

STATE BOARD OF PSYCHOLOGY

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-7155
Fax: (717) 787-7769
Website: www.dos.pa.gov/psych
E-Mail: st-psychology@pa.gov

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

**APPLICATION TO PRACTICE PSYCHOLOGY FOR PERSONS
LICENSED IN OTHER STATES (APPL#863-109)**

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

1. REQUIREMENTS

- A. Hold a current license or certificate to practice psychology issued by a statutory board of psychologists examiners of a state with requirements for licensure which are deemed by the Board to be equivalent to those of the Board;

PLEASE NOTE: You are required to maintain an active/current license in at least one other state until your Pennsylvania license is issued.

- B. Meet one of the following requirements:

1. Hold a current Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB);
2. Hold a current National Register of Health Service Providers in Psychology (National Register) Credential;
3. Been awarded a doctoral degree that, within 1 year from the award of the doctoral degree, meets one of the following criteria: 1) accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA); 2) designated by the ASPPB/National Register Designation Project; or 3) offered by a foreign college or university whose standards are equivalent to the ASPPB/National Register Designation Project Criteria;

Please note: Section 41.31(b)(4) of the Board's regulations allows first-time applicants who were enrolled prior to July 1, 2008 in a graduate degree program in psychology, which was not APA accredited or designated by ASPPB/National Register Designation Project, to be evaluated under the regulations in effect at the time of enrollment. **PLEASE NOTE: As per §41.1 of the Board's regulations, the Board is unable to approve applicants with a doctoral degree from a college/university that is not regionally accredited;** and

Passed the written examination (EPPP) prepared by the ASPPB with a score equivalent to or higher than the passing score then prevailing in this Commonwealth or have been licensed by grandfathering prior to May 23, 1974.

AND

Meet one of the following supervised experience requirements based upon when the experience began:

1. If experience began on or before December 5, 2010 – at least 1,500 hours of supervised experience completed in accordance with the Board's regulations.
2. If experience began on or after December 6, 2010 – at least 12 months consisting of at least 1750 hours of supervised experience completed in accordance with the Board's regulations.

Please note: If you did not complete the required supervised experience prior to becoming licensed in another state, you must complete the required hours of experience under the supervision of a licensed psychologist prior to becoming licensed in Pennsylvania. Please note that post-licensure psychology experience obtained in a state where you hold a license may not be accepted. Applicants have the burden to prove that the post-licensure experience was supervised and completed in accordance with the Board's regulations.

2. APPLICATION CHECKLIST

A. Persons Licensed in Other States who possess a current CPQ or National Register Credential

- Complete pages 1, 2 and 3 of the application.

If any documentation submitted in connection with this application will be received in a name other than the name under which you are applying, you must submit a copy of the legal document(s) indicating the name change (i.e., marriage certificate, divorce decree which indicates the retaking of your maiden name; legal document indicating the retaking of a maiden name, or court order).

- \$105.00 Application Fee – Check or money order made payable to the Commonwealth of Pennsylvania. Fees are not refundable or transferable. If you do not receive the Board's approval to sit for the examination 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.
- The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)
- Request a current CPQ be submitted directly from ASPPB **OR** request a National Register Credential be submitted directly from the National Register.
- Have **all** out-of-state licensing authorities in which you hold or have held a license to practice psychology submit a letter of good standing directly to the Pennsylvania State Board of Psychology with state seal affixed to the letter.
- If applicable, the Board must receive verification of any license, certificate, permit, registration or other authorization to practice any other health-related profession directly from the state or jurisdiction. *PLEASE NOTE: The Board does NOT need to receive verification for licenses issued by one of the licensing boards within the Pennsylvania Bureau of Professional and Occupational Affairs.*
- Provide a Self-Query from the National Practitioner Data Bank completed within 90 days of submission of this application to the Board. A Self-Query can be requested online at www.npdb.hrsa.gov. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
- A Criminal Background Check from the state in which you reside must be submitted. The criminal background check must be completed within 90 days of submission of this application to the Board. Pennsylvania background checks may be obtained at <https://epatch.state.pa.us> or from the Pennsylvania State Police Central Repository, 1800 Elmerton Ave., Harrisburg, PA 17110-9758, (717) 783-5593. (If you reside outside of Pennsylvania, you must contact the State Police from your jurisdiction.)
- A Child Abuse History Clearance completed by the Pennsylvania Department of Human Services, Child Line. The report must be dated within 90 days from the date this application is received in the Board office. The Pennsylvania Child Abuse History Clearance Form (CY 113) is available on the Department of Human Services web site at www.dhs.pa.gov. To check on the status of a request for the Child Abuse Clearance call 717-783-6211.

B. Persons Licensed in Other States who do not possess a current CPQ or National Register Credential

- Complete pages 1, 2 and 3 of the application.

If any documentation submitted in connection with this application will be received in a name other than the name under which you are applying, you must submit a copy of the legal document(s) indicating the name change (i.e., marriage certificate, divorce decree which indicates the retaking of your maiden name; legal document indicating the retaking of a maiden name, or court order).

- \$105.00 Application Fee – Check or money order made payable to the Commonwealth of Pennsylvania. Fees are not refundable or transferable. If you do not receive the Board's approval to sit for the examination

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.

- The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)
- Request official transcript of your doctoral degree to be sent to the Board directly from the school in an official sealed school envelope. The Board is unable to accept transcripts marked “Issued to Student” or transcripts submitted by the applicant.
- Request Director of Clinical Training for doctoral program to complete “Verification of Doctoral Program Accreditation/Designation Status and Pre-Doctoral Internship” form on page 4 and place it and any attachment in an envelope with the signature of the Director of Clinical Training over the envelope seal.

OR

If the doctoral degree program is not APA accredited or ASPPB designated (***must have been enrolled in the program prior to July 1, 2008***), request Director of Clinical Training to compile doctoral program information identified on page 5 and 6 and complete the chart on page 7. The Board will not review the application until this material is received. ***(Documentation must be labeled as directed on the Doctoral Program Information form. Failure to submit the documentation as instructed may result in a delay with the Board’s review of your application.)***

- If supervised experience began on or before December 5, 2010, complete Part A of the “Verification of Supervised Experience” form on page 8 and request that your supervisor(s) complete all of Part B (pages 8, 9, 10 and 11). The “Verification of Supervised Experience” form must be received in the Board office in a sealed envelope with the supervisor’s signature over the envelope seal.

OR

If supervised experience began on or after December 6, 2010, complete Part A on the “Verification of Supervised Experience” form on page 12 and request that your supervisor(s) complete all of Part B (pages 12, 13, 14 and 15). The “Verification of Supervised Experience” must be received in the Board office in a sealed envelope with the supervisor’s signature over the envelope seal.

Please note: If you are unable to have your supervisor complete the form, please submit a signed written statement outlining the reason why it is not possible for the supervisor to complete the form. In lieu of the completed Verification of Supervised Experience form, the Board must receive documentation of your supervised experience directly from the state in which you were initially licensed. The Board will review the documentation to determine whether you meet the experience requirements in Pennsylvania.

- Complete the EPPP Score Transfer Service to request the transfer of the EPPP score at the following website: <http://www.asppb.net/?page=ScoreTransfer>
The score must be at the passing level of Pennsylvania applicants who took the examination at the same time. If out-of-state licensure was granted without examination under a grandparenting provision, have the licensing authority confirm this procedure in writing to the Board.
- Have all out-of-state licensing authorities in which you hold or have held a license to practice psychology submit a letter of good standing directly to the Pennsylvania State Board of Psychology with state seal affixed to the letter.
- If applicable, the Board must receive verification of any license, certificate, permit, registration or other authorization to practice any other health-related profession directly from the state or jurisdiction. **PLEASE NOTE: The Board does NOT need to receive verification for licenses issued by one of the licensing boards within the Pennsylvania Bureau of Professional and Occupational Affairs.**

- Provide a Self-Query from the National Practitioner Data Bank completed within 90 days of submission of this application to the Board. A Self-Query can be requested online at www.npdb.hrsa.gov. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
- A Criminal Background Check from the state in which you reside must be submitted. The criminal background check must be completed within 90 days of submission of this application to the Board. Pennsylvania background checks may be obtained at <https://epatch.state.pa.us> or from the Pennsylvania State Police Central Repository, 1800 Elmerton Ave., Harrisburg, PA 17110-9758, (717) 783-5593. (If you reside outside of Pennsylvania, you must contact the State Police from your jurisdiction.)
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3. Information

- A. Any change in disciplinary status between the date of submission of the application and the date of passing the examination must be reported to the Board in writing.
- B. Approval to sit for the PPLE examination is a two-step process:
 - 1. The application and license credentials must be evaluated and **approved** by the Board. This is accomplished by submitting the license application and required fee to the Board Office:

Mailing Address:
 State Board of Psychology
 P.O. Box 2649
 Harrisburg, PA 17105-2649

Courier Address (if using a mailing service that requires a street address):
 State Board of Psychology
 2601 North Third Street
 Harrisburg, PA 17110

- 2. After the State Board has approved an application, the State Board will notify Professional Credential Services, Inc. (PCS) of the approval. PCS will forward a scheduling form to the candidate for completion. Once the completed form and required fee is returned to PCS, an Authorization Letter will be issued giving the candidate 90 days to sit for the PPLE examination. The PPLE examination is administered at PSI Testing Centers. The PPLE is given on a daily basis.

Professional Credential Services, Inc.
 15- Fourth Avenue North
 Suite 700
 Nashville, TN 37219

Phone: 1-877-887-9727

4. Temporary Permission to Practice

The Pennsylvania State Board of Psychology will issue a 3-month temporary permit to practice psychology in Pennsylvania to individuals who hold a current/active license in another state and who have received the Board's approval to sit for the PPLE examination. Please indicate on page 1 of the application whether you wish to receive a 3-month temporary permit.

STATE BOARD OF PSYCHOLOGY

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Fax: (717) 787-7769

APPLICATION TO PRACTICE PSYCHOLOGY FOR PERSONS LICENSED IN OTHER STATES (APPL#863-109)

INITIAL APPLICATION FEE: \$105.00 PAYABLE TO THE COMMONWEALTH OF PENNSYLVANIA. FEES ARE NOT REFUNDABLE OR TRANSFERABLE. IF YOU DO NOT RECEIVE THE BOARD'S APPROVAL TO SIT FOR THE EXAMINATION 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.

1. Name _____ (Last) (First) (Middle)	
2. Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the other name or names: _____	
3. Address _____ (Street) _____ (City) (State) (Zip Code) <i>The address you provide is the address that will be associated with this application to which all correspondence will be mailed. Please note that licenses are not forwardable.</i>	
4. Telephone _____ Fax _____	
5. E-Mail Address _____	
6. Date of Birth _____	7. Social Security Number _____
8. Name of the College/University where doctoral degree was obtained _____ _____ Date of graduation (mm/yyyy) _____	
9. Are you applying for a PA psychology license with a current CPQ issued by ASPPB? YES <input type="checkbox"/> NO <input type="checkbox"/>	
10. Are you applying for a PA psychology license with a current National Register Credential? YES <input type="checkbox"/> NO <input type="checkbox"/>	
11. Have you previously passed the Examination for Professional Practice in Psychology (EPPP)? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the state which authorized you to take the EPPP. _____ <i>You must request an EPPP Score Transfer from ASPPB (www.asppb.net).</i>	
12. Do you wish to receive a 3-month temporary permit upon approval of this application? YES <input type="checkbox"/> NO <input type="checkbox"/>	

13. Name state where initial license to practice psychology was issued. _____
 Date initial license was issued _____.
 List any other state, territory or country where you hold or have held a license/certificate to practice psychology.

Have all licensing authorities in which you hold or have held a license submit a letter of good standing directly to the Pennsylvania State Board of Psychology with state seal affixed to the letter.

		YES	NO
14.	<p>Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any other health-related profession in any state or jurisdiction? If you answered YES to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.</p> <p>_____</p> <p>_____</p> <p>The Board must receive verification of any license, certificate, permit, registration or other authorization to practice any other health-related profession directly from the state or jurisdiction. <i>PLEASE NOTE: The Board does NOT need to receive verification for licenses issued by one of the licensing boards within the Pennsylvania Bureau of Professional and Occupational Affairs.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you answer YES to any of the following questions, provide complete details as well as copies of relevant documents to the Board office.</i>		YES	NO
15.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, include any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

Applicant's Statement:

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.

Applicant's Signature

Date

DOCTORAL PROGRAM INFORMATION

DEGREE HOLDERS FROM A FOREIGN COLLEGE OR UNIVERSITY MUST HAVE AN EVALUATION COMPLETED BY THE NATIONAL REGISTER. THE CONTACT INFORMATION FOR THE NATIONAL REGISTER IS PROVIDED BELOW:

National Register
Attn: Laura Rhymes
1120 G Street, NW Ste 330
Washington, DC 20005

laura@nationalregister.org
202-783-7663 (Voice)
202-347-0550 (Fax)
www.nationalregister.org

FIRST-TIME APPLICANTS WHO WERE ENROLLED IN A DOCTORAL DEGREE PROGRAM THAT WAS NOT ACCREDITED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) OR DESIGNATED BY THE ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS (ASPPB)/NATIONAL REGISTER DESIGNATION PROJECT AT A REGIONALLY ACCREDITED U.S. COLLEGE OR UNIVERSITY PRIOR TO JULY 1, 2008, MUST SUBMIT THE FOLLOWING INFORMATION. EACH ITEM LISTED BELOW MUST BE CLEARLY LABELED WITH THE ATTACHMENT NUMBER INDICATED. FAILURE TO SUBMIT THE DOCUMENTATION AS INSTRUCTED MAY RESULT IN A DELAY WITH THE BOARD'S REVIEW OF YOUR APPLICATION.

In order for the Board to determine whether the candidate's doctoral program meets the Board's regulations, the following documentation must be submitted:

- a) Pages from institutional catalog(s) for the year the applicant entered the program:
 - 1) demonstrating that education and training is available to prepare professional psychologists.
(label as Attachment 1)
 - 2) demonstrating that the program provides the education and training appropriate to the practice of psychology and that it stands as a recognized sequence in the administrative unit in which it is located.
(label as Attachment 2)
 - 3) demonstrating that the program comprises an integrated, organized sequence of study.
(Advisory/advisee forms showing the sequence of core, specialty, and supervised training may supplement catalog copy.)
(label as Attachment 3)
 - 4) describing the residency requirement.
(label as Attachment 4)
- b) Name of the faculty member responsible for the doctoral program in psychology and a list of the faculty who teach core and specialty courses in the program (see c below). For each person, provide an abbreviated vita to illustrate how each is a psychologist and is qualified to teach the courses assigned. (Academic major in doctoral study, professional identifications, memberships in professional organizations, licensure, and publications and presentations are some indicators. Not every member of the faculty must be a psychologist.)
(label as Attachment 5)
- c) Complete the chart on page 7 providing the course prefix, title, catalogue description, number of credit hours by type, and name(s) of instructors for the following core and specialty curriculum areas:
 - * Ethics as related to scientific methods and professional standards,
 - * Research design and methodology,
 - * Statistics and psychometrics,
 - * Biological bases of behavior,
 - * Cognitive-affective bases of behavior,
 - * Social bases of behavior,
 - * Individual differences,
 - * Supervised practicum,
 - * Internship, and
 - * Specialty courses required.

When one course among several is available for one area, list information for each.

(labeled as Attachment 6)

If this is a program where the doctoral degree was obtained in a field related to psychology, also completed (d) and (e).

- d) Pages from institutional catalog for the year the applicant entered the program indicating that psychology faculty has authority and primary responsibility for the core and specialty courses and for the admission, evaluation, and recommendation of students for the degrees obtained in this program.
(label as Attachment 7)

- e) In tabular form, indicate the number of students enrolled for each of the last five years with cells for the years and whether the students were full or part time. If the year of graduation for the applicant was not within those five years, add columns for the years the applicant was enrolled.
(label as Attachment 8)

Attachment 6

Use the first two columns of one line for the area title and the number of hours required. On the following lines complete the other columns for courses in that area. This page may be reproduced locally as necessary.

Areas	S or Q Hours	Prefix	Title	Catalogue Description	Instructor	Text(s)

This form is required if your supervised experience began on or before 12/5/2010.

VERIFICATION OF SUPERVISED EXPERIENCE

After you complete Part A below, forward to your supervisor. If experience was completed under more than one supervisor, the form should be duplicated and forwarded to each supervisor. All Verification of Supervised Experience forms and attachments must be returned to the applicant in sealed envelopes with supervisor's signature over the envelope seal. You should then send the envelope(s) to the Board along with the application.

PART A – TO BE COMPLETED BY APPLICANT

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET

_____ CITY STATE ZIP CODE

Employer: _____

PART B – TO BE COMPLETED BY SUPERVISOR

Provide your employer and professional title for the time period documented on this form.

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET

_____ CITY STATE ZIP CODE

Employer: _____

Business Telephone Number: _____ FAX Number: _____

Professional Title: _____

Was applicant's professional title in this setting "Psychology Trainee"? YES NO If no, please provide applicant's professional title and an explanation of how patients and others were informed of applicant's status as a trainee: _____

Part B continued on back

PART B – CONTINUED – VERIFICATION OF SUPERVISED EXPERIENCE

Number of Years in Professional Practice: _____

Indicate Specialty (such as industrial psychology, clinical psychology, etc.): _____

Type of License Held: _____

License Number: _____ State of Issuance: _____

Date Issued: _____ Expiration Date: _____

Has any disciplinary action ever been taken against this license? YES NO

If YES, please give details on a separate 8½ x 11 sheet of paper.

VERIFICATION OF APPLICANT’S SUPERVISED EXPERIENCE

I attest that _____ has worked under my supervision, in the
 (NAME OF APPLICANT)
 capacity listed on page 7, for the following dates:

_____/_____/_____
 MONTH/DAY/YEAR TO _____
 MONTH/DAY/YEAR

PLEASE COMPLETE:

Total Number of Weeks	MULTIPLY	Average Number of Hours per Week	EQUALS – Initial Number of Hours	MINUS – number of hours of training missed during the period for such things as vacation, holidays, sick days, personal days, snow days, etc.	EQUALS – Total Number of Hours Earned
EXAMPLE 40 weeks	X	40 hours	= 1,600 hours	– 100 hours	= 1,500 hours
_____	X	_____ <i>This number must be equal to the TOTAL documented on page 10.</i>	= _____	– _____	= _____

If you were not the owner of, an employee of, or in contract status with the professional setting employing the supervisee, check here and explain the conditions for supervision in a statement attached to this form.

PART B – CONTINUED – VERIFICATION OF SUPERVISED EXPERIENCE

(Written clarification is required for questions not answered in accordance with §41.32 of the Board's prior regulations.)

	YES	NO
1. Were you qualified by training and experience to practice in the supervisee's areas of supervised practice?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you involved in a dual relationship that obliges you to the supervisee?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you subject in any way to the supervisee's control or influence?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you accessible to the supervisee for consultation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you accessible to clients/patients of the supervisee for the purpose of answering questions and responding to concerns?	<input type="checkbox"/>	<input type="checkbox"/>
6. Were you responsible for the supervisee's service to each client/patient?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were you empowered to interrupt or terminate the supervisee's activities in providing services to a client/patient and, if necessary, to terminate the supervisory relationship?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were you a relative of the supervisee by blood or marriage?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you engage in psychological treatment of the supervisee?	<input type="checkbox"/>	<input type="checkbox"/>
10. Were you the subject of a disciplinary action by a licensing board?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you establish objectives to be achieved by the supervisee during supervision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you review issues of practice and ethics with the supervisee?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you maintain notes or records of scheduled supervisory sessions?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you observe client/patient sessions of the supervisee or review verbatim recordings of these sessions on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
15. In regularly scheduled supervisory meetings, did you discuss the supervisee's level of work – for example, the supervisee's areas of competence and areas of needed improvement?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you provide to the supervisee recommendations bearing on further development, encourage the supervisee to read widely in the professional literature and help the supervisee gain a level of skill necessary for independent practice?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you prepare written evaluations or reports of progress which delineated the supervisee's strengths and weaknesses?	<input type="checkbox"/>	<input type="checkbox"/>
18. Were these evaluations or reports discussed with the supervisee on at least a quarterly basis?	<input type="checkbox"/>	<input type="checkbox"/>
19. Did you ensure that the supervisee had access to consultation from another discipline as necessary?	<input type="checkbox"/>	<input type="checkbox"/>
20. Did you accept fees, honoraria, favors or gifts from the supervisee?	<input type="checkbox"/>	<input type="checkbox"/>
21. Did you ensure that the supervisee's status as a psychology trainee was made known to client/patients and to third-party payers?	<input type="checkbox"/>	<input type="checkbox"/>
22. Did you ensure that the supervisee had access to multidisciplinary consultation, as necessary?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE THE FOLLOWING CHECKLIST INDICATING THE HOURS PER WEEK IN WHICH THE TRAINEE WAS ENGAGED IN PREPARING FOR THE PRACTICE OF PSYCHOLOGY:

Please refer to §41.31(c)(1) of the Board's regulations for the specific requirements for supervised experience.

Duties performed by the trainee	Hours per week
1. Diagnosis	_____
2. Assessment	_____
3. Therapy	_____
4. Other Interventions	_____
5. Consultation	_____
6. Individual supervision received as a supervisee	_____

At least half of the reported weekly experience must be in the categories above.

7. Teaching in association with:	
a. an organized psychology program preparing practicing psychologists and/or	_____
b. a postdoctoral training program	_____
8. Supervision provided as a supervisor	_____
9. Professional development (Provide detailed description of professional development)	_____
10. Research (Provide detailed description of research)	_____
TOTAL	_____

This number must be equal to the Average Number of Hours per Week documented on page 2.

At the end of supervised training, check the level the trainee demonstrated professional competencies and theoretical knowledge in the areas below?

	Not demonstrated in this setting	Beginning	Intermediate	Advanced
a. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Effective interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Evaluation of programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Supervision of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Strategies of scholarly inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cultural/individual diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a separate sheet of paper describe your supervisory interactions with the applicant and your judgment of the applicant's potential as a psychologist. Please place your original signature and date on the description.

After completing this Verification of Supervised Experience form, please place it and ALL attachments in a sealed envelope, place your signature over the envelope seal and return it to the applicant.

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.

Original Signature of Supervisor

Date

This form is required if your supervised experience began on or after 12/6/2010.

VERIFICATION OF SUPERVISED EXPERIENCE

After you complete Part A below, forward to your supervisor. If experience was completed under more than one supervisor, the form should be duplicated and forwarded to each supervisor. All Verification of Supervised Experience forms and attachments must be returned to the applicant in sealed envelopes with supervisor's signature over the envelope seal. You should then send the envelope(s) to the Board along with the application.

PART A – TO BE COMPLETED BY APPLICANT

Provide your employer for the time period documented on this form.

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET

CITY STATE ZIP CODE

Employer: _____

PART B – TO BE COMPLETED BY PRIMARY SUPERVISOR/DELEGATED SUPERVISOR

Provide your employer and professional title for the time period documented on this form.

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET

CITY STATE ZIP CODE

Employer: _____

Business Telephone Number: _____ FAX Number: _____

Supervisor's Professional Title: _____

Did you serve as the applicant's primary supervisor or as a delegated supervisor? _____

Was applicant's professional title in this setting "Psychology Resident" or "Psychology Trainee"?
 YES NO If no, please provide applicant's professional title and an explanation of how patients and others were informed of applicant's status as a resident/trainee: _____

Part B continued on back

PART B – CONTINUED – VERIFICATION OF SUPERVISED EXPERIENCE

Number of Years in Professional Practice: _____

Indicate Specialty (such as industrial psychology, clinical psychology, etc.): _____

Type of License Held: _____

License Number: _____ State of Issuance: _____

Date Issued: _____ Expiration Date: _____

Has any disciplinary action ever been taken against this license? YES NO

If YES, please give details on a separate 8½ x 11 sheet of paper.

VERIFICATION OF APPLICANT’S SUPERVISED EXPERIENCE

I attest that _____ has worked under my supervision, in the
 (NAME OF APPLICANT)
 capacity listed on page 11, for the following dates:

_____/_____/_____
 MONTH/DAY/YEAR TO _____
 MONTH/DAY/YEAR

PLEASE COMPLETE:

Total Number of Weeks <i>(Must be at least 52 weeks)</i>	MULTIPLY	Average Number of Hours per Week <i>(Must be at least 15 hours per week but no more than 45 hours per week)</i>	EQUALS – Initial Number of Hours	MINUS – number of hours of training missed during the period for such things as vacation, holidays, sick days, personal days, snow days, etc.	EQUALS – Total Number of Hours Earned
EXAMPLE 52 weeks	X	45 hours	= 2,340 hours	– 590 hours	= 1,750 hours
_____	X	_____ <i>This number must be equal to the TOTAL documented on page 14.</i>	= _____	– _____	= _____

If you were not the owner of, an employee of, or in contract status with the professional setting employing the supervisee, check here and explain the conditions for supervision in a statement attached to this form.

PART B – CONTINUED – VERIFICATION OF SUPERVISED EXPERIENCE

(Written clarification is required for questions not answered in accordance with §41.33 of the Board's regulations.)

PRIMARY AND DELEGATED SUPERVISORS MUST ANSWER QUESTIONS 1 – 13.

	YES	NO
1. Were you currently licensed while providing supervision?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you qualified by training and experience to practice in the psychology resident's areas of supervised practice?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you an owner, an employee of, or in contract status with the entity employing the psychology resident?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you review issues of practice and ethics with the psychology resident?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you maintain notes or records of scheduled supervisory sessions? (Please note, Board regulations require that you maintain notes or records of scheduled supervisory sessions until the psychology resident obtains a license or for at least 10 years, whichever is greater.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you ensure that the psychology resident's status was made know to client/patients and to third-party payors?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you prepare written evaluations/progress reports at least quarterly delineating the psychology resident's strengths and weaknesses?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were you subject to the psychology resident's control or influence?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you related to the psychology resident by blood or marriage?	<input type="checkbox"/>	<input type="checkbox"/>
10. Were you or are you involved in a dual relationship, as defined in principle 6(b) of the code of ethics (49 Pa. Code § 41.61, principle (b)), with the psychology resident?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you treating or have you treated the psychology resident?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you been the subject of an active suspension or revocation by a licensing board?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you accept fees, honoraria, favors or gifts from the psychology resident?	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY SUPERVISORS MUST ALSO ANSWER QUESTIONS 14 – 25.

14. Did you meet individually face-to-face with the psychology resident for an average supervisory total of at least 2 hours per week? If you answer NO, please complete number 15.	<input type="checkbox"/>	<input type="checkbox"/>
15. Did you delegate up to 1 hour per week of individual face-to-face supervision to a delegated supervisor? Name of delegated supervisor: _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you monitor the supervision provided by any delegated supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you complete either a course in supervision from a psychology doctoral degree program or 3 hours of continuing education in supervision? (Required as of 12/1/2015.)	<input type="checkbox"/>	<input type="checkbox"/>
18. Did you develop with the psychology resident objectives to be achieved during supervision?	<input type="checkbox"/>	<input type="checkbox"/>
19. Were you accessible to the psychology resident for consultation and to clients/patients of the psychology resident to answer questions and respond to concerns?	<input type="checkbox"/>	<input type="checkbox"/>
20. Were you responsible to each client/patient for psychology services provided by the psychology resident?	<input type="checkbox"/>	<input type="checkbox"/>
21. Were you authorized to interrupt or terminate the services being provided by the psychology resident to a client/patient and, if necessary, to terminate the supervisory relationship?	<input type="checkbox"/>	<input type="checkbox"/>
22. Did you observe client/patient sessions of the psychology resident or review verbatim recordings of these sessions on a quarterly basis?	<input type="checkbox"/>	<input type="checkbox"/>
23. At least quarterly, in supervisory meetings, did you evaluate and apprise the psychology resident about areas of progress and needed improvement, recommend applicable professional literature and assist the resident in gaining a level of skill necessary for independent practice?	<input type="checkbox"/>	<input type="checkbox"/>
24. Did you assist the psychology resident in working with professionals in other disciplines as indicated by the needs of each client/patient and periodically observe these cooperative encounters?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did you ensure that the psychology resident had access to multidisciplinary consultation, as necessary?	<input type="checkbox"/>	<input type="checkbox"/>
26. At the conclusion of the period of supervision, did you evaluate the psychology resident's level of professional competence and theoretical knowledge in the areas of assessment, diagnosis, effective interventions, consultation, evaluation of programs, supervision of others, strategies of scholarly inquiry, cultural/individual diversity and professional conduct?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE THE FOLLOWING CHECKLIST INDICATING THE HOURS PER WEEK IN WHICH THE TRAINEE WAS ENGAGED IN PREPARING FOR THE PRACTICE OF PSYCHOLOGY:

Please refer to §41.32 of the Board's regulations for the specific requirements for supervised experience.

Duties performed by the trainee	Hours per week
1. Diagnosis	_____
2. Assessment	_____
3. Therapy	_____
4. Other Interventions	_____
5. Supervision/Consultation	_____
6. Individual supervision received as a supervisee	_____

At least half of the reported weekly experience must be in the categories above.

- 7. Teaching in association with:
 - a. an organized psychology program preparing practicing psychologists and/or _____
 - b. a postdoctoral training program _____
- 8. Psychological Research _____
(Provide detailed description of research)

TOTAL

This number must be equal to the Average Number of Hours per Week documented on page 2.

At the end of supervised training, check the level the trainee demonstrated professional competencies and theoretical knowledge in the areas below?

	Not demonstrated in this setting	Beginning	Intermediate	Advanced
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Original Signature of Supervisor

Date