

**EXAMINATION FOR PROFESSIONAL PRACTICE IN
PSYCHOLOGY (EPPP)**

- I have received written notice, from the College, that my application file has been reviewed, and that I may register for the Examination for Professional Practice in Psychology (EPPP).

- I acknowledge that I understand all College policies and procedures related to the examination indicated above.

- I have read the materials posted by the Association of State and Provincial Psychology Boards about the EPPP, available at www.asppb.org.

- I have sent (or will be sending) payment of the required fee to the College.

Full Legal Name: _____

Today's Date: _____

- By completing and submitting this form, I acknowledge that my request to be scheduled for this examination is contingent upon a) my eligibility to take this examination, and b) payment of the required fee to the College. I understand that I will be informed by the College if any issues arise with respect to this request.