

§ 185-10-4910 Education and experience requirements for licensure.

- (1) To obtain a license, applicants must complete:
 - (a) A doctoral degree program as described in NMIAC § 185-10-4915
 - (b) A practicum of at least 300 hours as described in NMIAC § 185-10-4920; and
 - (c) An experience requirement consisting of no fewer than two (2) years supervised experience totaling 3,000 hours that includes:
 - (i) A minimum of 1,500 hours of supervised experience that must be completed as an internship experience as outlined in NMIAC § 185-10-4930.
 - (ii) The remaining 1,500 supervised hours may be obtained through:
 - (A) A pre-internship as described in NMIAC § 185-10-4925;
 - (B) A post-doctoral experience as described in NMIAC § 185-10-4935; or
 - (C) A combination of pre-internship and postdoctoral experience.
- (2) The order of supervised experience must be graduated from more intensive to less intensive supervision.

§ 185-10-4915 Doctoral Degree Program.

An applicant must possess a doctoral degree from a regionally accredited institution. Regional accreditation is awarded to an institution by one of the regional accrediting agencies, each of which covers a specified portion of the United States and its territories, or equivalent accreditation in another country, upon approval by the board.

- (1) The doctoral degree program must include:
 - (a) At least forty (40) semester credits, or sixty (60) quarter credits, of graduate courses in curriculum areas described in subsection (3) of this section.
 - (i) Courses must be clearly identified by title and course content as being part of an integrated psychology program.
 - (b) One (1) year in residency as described in subsection (4) of this section;
 - (c) Completion of an original dissertation which is psychological in nature and endorsed by the program; and
 - (d) An organized, sequential, and coordinated practicum and internship experience as described in NMIAC § 185-10-4920 and § 185-10-4930.
- (2) The curriculum requirements: The doctoral degree program must encompass a minimum of three (3) academic years of full-time graduate study or the equivalent.
- (3) The applicant must complete three (3) or more semester credits, or five (5) or more quarter credits, of core study in each of the following content areas:

- (a) Biological bases of behavior. For example: Physiological psychology, comparative psychology, neural bases of behavior, sensation and perception, and biological bases of development;
 - (b) Cognitive-affective bases of behavior. For example: Learning, thinking, motivation, emotion, and cognitive development;
 - (c) Social bases of behavior. For example: Social psychology, organizational theory, community psychology, and social development;
 - (d) Individual differences. For example: Personality theory and psychopathology;
 - (e) Scientific and professional ethics;
 - (f) History and systems of psychology;
 - (g) Statistics and psychometrics;
 - (h) Research design and methodology;
 - (i) Techniques of data analysis;
 - (j) Human development. For example: Developmental psychology, child development, adult development, and aging;
 - (k) Cultural and individual differences and diversity;
 - (l) Psychopathology and dysfunctional behaviors;
 - (m) Theories and methods of assessment and diagnosis-minimum of two (2) courses;
 - (n) Effective psychological intervention and evaluation of the efficacy of interventions-minimum of three (3) courses; and
 - (o) Psychopharmacology.
- (4) Doctoral degree programs accredited by the American Psychological Association (APA), or the Canadian Psychological Association (CPA) are recognized as having met the minimum education requirements.
- (5) Residency requirement:
- (a) The doctoral degree program must involve at least one (1) continuous year of full-time residency at the institution which grants the degree or a minimum of 750 hours of student-faculty contact involving face-to-face individual or group educational meetings.
 - (b) Effective upon the adoption of the 2021 revisions, applicants who can verify that they enrolled in their program prior to June 3, 2021, may apply with a residence of 500 hours. In this circumstance, one (1) continuous year means a minimum of 500 hours of student-faculty contact involving face-to-face individual or group educational meetings. Such educational meetings must include both faculty-student and student-student interaction, be conducted by the psychology faculty of the institution as documented by the applicant and the institution and relate substantially to the program components specified. Applicants applying under this provision shall submit full documentation that they have met this requirement, which must include a detailed description of the content of the 500 hours of educational meetings and be verified by the administration of the doctoral program.

- (c) Educational meetings:
 - (i) Must include both faculty-student and student-student interaction;
 - (ii) Be conducted by the psychology faculty of the institution at least 75% of the time;
 - (iii) Be fully documented by the institution and the applicant; and
 - (iv) Relate substantially to the program components specified.

§ 185-10-4920 Practicum

Applied experience: The doctoral degree program required in NMIAC § 185-10-4915 must include a practicum of at least two (2) semesters or three quarters ($\frac{3}{4}$) and at least 300 hours of direct experience, 100 hours of which must be in supervision. Supervision must include the following:

- (1) Discussion of services provided by the student;
- (2) Selection of service plan for and review of each case or work unit of the student;
- (3) Discussion of and instruction in theoretical concepts underlying the work;
- (4) Discussion of the management of professional practice and other administrative or business issues;
- (5) Evaluation of the supervisory process by the student and the supervisor;
- (6) Discussion of coordination of services among the professionals involved in the cases or work units;
- (7) Discussion of relevant state laws and rules;
- (8) Discussion of ethical principles including principles applicable to the work;
- (9) Review of standards for providers of psychological services; and
- (10) Discussion of reading materials relevant to cases, ethical issues, and the supervisory process.

§ 185-10-4925 Pre-internship

A pre-internship experience occurs between the practicum required by NMIAC § 185-10-4925 and internship required by NMIAC § 185-10-4930. A pre-internship can include up to 1,500 hours of supervised experience but is not required. If pre-internship experience is used to satisfy the experience requirement of NMIAC § 185-10-4910(1)(c), it must meet the following requirements:

- (1) Before beginning the program, the student, the doctoral program, and the pre-internship program must agree on and document the goals, the student's expectations, and the methods of the pre-internship experience. The goals must meet the requirements of this section.
- (2) Every twenty (20) hours of pre-internship experience must include the following:
 - (a) At least two (2) hours of regularly scheduled, formal, face-to-face individual supervision that addresses the direct psychological services provided by the student; and

- (b) At least two (2) hours of other learning activities such as case conferences, seminars on applied issues, conducting co-therapy with a staff person including discussion of the case, and group supervision.
- (3) At least 60% of the pre-internship experience must be direct client contact providing assessment and intervention services.
- (4) The pre-internship experience must be supervised by a licensed psychologist with two (2) years post-license experience who is primarily responsible for the assigned casework.
 - (a) The primary supervisor should be on site as well as a (w-9) employee or in contract status with the agency. The board could grant an exception or waiver of this requirement provided that the supervisee and the post-doctoral supervisor petition the board prior to the start of the pre-internship with their reasoning for why the supervisor could not be on site and an employee of the agency and suggest an alternative procedure to ensure the supervisee is getting appropriate supervision and the public is protected. If a waiver is granted, the supervisor will routinely, on a fixed schedule, visit the site and conduct face-to-face supervision. Also, the supervisee will travel to the supervisor and have face-to-face supervision at that site.
 - (b) At least 75% of the supervision must be by a licensed psychologist with two (2) years post-license experience and is primarily responsible for the supervision and ability to delegate the other 25% of time to the other professional noted below in (b). The primary supervisor and delegated supervisor must coordinate and discuss the application.
 - (c) Up to 25% of the supervision may be completed by the following:
 - (i) A psychiatrist(s) with three (3) years' experiences beyond residency;
 - (ii) A licensed mental health counselor(s) with five (5) years' post-license experience;
 - (iii) A licensed marriage and family therapist(s) with five (5) years post-license experience;
 - (iv) A licensed advanced social worker(s) or licensed independent clinical social worker(s) with five (5) years' post-license experience; or
 - (v) A doctoral level psychologist(s) with four (4) years post-doctoral experience.
 - (d) Supervision of the pre-internship experience must include the following:
 - (i) Discussion of services provided by the student;
 - (ii) Selection of service plan for and review of each case or work unit of the student;
 - (iii) Discussion of and instruction in theoretical concepts underlying the work;
 - (iv) Discussion of the management of professional practice and other administrative or business issues;
 - (v) Evaluation of the supervisory process by the student and the supervisor;
 - (vi) Discussion of coordination of services among the professionals involved in the cases or work units;

- (vii) Discussion of relevant state laws and rules;
- (viii) Discussion of ethical principles including principles applicable to the work;
- (ix) Review of standards for providers of psychological services; and
- (x) Discussion of reading materials relevant to cases, ethical issues, and the supervisory process.

§ 185-10-4930 Internship

Applicants must successfully complete an organized internship as part of the doctoral degree program described in NMIAC § 185-10-4915.

- (1) The internship must include at least 1,500 hours of supervised experience and be completed within twenty-four (24) months.
- (2) The internship program must:
 - (a) Be accredited by the American Psychological Association (APA); or
 - (b) Be a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC); or
 - (c) Meet the following requirements:
 - (i) Organization of the internship program.
 - (A) The internship must have a written statement or brochure describing the goals and content of the internship, stating clear expectations and quality of student work, and made available to prospective interns.
 - (B) A psychologist licensed by the appropriate state or provincial licensing authority must be clearly designated as responsible for the integrity and quality of the internship program.
 - (C) Interns must use titles indicating their training status.
 - (ii) Content of the internship program.
 - (A) The internship must be designed to provide a planned sequence of training experiences focusing on breadth and quality of training. Supervision and training related to ethics must be ongoing.
 - (B) At least 25% of the internship experience must be in direct client contact providing assessment and intervention services.
 - (C) For every forty (40) hours of internship experience, the student must receive:
 - (I) At least two (2) hours of regularly scheduled, formal, face-to-face individual supervision that addresses the direct psychological services provided by the intern; and

- (II) At least two (2) hours of other learning activities such as case conferences, seminars on applied issues, conducting co-therapy with a staff person including discussion of the case, and group supervision.
- (iii) Supervision of the internship experience.
- (A) The internship setting must have two (2) or more clinical supervisors trained in psychology, at least one (1) of whom is licensed as a psychologist.
 - (B) The internship experience must be supervised by a licensed psychologist who is primarily responsible for the assigned casework.
 - (I) At least 25% of the supervision must be by a licensed psychologist with two (2) years post-license experience.
 - (II) Up to 25% of the supervision may be completed by the following:
 1. A psychiatrist(s) with three (3) years' experiences beyond residency;
 2. A licensed mental health counselor(s) with five (5) years post license experience.
 3. A licensed marriage and family therapist(s) with at least five (5) years post-license experience;
 4. A licensed advanced social worker(s) or licensed independent clinical social worker(s) with five (5) years' post-license experience; or

§ 185-10-4935 Post-Doctoral supervised experience.

A total of 3,000 hours of supervised experience must be completed, of which a minimum of 1,500 hours of supervised experience must be obtained after the receipt of the doctoral degree.

- (1) Hours of Supervised Experience.
 - (a) Each year (or equivalent) shall be comprised of no less than ten (10) months, but no more than twenty-four (24) months, and at least 1,500 hours of professional service including direct client contact, supervision, and didactic training;
 - (b) One (1) year may be a doctoral internship which consists of a minimum of 1,500 hours of actual work experience (exclusive of holidays, sick leave, vacations, or other such absences);
 - (c) At least 50% of the supervised experience must be in service-related activities such as treatment/intervention, assessment, interviews, report writing, case presentations, or consultations;
 - (d) At least 50% of service-related activities shall be direct client contact; a maximum of forty-five (45) hours per week, including supervision time, may be credited toward meeting the supervised experience requirement;
 - (e) Supervision shall be provided 10% of the total time worked per week;

- (f) A minimum of two (2) hours per week of supervision, one (1) hour of which is individual face-to-face, in-person supervision by a licensed psychologist. At the Board's discretion tele-supervision may be approved.
- (2) Organization of the post-doctoral supervised experience.
- (a) The supervisor is ethically and legally responsible for all supervised work covered by the supervision agreement. Therefore, the supervisor has authority to alter service plans and direct the course of psychological work.
 - (b) Supervisees must use titles indicating their training status, such as "psychological resident," "psychology intern," or "psychology supervisee."
 - (c) Clients must be informed of the identity and responsibilities of the supervisor and how they can speak directly to the supervisor.
 - (d) Services rendered by the supervisee must not be represented to third parties as having been rendered by the supervisor. Insurance forms must be filled out indicating the nature of the supervisory relationship.
- (3) The supervisor and supervisee must have a written agreement for supervision, including:
- (a) The area(s) of professional activity in which supervision will occur;
 - (b) Hours of supervision and/or ratio of supervision to professional activity;
 - (c) Fees for supervision, if any;
 - (d) Processes for supervision including mode(s) of supervision, expectations for recordkeeping, evaluation, and feedback;
 - (e) Relevant business arrangements;
 - (f) How the supervisee will represent himself or herself; and
 - (g) How disagreements will be handled.
- (4) Mode of supervision.
- (a) The preferred mode of supervision is face-to-face discussion between the supervisor and the supervisee.
 - (b) The nature of the supervision may depend on the following:
 - (i) The theoretical orientation of the supervisor;
 - (ii) The training and experience of the supervisee; and
 - (iii) The duration of the supervisory relationship.
- (5) Some direct observation of the supervisee's work is required, and the supervisor may use the following:

- (a) Detailed process notes and progress reports;
 - (b) Audio and/or videotapes;
 - (c) Client supplied information such as behavioral ratings; and
 - (d) One-way mirror observation.
- (6) Supervised experience must be appropriate to the area(s) of professional activity the person intends to practice.
- (7) There must be at least one (1) hour of individual supervision for every twenty (20) hours of psychological work.
- (8) The supervisor and the supervisee must keep records of experience and supervision hours.
- (9) At the end of the supervision period, the supervisor must prepare and forward to the board a written evaluation, including written certification of successfully completed supervised hours of psychological work and any hours not successfully completed. If any hours were not successfully completed, the board may require additional hours of supervision.
- (10) Supervision of the post-doctoral supervised experience.
- (a) At least 50% of the post-doctoral supervision must be provided by a licensed psychologist with two (2) years post-license experience who is the primary supervisor and is responsible for the supervision and could then delegate up to 50% to another professional in (10) (b) (i-iii).
 - (b) Up to 50% of the supervision may be provided by the following:
 - (i) A licensed psychologist with two (2) years post-license experience;
 - (ii) A psychiatrist with three (3) years experiences beyond residency;
 - (iii) A licensed mental health counselor, a licensed marriage and family therapist, a licensed advanced social worker, or a licensed independent clinical social worker, if the supervisor has five (5) years post-license experience.
 - (c) The primary post-doctoral supervisor must be on site as well as a (w-9) employee or in contract status with the agency. The board could grant an exception or waiver of this requirement provided that the supervisee and the post-doctoral supervisor petition the board prior to the start of the pre-internship with their reasoning for why the supervisor could not be on site and an employee of the agency and suggest an alternative procedure to ensure the supervisee is getting appropriate supervision. If a waiver is granted, the supervisor will routinely, on a fixed schedule, visit the site and conduct face-to-face supervision. Also, the supervisee may travel to the supervisor and have face-to-face supervision at that site.
- (11) Supervision must include the following:
- (a) Discussion of services provided by the student;
 - (b) Selection, service plan, and review of each case or work unit of the student;
 - (c) Discussion of and instruction in theoretical concepts underlying the work;

- (d) Discussion of the management of professional practice and other administrative or business issues;
 - (e) Evaluation of the supervisory process by the student and the supervisor;
 - (f) Discussion of coordination of services among the professionals involved in the cases or work units;
 - (g) Discussion of relevant State laws and rules;
 - (h) Discussion of ethical principles including principles applicable to the work;
 - (i) Review of standards for providers of psychological services; and
 - (j) Discussion of reading materials relevant to cases, ethical issues, and the supervisory process.
- (12) Tele-supervision and Supervisory contact.
- (a) In-person supervision must account for at least 50% of any postdoctoral supervision used toward the required 3,000 hours of supervised experience for licensure.
 - (b) Tele-supervision or telephonic supervision may account for no more than 50% of post-doctoral supervision hours.
 - (c) The supervisor must have a formal policy addressing the utilization of Tele-supervision or telephonic supervision.
 - (d) Tele-supervision or telephonic supervision does not account for more than 50% of the total supervision at the site.
 - (e) The doctoral training program shall have a formal policy addressing its utilization of Tele-supervision or telephonic supervision that includes:
 - (i) an explicit rationale for using Tele-supervision or telephonic supervision;
 - (ii) how and when Tele-supervision or telephonic supervision is utilized in clinical training;
 - (iii) how it is determined which trainees can participate in Tele-supervision or telephonic supervision;
 - (iv) how an off-site supervisor maintains full professional responsibility of clinical cases;
 - (v) how non-scheduled consultation and crisis coverage are managed; and
 - (vi) how privacy and confidentiality of the client and trainees are assured.
 - (vii) any licensed Psychologist providing tele-supervision from outside the CNMI must be licensed by the Board and, if providing services for a fee, must have a CNMI business license to conduct business in the CNMI.

A person may apply to do more than 50% tele-supervision by requesting in writing their reasons for needing more than 50% tele-supervision. The board may grant or deny any such request at its sole discretion.



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
 P.O. Box 502078, Bldg., 1242 Pohnpei Court
 Capitol Hill, Saipan, MP 96950
 Tel No: (670) 664-4808/4809 Fax: (670) 664-4814
 Email: info@cnmilicensing.gov.mp
 Website: www.cnmilicensing.gov.mp

Attach a recent 2x2 ID photo here taken within 6 months of the application.

APPLICATION FOR LICENSE TO PRACTICE
Psychology

| | | |
|----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Endorsement | <input type="checkbox"/> Temporary |
|----------------------------------|--------------------------------------|------------------------------------|

| | | | | |
|---|--|--|-------------------------------|--|
| APPLICATION INFORMATION – Please Type or Print | | | HCPLB STAFF USE ONLY | |
| | | | Date Received: | |
| 1. Last: | First: | Middle: | 2. Social Security No: | |
| 3. Birthdate: (Mo/Day/Yr.) | 4. Color of Eyes: Color of Hair: | 5. Height: Weight: | 6. Sex: | |
| 7. Mailing Address: | | 8. Email Address: | | |
| 9. Residence Address: | | 10. Phone No: (W): (H): | | |
| 11. NPI # (if available): | 12. Specialty: | 13. Citizenship: ____ U.S. ____ Other Specify: | | |

14. EDUCATION – (Provide an original, notarized or certified copy of your degree)

| Name of Schools | Location (City/State or Country) | Degree Earned | Dates (Mo/Yr.) | |
|-----------------|-------------------------------------|---------------|----------------|----|
| | | | From | To |
| | | | | |
| | | | | |
| | | | | |

15. EXAMINATION – (List examination(s) you have taken and passed)

| Examination | Date | Result (Pass/Fail) |
|-------------|------|--------------------|
| | | |
| | | |
| | | |
| | | |

16. EXPERIENCE

| Name of Place | Location (City/State or Country) | Dates (Mo/Yr.) | |
|---------------|----------------------------------|----------------|----|
| | | From | To |
| | | | |
| | | | |
| | | | |

17. LICENSES – (List of all jurisdiction where you are licensed or applied for a license.)

| Name of Jurisdiction | Date Issued | Expiration Date | License Number | Current Status |
|----------------------|-------------|-----------------|----------------|----------------|
| | | | | |
| | | | | |
| | | | | |

18. Name/Address of Intended Employment within the CNMI **Will you be practicing telehealth from off island?**

| | |
|--|------------------------------|
| | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| | |

If you answer "yes" for any of items 19-34 you must attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. (Include Findings of Fact, Conclusion of Law, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)

| | | |
|--|---------------------------------|--------------------------------|
| 19. Have you ever been charged with, or been found to have committed dishonorable, unprofessional conduct, negligence, incompetence, misconduct, or repeated negligent acts by any licensing board, other agency, or clinic? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Has a claim or an action ever been filed against you for your profession which resulted in a settlement, judgment, or arbitration award of \$25,000 or more? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Has any licensing board, other agency, or disciplinary authority refused to issue you a license, renew your license, suspended, revoked, accepted surrender of your license, placed on probation or conditioned your license, held by you now or previously, or ever fined or otherwise disciplined you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Is there any ongoing or pending investigation against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Is there any disciplinary action pending against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Has any clinic or training program restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Has your ability to practice your profession in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Have you used or are you currently using any chemical substances(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice your profession in a safe and competent manner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Have you been treated for or had a recurrence or a diagnosed addictive disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice your profession safely? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Do you have any other condition in which in any way impairs or limits your ability to practice your profession safely? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Have you ever been found guilty, pleaded guilty, no contest, or nolo contendere to a crime involving moral turpitude or crime related to your profession, or felony in any court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Is criminal action pending against you in any court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Are you required to register as a Sex Offender? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Do you plan to engage in telemental health services from outside the CNMI? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

35. DECLARATION:

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content hereof. I declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice a health profession in the Commonwealth of the Northern Mariana Islands. I further certify that I have read and will abide by P.L. 15-105 and the HCPLB Regulations.

Signature of Applicant

Date

Please complete the application form and attach all original, certified or notarized documents and a non-refundable application fee of \$100.00 (money order or cashier's check make payable to "CNMI Treasurer"). Do not send cash.

2024

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (print name), do hereby authorize a disclosure of records concerning myself to the Health Care Professions Licensing Board (HCPLB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the HCPLB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the HCPLB relating to substance abuse or dependence and/or mental health.

I further agree that the HCPLB may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Post-graduate training (internship, residency, and fellowship) records, including records or any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the HCPLB deems reasonably necessary for the purposes set forth in this release.

Release of Liability:

I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the HCPLB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the HCPLB, the Commonwealth of the Northern Mariana Islands, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization to Release Information".

Signature of Applicant

Date