

Complete verifications must be mailed directly from the American Board of Professional Psychology to:

Board of Psychology
4052 Bald Cypress Way Bin C-05
Tallahassee, FL 32399-3255

Telephone: (850) 245-4373
Fax: (850) 414-6860



Board of Psychology ABPP Diplomate Verification

Part I: To be completed by applicant (Complete this part and send it to the American Board of Professional Psychology (ABPP) for completion by an ABPP organization official.)

Name: _____ Social Security #: _____

Address: _____

Diploma #: _____ ABPP Specialty: _____

I hereby authorize release of any information regarding my diplomate status to the Florida Board of Psychology.

Applicant Signature: _____ Date: _____
MM/DD/YYYY

Part II: To be completed by an official of the American Board of Professional Psychology and returned to the address above.

Specialty Area of Diploma: _____

Diploma #: _____ Issue Date: _____
MM/DD/YYYY

Is the applicant's diploma in good standing? Yes No

If "No," please explain:

Do you have any disciplinary action information on file regarding the licensee? Yes No

If "Yes," please explain:

Verified by:

Printed Name and Title: _____

Signature of Official: _____

Date Signed: _____
MM/DD/YYYY