

STATE BOARD OF PSYCHOLOGY

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Harrisburg, PA 17105-2649

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Courier Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR APPROVAL OF CORPORATE OR FICTITIOUS NAME
(APPL#863-110)

PLEASE NOTE: If your name includes the word "Associates," please include the names and qualifications of the other individuals included in the practice.

ATTACHMENT: Sections 41.26 and 41.27 of the regulations of the State Board of Psychology (49 Pa. Code §41.26 and 41.27) require Board approval of the name of your business **before** you file with the Corporation Bureau of the Department of State. Please attach to this application a copy of the document(s) you will be filing with the Corporation Bureau.

Application Fee: \$80.00 not refundable or transferable. If you do not receive the Board's approval for your corporate/fictitious name within one year from the date your application is received, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Make check payable to the "Commonwealth of Pennsylvania."

1. Provide the Proposed Corporate/Fictitious Name
(the name recorded here **must** match the name appearing on the attached document(s) that will be filed with the Corporation Bureau, including "LLC", "PC", etc.): _____

NOTE: If the proposed name limits the practice to a particular area of psychology (for example, "Neuropsychological Associates", "Clinical Psychologists", "Biofeedback Specialists"), please attach documentation of training in that area of the relevant service providers (degree, board certification, or other certification).

2. Proposed address of business: _____
Street

City State Zip Code

3. Telephone number: _____

4. Purpose/specific activities of the proposed business: _____

5. Does a licensed psychologist have an ownership interest in the proposed business? **YES** or **NO**

6. Provide information on the licensed psychologist(s) who will have an ownership interest in the business: (Submit additional names and information on 8 ½ x 11 sheet of paper if required)

A. Name: _____

License Number: _____ Expiration Date: _____

Address: _____

B. Name: _____
License Number: _____ Expiration Date: _____
Address: _____

C. Name: _____
License Number: _____ Expiration Date: _____
Address: _____

D. Name: _____
License Number: _____ Expiration Date: _____
Address: _____

7. **Information on employees and independent contractors who will deliver professional services through the business.** Attach documentation of training and education, including degrees, board certifications or other certifications of each person listed.

A. Name: _____
License Number: _____ Expiration Date: _____
Address: _____

Profession: _____

B. Name: _____
License Number: _____ Expiration Date: _____
Address: _____

Profession: _____

C. Name: _____
License Number: _____ Expiration Date: _____
Address: _____

Profession: _____

D. Name: _____
License Number: _____ Expiration Date: _____
Address: _____

Profession: _____

8. List the address where the Board's official correspondence should be sent:

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Owner

Date