



Government of the District of Columbia
Department of Health
Board of Psychology



**DC BOARD OF PSYCHOLOGY
ATTESTATION STATEMENT**

I affirm that I have read and understood the relevant provisions of the D.C. laws pertaining to the practice of psychology and mental health care in the District, specifically relating to the following:

1. Competency of Witness
2. Adult Protective Services
3. Mental Health Information
4. Report of Neglected Children
5. Hospitalization of the Mentally Ill
6. The Health Occupations Revision Act (HORA), D.C. Official Code §§ 1201 *et seq.* (2001)
7. D.C. Municipal Regulations for Psychology, 17 DCMR § 6900 *et seq.*
8. APA Code of Ethics

I understand that I may be required by the District of Columbia Board of Psychology within the next twelve (12) months to take the Jurisprudence Examination. The Board will provide me with a minimum of sixty (60) days' advance notice. Please signed form to Toylanda.Brown@dc.gov

Printed Name

Signature

Date