

## 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](http://www.asppb.org).

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.