:	
Primary Address: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Do Not Publish Contact Information			
City:	State:	Zip Code:	
Phone Number:		Fax Number:	
Email Address:			

**Payment Information:**

<input type="checkbox"/> I have enclosed a check payable to NATIONAL REGISTER <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Amount to Charge: <input checked="" type="checkbox"/> \$225 Credential Review Fee (non-refundable) <input type="checkbox"/> (Optional) Tax-deductible donation in the amount of \$_____ to benefit: <ul style="list-style-type: none"> <li><input type="checkbox"/> ECP Credentialing Scholarships</li> <li><input type="checkbox"/> Doctoral Student Credentialing Scholarships</li> <li><input type="checkbox"/> Judy E. Hall Early Career Award</li> <li><input type="checkbox"/> APF/National Register Internship Partnership Fund</li> </ul> Please visit <a href="http://www.NationalRegister.org">www.NationalRegister.org</a> for more information about these and other opportunities for charitable giving			
TOTAL AMOUNT: \$_____			
Credit Card Number:			
Cardholder Name:	Expiration Date:	Security Code:	
Street Address (if different than above):		City/State	Zip Code:



**Applicant Attestation Form**  
**National Register of Health Service Psychologists**

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Washington, DC 20005

Phone: 202-783-7663

Fax: 202-347-0550

[www.nationalregister.org](http://www.nationalregister.org)

Please read, complete, and sign the following before returning to the National Register.

APPLICANT NAME: \_\_\_\_\_

*Have you ever had any license to practice psychology disciplined in any manner (e.g. restricted, revoked, suspended, placed on probation, or required that your practice be supervised)? If yes, please describe on attached sheet.*

YES                       NO

*Have you ever previously applied to the National Register?*

YES                       NO

***Maintenance of Certification by the National Register***

Upon approval for certification, the applicant provides additional information needed to complete the database maintained on each Registrant. That information is used to develop the alphabetical and specialized listings for Registrants on [www.FindaPsychologist.org](http://www.FindaPsychologist.org). Upon the issuance of the National Register credential, each Registrant must comply with certain requirements to remain listed.

- Maintain active licensure/certification/registration in at least one state/province/territory at the independent practice level and submit copies of the renewed permits to practice in each jurisdiction to verify authorization to practice in applicable jurisdictions listed in the National Register database.
- Submit annual renewal payment in time to be received at the National Register's bank lock box by the applicable deadline (March 1 and November 1 are the two billing cycles deadlines).
- Complete and sign the annual attestation form that must be submitted with the renewal payment each year by the applicable deadline. In the interim, Registrants must report in writing within 30 days any failure to meet criteria for certification or other violations of the *Guidelines Concerning Withdrawal of the National Register Credential Due to Professional Conduct*.
- Submit changes in address, phone, fax and e-mail in writing, preferably within 30 days of effective date, in order to ensure that all communications from the National Register are received.

***Applicants Attestation***

"I hereby attest that all of the information submitted on this online application, and any further information required/requested in support of this application is true, correct and not misleading to the best of my knowledge. Permission is granted to contact any or all supervisors, educational and training institutions, licensing boards, and other relevant organizations (including their respective officers, directors, employees, and agents) that may possess any information and documentation both favorable and unfavorable needed to verify and/or clarify information concerning this application. I agree that there is no pending proceeding which may jeopardize my unrestricted psychology (or other mental health professional) license/certificate/registration in any jurisdiction. I agree to be bound by and comply with the National Register's Guidelines Concerning Removal of the National Register Credential Due to Professional Conduct (see Instruction Box on Main Menu of Online Application for direct link to this document)."

**Signature**

**Date**

**Name**