



## Request for Authorization to Test: Psychologist

### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
First Middle Last

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Driver License  
or State ID Card**

\_\_\_\_\_  
State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

### AFFIDAVIT

1. I meet the requirements outlined in **Utah Code Subsections 58-61-305 (3)(a) and (b)** to sit for the exam.
2. I understand that this application is for **authorization to take the exam**, and does not imply eligibility for licensure or grant authority to practice in the regulated field.
3. After passing the EPPP and the Utah Psychologist Law and Ethics Examination, I will submit a complete application for licensure.
4. I understand I must provide official transcripts documenting completion of an approved program with my earned degree and verify that all Psychology requirements for licensure are submitted to DOPL.

I declare under criminal penalty under the law of Utah pursuant to Utah Code 78B-18a-104 that the foregoing is true and correct.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
Date Month, Year City or other location and state or country

Signature of Applicant: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Submit this form to:

**In person or via express delivery:**  
 Division of Professional Licensing  
 Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
 160 E 300 S  
 Salt Lake City, UT 84111

**US Postal Service:**  
 Division of Professional Licensing  
 PO BOX 146741  
 Salt Lake City, UT 84114-6741