



FOR OFFICE USE ONLY

BATES NUMBER

PCS PAYMENT

PES PAYMENT

INITIALS

COMMONWEALTH OF MASSACHUSETTS BOARD OF REGISTRATION OF PSYCHOLOGISTS

**MASSACHUSETTS PSYCHOLOGY EXAMINATION SCHEDULING FORM**

Record the information requested using a ballpoint pen or typewriter. Place a check in the appropriate box below.

FIRST TIME ☐

RE-EXAMINEE ☐

1. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. TYPE OF DEGREE: \_\_\_\_\_

e.g. Ph.D., Psy.D., Ed.D.

3. NAME

\_\_\_\_\_  
FIRST MIDDLE LAST

\_\_\_\_\_  
MAIDEN/PREVIOUS SUFFIX

4. DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

5. MOTHER'S MAIDEN NAME: \_\_\_\_\_

6. CORRESPONDENCE INFORMATION:

\_\_\_\_\_  
MAILING ADDRESS - LINE 1

\_\_\_\_\_  
MAILING ADDRESS - LINE 2

\_\_\_\_\_  
CITY STATE ZIP CODE + 4 FOREIGN POSTAL CODE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
Daytime Telephone Number Evening Telephone Number Fax Number

**7. CANDIDATES WITH DISABILITIES:** Candidates with a documented disability must receive approval from the Massachusetts Board of Registration of Psychologists to obtain a modification to the examination administration. Please submit your modification request along with supporting disability documentation to: Massachusetts Board of Registration of Psychologists, Division of Professional Licensure, 1000 Washington Street, Suite 710, Boston, MA, 02118-6100. Do not submit this Scheduling Form until you have received notification from the Board of their decision.

☐ Check this box only if you have received approval from the Board for special modifications.

## MASSACHUSETTS PSYCHOLOGY EXAMINATION SCHEDULING FORM

**8. EXAMINATION TYPE and FEE:** (Please check one below and send this form and fee to PCS)

- ☐ Massachusetts Jurisprudence Examination First Time -- Total first time PCS fee is \$282.
- ☐ Massachusetts Jurisprudence Examination Re-Take -- Total re-exam PCS fee is \$68.

**9. CANDIDATE AFFIDAVIT:** The contents of the examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination. I also agree that in the event my examination is lost, or if the examination is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I also understand that examination fees are non-refundable and non-transferable.

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Signature of Applicant

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Date

**Mail this form and fee to:**

**Professional Credential Services/MA PSY  
P.O. Box 198689  
Nashville, TN 37219-8689**

**toll free (877) U-TRY-PCS  
fax: (615) 846-0153  
Website: <http://www.pcshq.com>**

## MA PSYCHOLOGY

### FEES

MA PSYCHOLOGY FIRST-TIME APPLICANT	- \$282
RE-EXAMINEE	- \$ 68

Three payment options are available: Certified Check, Money Order, or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below

- ☐ Certified Check *(Please record your Social Security Number on the check)*
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one: ☐ Visa ☐ MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form**

*Note: This page will be shredded after payment is processed.*