

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

MEMORANDUM OF UNDERSTANDING
FOR SD/MC CONTRACT AGENCY STAFF

Unlicensed Psychologist **Out-of-State Licensed Psychologist**

I, _____, fully understand that
(Name of Staff)

psychologists and psychology candidates (persons in the profession of psychology) employed or under contract as a psychologist by a contractor of the Los Angeles County of Department of Mental Health, must be licensed by the California Board of Psychology or waived by the State Department of Health Care Services until they become licensed. Persons in the profession of psychology who are gaining experience for licensure, may be granted a waiver for up to five (5) years from the date of employment in the State of California to become licensed. Persons recruited from outside of California and whose experience is sufficient to gain admission to a licensing examination, may be granted a waiver by the State Department of Health Care Services for up to five (5) years prior to becoming licensed.

My engagement or employment as a psychologist or psychology candidate will begin on _____ at
(Date)

_____. I will be required to
(Name of Agency)

be licensed by _____.
(Date)

Upon receipt of a valid license, issued by the California Board of Psychology, I will provide my employer or agency with a photocopy of this license. Failure to obtain a license by the above date will result in the immediate inability to provide and claim for services, including but not limited to the cessation of providing services that require a license i.e. clinical assessments, psychological testing and psychotherapy.

(Signature)

(Date of Application)