



The Commonwealth of Massachusetts
 Division of Professional Licensure
 1000 Washington Street Suite 710
 Boston, MA 02118-6100
 www.mass.gov/dpl
 617-727-3074

Mental Health Practitioner Emergency Temporary License Application

On March 10, 2020, Governor Charles D. Baker declared a State of Emergency in the Commonwealth to respond to the spread of COVID-19. To maximize the availability of mental health care services during this state of emergency, the Boards of Allied Mental Health and Human Services Professions, Social Workers, and Psychologists have been authorized to issue temporary licenses using a streamlined process without a fee to licensed out-of-state practitioners who are currently in good standing in their jurisdiction and have an equivalent license to one of the licenses listed below. The temporary emergency license is only valid during the state of emergency. Please see a copy of the Executive Order for more information.

You must complete this application in full. Please submit this application through email or mail at the appropriate address given at the end of this application. **The preferred method is through email.**

After the Board receives and approves your application, you will receive an approval letter with your temporary license number.

Applicant Information

Name: _____

Last

First

Middle

Street Address _____

City

State

Zip

Telephone Number: _____ Email Address: _____

Last four digits of Social Security number: XXX-XX-_____

Equivalent License Type

Please include your license number and state where it was issued below and check the box next to the equivalent license type. You may be required to provide proof that your license is equivalent to a license in Massachusetts. Please note that you must have a current license in good standing to receive a temporary license.

Name of License in Issuing State, License Number, and State:

Allied Mental Health and Human Services Professions:

- Mental Health Counselor Marriage and Family Therapist Rehabilitation Counselor
- Applied Behavior Analyst Assistant Applied Behavior Analyst
- Educational Psychologist

Social Workers:

- Licensed Independent Clinical Social Worker Licensed Certified Social Worker
- Licensed Social Worker Licensed Social Worker Associate

Psychologists:

- Psychologist – Health Service Provider Psychologist

Background Questions

1. Besides the license(s) noted above, do you hold or have you held any other professional license in any jurisdiction?

Yes: No:

Name of License(s) in Issuing State(s), License Number(s), and State(s):

For questions 2-6, if your answer is yes, please state details on a separate sheet.

2. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?

Yes: No:

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?

Yes: No:

4. Have you voluntarily surrendered a professional license to a licensing board in any jurisdiction?

Yes: No:

5. Have you ever applied for and been denied a professional license in any jurisdiction?

Yes: No:

6. Have you been convicted of a felony or misdemeanor in any jurisdiction?

Yes: No:

Attestation

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for registration is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Allied Mental Health and Human Services Professions, Social Workers, or Psychologists to suspend or revoke a license or registration issued to me in accordance with Massachusetts Law. I further agree that I will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of the profession for which a license is issued to me.

Name and Signature:

Signature of Applicant

Print Name

Date

Board Contact Information

Email Address (please put "Temporary License Application" in the subject line):

Allied Mental Health: amh.board@mass.gov
Social Workers: swboard@mass.gov
Psychologists: pyboard@mass.gov

Mailing Address:

Board of [Allied Mental Health and Human Services Professions], [Social Workers], or [Psychologists]
Attn: Temporary Licenses
Division of Professional Licensure
1000 Washington Street
Suite 710
Boston, MA 02118