

Dear Applicant:

Great news! The Texas State Board of Examiners of Psychologists is excited to offer you the opportunity to apply for psychologist licensure via the Association of State and Provincial Psychology Board's (ASPPB) [Psychology Licensure Universal System](#) (PLUS).

PLUS is an online system that allows individuals to apply for licensure, certification, or registration in any participating state, province, or territory in the United States or Canada and should be considered by all applicants. All information collected during the application process is deposited and saved in ASPPB's credentials bank (the Bank), where it can be accessed by you or forwarded to any other licensing board, organization, entity or individual, upon request at any time in the future.

What are the benefits to applying for licensure through the PLUS system?

- Your credentials and application information are stored in the Bank for future licensure needs with participating licensing boards with no annual renewal fees. The Bank provides safe, long term, electronic storage of professional documents.
- Access to dedicated PLUS Licensure Specialists who can guide you through the application process.
- 24/7 online access to your application and information stored in the Bank.
- All information provided is obtained through primary source verification by ASPPB. This ensures that materials are gathered from reliable sources.

In addition to using the PLUS system to apply for your Texas license, you will be eligible for:

- Concurrent application for other ASPPB Mobility Services, such as the ASPPB Certificate of Professional Qualification (CPQ) and the ASPPB Interjurisdictional Practice Certificate (IPC).
- Reduced EPPP score transfer fees.

How to apply through PLUS:

- After reading the Psychologists' Licensing Act and Board rules, applicants should submit the *Plus System- General Application* and corresponding fee.
- Upon receipt of your General Application, the Board will forward your application to the PLUS Licensure Specialist at the ASPPB.
- The PLUS Licensure Specialist will send an email outlining the steps and materials needed to begin banking your credentials. In addition to the Texas application fee listed on the *PLUS-General Application* form, PLUS requires a one-time **\$75.00** fee*.

**ASPPB is currently conducting fee assessments and has reduced the standard \$200.00 fee to \$75.00 for individuals applying in Texas. This fee assessment will conclude on December 31, 2017, after which the fee may be subject to change.*



Texas State Board of Examiners of Psychologists

Application Materials for Licensed Psychologist

Please check to make sure you have all of the following documents before completing your application.

- LP Checklist
- LP Military Applicant Quick Reference Sheet
- LP Application Form
- Verification of Formal Internship Form
- Documentation of Experience Form
- Fee Schedule*

*Items denoted with asterisks must be downloaded from the Board's website at www.tsbep.texas.gov/form-bank, or obtained directly from the Board.

Checklist for Application For Licensure as a Psychologist

To ensure that your application for licensure as a psychologist is processed as efficiently as possible, please submit the following to the Texas State Board of Examiners of Psychologists:

- A. Completed application form. Be sure to include complete names and addresses of persons listed.
- B. Application fee: Please include the correct application fee to cover the cost of the Board's consideration of your request for licensure. Make checks and money orders payable to the Texas State Board of Examiners of Psychologists (TSBEP).
- C. Documentation of at least 3,500 hours of supervised experience. A Documentation of Supervised Experience form for your post-doctoral experience must be completed by the supervising licensed psychologist. Additionally, a Formal Internship Verification form must also be completed by the Director of Internship Training. The applicant is responsible for obtaining and submitting these forms to the Board.
- D. Documentation of Licensure in Other Jurisdictions. Documentation of licensure in other jurisdictions must be provided to the Board directly from any jurisdiction(s) in which the applicant has held licensure, including information regarding disciplinary actions and pending complaints. This documentation must consist of a statement which has a notary seal or state seal and should also include your licensure number and the issue and expiration dates. (No TSBEP form is provided for this.)
- E. Self-query Report from National Practitioner Data Bank (NPDB). If an applicant intends to rely upon Board rule 463.11(c), he or she must submit a self-query report from the NPDB. The report must be submitted in the sealed envelope in which it was received from the NPDB.

The above items must be received in the Board office before the processing of your application can be completed. Failure to include the application fee will result in your application being immediately returned to you.

Applications are reviewed within six weeks of receipt, and in the order in which they are received. In the event your application is found to be incomplete or agency staff have questions regarding your application, a staff member will contact you with his or her question or regarding any missing or incomplete items. **Do not contact agency staff within this six week period unless you are responding to an inquiry from staff.** In the event you have not heard from the agency within six weeks of submitting your application, you may contact agency staff, preferably via email, to check on the status of your application. Telephone calls and emails

requesting a status update within the initial six week review period only serve to increase application processing times for all applicants.

Board Rule §463.2 states an incomplete application remains in the active file for ninety (90) days, at the end of which time, if still incomplete, it is void.

Applicants who are currently licensed with this agency or who have applied previously may rely upon information submitted with a prior application, rather than having to submit the same information anew. To learn more about those checklist items that can be carried over from a previous application, please see the agency's policies regarding acceptance of previously submitted documents and passing exam scores available for download at www.tsbep.texas.gov/form-bank.

If you do not use this application form within the next three months, please check the Board's website to ensure you have the most recent version of this document.

If you have any additional questions, please email the Board's Psychologist Licensing Coordinator at Licensing.Manager@tsbep.texas.gov.

Applicants are encouraged to keep a copy of all materials submitted to the agency in the event materials are lost in transit. Applicants are also encouraged to submit application materials via a method that allows tracking and proof of delivery. It is the applicant's responsibility to ensure that all required materials are received by the agency; the agency is not responsible for items lost or misdirected while in transit.

MILITARY APPLICANTS FOR LICENSURE AS A PSYCHOLOGIST QUICK REFERENCE SHEET

MILITARY SERVICE MEMBERS AND MILITARY VETERANS

The Board will waive submission of the 1,750 hours of formal internship and 1,750 hours of post-doctoral supervised experience (i.e. two years of supervised experience), as well as the application fee and part of the jurisprudence examination fee once the items listed below have been submitted and approved by agency staff. If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application and examination fees, and provide all of the documents and information indicated in the application packet.

Proof of military service.

A copy of the law reflecting the current licensing standards for psychologists in the jurisdiction that issued your out-of-state license, with the following relevant portions highlighted for easy reference:

- The requirement of a doctoral degree in psychology
- A cutoff score on the EPPP of at least 70% (scaled score of 500)
- Two years or a minimum of 3,000 hours of supervised experience under a licensed psychologist

Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Board. You do not need to resubmit verification(s) if they were received in connection with another application submitted within the past six months and you have not renewed your license(s) in the other jurisdiction(s) since that time.

SPOUSES of MILITARY SERVICE MEMBERS:

The Board will waive submission of the 1,750 hours of formal internship and 1,750 hours of post-doctoral supervised experience (i.e. two years of supervised experience), as well as the application fee and part of the jurisprudence examination fee once the items listed below have been submitted and approved by agency staff. If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application and examination fees, and provide all of the documents and information indicated in the application packet.

Proof of marriage to a military service member. See 463.30(a)(1)(A).

AND

A copy of the law reflecting the current licensing standards for psychologists in the jurisdiction that issued your out-of-state license, with the following relevant portions highlighted for easy reference:

- The requirement of a doctoral degree in psychology
- A cutoff score on the EPPP of at least 70% (scaled score of 500)
- Two years or a minimum of 3,000 hours of supervised experience under a licensed psychologist

Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Board. You do not need to resubmit verification(s) if they were received in connection with another application submitted within the past six months and you have not renewed your license(s) in the other jurisdiction(s) since that time.

OR

Proof that within 5 years preceding the application date, the spouse held a license issued by this agency. See 463.30(a)(1)(C).

MILITARY SERVICE CREDIT

A military service member or military veteran will receive credit for one year or 1,750 hours of post-doctoral supervised experience, once the items listed below have been submitted and approved by agency staff. Additionally, the application fee and part of the jurisprudence examination fee will also be waived.

Proof the military service member or military veteran delivered psychological services within the military for at least one year following conferral of a doctoral degree in psychology.



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
Tel.: (512) 305-7700
Fax: (512) 305-7701

For Agency Use Only

APPLICATION FOR LICENSED PSYCHOLOGIST

ONLY PROVISIONALLY LICENSED PSYCHOLOGISTS MAY SUBMIT THIS FORM.

APPLICANT INFORMATION

Full Legal Name:

**Names Previously Used,
Including Maiden Names:**

Mailing Address:

Primary Phone No.:

Alternate Phone No.:

Email Address:

Social Security No.:

Date of Birth:

Provisional License No.:

Gender:

Male Female

OTHER LICENSES AND CREDENTIALS

Do you now hold or have you ever held a license to practice psychology in this state or in any other jurisdiction?

If so, please identify the type of license held, the issuing jurisdiction, the license number, and the current status of the license in the space below.

Yes No

<p>Do you now hold or have you ever held a license to practice another form of behavioral healthcare (e.g. social work, marriage and family therapy) other than psychology, in this state or in any other jurisdiction?</p> <p>If so, please identify the type of license held, the issuing jurisdiction, the license number, and the current status of the license in the space below.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you are licensed to practice psychology in another jurisdiction, have you requested written verification of your license from the other jurisdiction and that it be sent directly to this agency?</p> <p><i>When requesting the written verification, please request that the verification include any available information on administrative or disciplinary actions taken or pending against the license.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had an application denied or been refused a license to practice psychology or any other form of behavioral or mental healthcare?</p> <p><i>If so, please attach a written explanation identifying the jurisdiction that denied the application or request for licensure and describing the basis for the denial.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has there been in the past or is there currently pending any administrative or disciplinary action initiated by a health or occupational regulatory agency, or an agency or office within the federal government, against you or a license currently or previously held by you?</p> <p><i>If so, please attach a written explanation of the nature of the administrative or disciplinary action, as well as the resolution of the matter. Additionally, please submit the information identified in Board rule 469.11(a)(4) regarding the administrative or disciplinary action along with your application.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center">MILITARY SERVICE MEMBERS, VETERANS, AND SPOUSES</p>	
<p>Are you a military service member, military veteran, or military spouse, as those terms are defined in Section 55.001 of the Occupations Code?</p> <p><i>Military service members and military veterans must enclose proof of service with their application. If you are a military spouse and intend to rely upon any portion of Board rule 463.30 during the application process, please enclose documentation of your marriage to a military service member.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you licensed as a psychologist in another jurisdiction where the licensing standards exceed or are the substantial equivalent to those</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If not, have you gone through a formal internship as part of a re-training or re-specialization program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your internship accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA), or a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Are you an actively licensed psychologist in good standing in another jurisdiction without any disciplinary history (other than history related to continuing education)?</p> <p>If so, do you affirm that you received at least 1,500 hours of supervised experience from a licensed psychologist during your internship? <i>See Board rule 463.11(c).</i></p> <p><i>If so and you have provided the Board with proof of your out-of-state licensure and good standing, as well as a self-query report from the NPDB reflecting no disciplinary history, other than disciplinary history related to continuing education or professional development, you need only answer questions 1 through 7 below. The requirement that you submit a Formal Internship Verification form is also waived.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Answer the following question if your formal internship was not accredited by the APA or CPA, or a member of the APPIC; or you are not actively licensed and in good standing in another jurisdiction, or are licensed elsewhere but have disciplinary history (other than history related to continuing education). Otherwise, you do not have to answer the following question.</p> <p>Does your formal internship comply with the formal internship requirements set forth in Board rule 463.11(d)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic Information Regarding Formal Internship		
1.	Name of Supervisor or Director of Training:	
2.	Address:	
3.	Email Address:	
4.	Telephone No.:	
5.	Was the Director of Training or supervisor licensed as a psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Jurisdiction where supervisor was licensed as a psychologist:	
7.	Address where experience was obtained:	

8.	Duration of experience:	Began _____ Ended _____ (MM/DD/YY) (MM/DD/YY)
9.	Total hours completed under supervision during the above time period?	
10.	Job Title used:	
11.	Does this supervised experience satisfy the requirements of the Board's supervision rules in Board rule 465.2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Was your supervisor trained in the area of supervision provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Was your supervisor related to you within the second degree of affinity (marriage) or consanguinity (blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
POST-DOCTORAL YEAR		
<p>Did you obtain your post-doctoral year of supervised experience in Texas?</p> <p>If so, which of the following served as a basis for your delivery of services as a post-doctoral fellow/resident?</p> <p><input type="checkbox"/> Licensed by this agency.</p> <p><input type="checkbox"/> Provisional trainee status under Board rule 463.10(d).</p> <p><input type="checkbox"/> Provided services which were exempt under Section 501.004 of the Psychologists' Licensing Act.</p> <p><input type="checkbox"/> Provided services which were exempt under Board rule 461.10(c).</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None of the above.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you an actively licensed psychologist in good standing in another jurisdiction without any disciplinary history (other than history related to continuing education)?</p> <p>If so, do you affirm that you received at least 1,500 hours of post-doctoral supervised experience from a licensed psychologist? <i>See Board rule 463.11(c).</i></p> <p><i>If so and you have provided the Board with proof of your out-of-state licensure and good standing, as well as a self-query report from the NPDB reflecting no disciplinary history, other than disciplinary history related to continuing education or professional development, you need only answer questions 1 through 7 below. The requirement that you submit a Documentation of Supervised Experience form is also waived.</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
1.	Name of supervisor:	
2.	Address:	

3.	Email Address:	
4.	Telephone No.:	
5.	Was your supervisor licensed as a psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Jurisdiction where supervisor was licensed as a psychologist:	
7.	Address where experience was obtained:	
8.	Duration of experience:	Began _____ Ended _____ (MM/DD/YY) (MM/DD/YY)
9.	Total hours completed under supervision during the above time period?	
10.	Job Title used:	
11.	Does this supervised experience satisfy the requirements of the Board's supervision rules in Board rule 465.2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Was your supervisor trained in the area of supervision provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Was your supervisor related to you within the second degree of affinity (marriage) or consanguinity (blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History and Disqualifying Factors		
<p>Excluding minor traffic violations, have you ever been convicted, sentenced, or placed on community supervision or pretrial diversion for any crime?</p> <p>If so, please attach a written explanation, along with copies of relevant documentation including the charging instrument (i.e. information and complaint, or indictment), judgment, order of deferred adjudication or other dispositive order, any agreements concerning deferred disposition, and a copy of the terms and conditions of any probation or community supervision ordered. You also need to provide evidence of payment of any costs, restitution, and fines assessed against you.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever engaged in the practice of psychology without a license or other legal authority in this state or any other jurisdiction?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever aided or abetted another individual in the unlawful practice of psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically and mentally able to render competent psychological services to the public in a safe manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use drugs or alcohol to an extent that affects your professional competency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

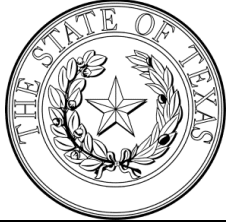
PERSONAL ACKNOWLEDGEMENT

By signing and submitting this application, you are acknowledging:

- that the information contained in this application is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code and a basis for future disciplinary action under Board rule 461.16;
- that the Public Information Act is enforced by this agency as required by state law;
- the Board has permission to seek any information or references it deems appropriate regarding your credentials pertinent to this application;
- you have read the Psychologists' Licensing Act and Board rules and are familiar with both;
- that pursuant to Section 57.491 of the Education Code, a license issued by this Board may not be renewed if the licensee is in default of either a loan guaranteed by the Texas Guaranteed Student Loan Corporation or a repayment agreement;
- that pursuant to Section 232.0135 of the Family code, this application or a future renewal may be denied for failure to pay child support;
- the application and examination fees submitted in connection with this application are non-refundable;
- that the failure to submit all required documentation and information may delay the processing of your application, or result in your application going void or being denied;
- that you have ninety (90) days following receipt of this application by the agency to ensure that all documentation and information required under [Board rule 463.5](#) has been submitted;
- that it may take agency staff up to six weeks to process your application; and
- that you have an obligation to keep your address of record current while your application is being processed.

Signature:

Date:



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
Tel.: (512) 305-7700
Fax: (512) 305-7701

For Agency Use Only

**Formal Internship Verification Form
for Application for Licensed Psychologist**
(To be completed by the Director of Internship Training)

The below-named applicant has indicated on an *Application for Licensed Psychologist* that he or she completed a formal internship consisting of at least 1,750 hours of supervised experience meeting the requirements of Board rule 463.11. The following information is needed for the applicant's file before the Texas State Board of Examiners of Psychologists can consider his or her request for licensure. Please respond as quickly as possible so that agency staff can consider the applicant's qualifications without undue delay. Please return this completed form to the applicant. The Public Information Act is enforced as required by State law.

Applicant Name (Please Print): _____

Director of Internship Training			
Name:			
Address:			
Email Address:			
Telephone No.:			
Current Job Position:			
Please give date(s) of your licensure at the time that the applicant was supervised. Also provide your license numbers, as well as the name of the jurisdiction where you hold/held licenses to practice psychology.			
Date	License No.	State	Current? Yes/No

Area of doctoral level training/education in psychology:

QUESTIONS REGARDING SUPERVISION:

Name of Agency Where Experience was Obtained:

Address:

1.	Dates Worked:	Began(MM/DD/YY):	Ended(MM/DD/YY):
2.	Total number of hours of supervised experience during the above time period?		
3.	Please state the total number of direct (face-to-face individual) supervision hours provided per week to the applicant.		
4.	Please state the type of professional setting where the supervision took place. (i.e., college campus, private practice, agency, etc.)		
5.	What was your professional relationship with the applicant? (e.g. internship director, employer in private practice, agency, etc.)		
6.	What title was used by the applicant?		
7.	Was the internship required as part of the applicant's doctoral program or re-specialization/re-training program?		Yes____ No____
8.	Did the internship take place in not more than two placements and in not more than 24 consecutive months? <i>An internship with rotations or that is part of a consortium within a doctoral program is considered to be one placement.</i>		Yes____ No____
9.	At the time of supervision, were you or any of the applicant's supervisors related to the applicant within the second degree of affinity (marriage) or consanguinity (blood)?		Yes____ No____
10.	Were you or any of the applicant's supervisors under a restricted license by the Board at the time of supervision?		Yes____ No____

11.	Please list the psychological services you feel the applicant is NOT qualified to provide:		
12.	Did the applicant receive supervision within the areas of each supervisor's training, knowledge, and skill?	Yes____	No____
13.	Do you feel the applicant is physically and mentally competent to render psychological services as a licensed psychologist? <i>If not, please attach a written explanation.</i>	Yes____	No____
14.	Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? <i>If so, please attach a written explanation.</i>	Yes____	No____
15.	Was there a process in place for providing an evaluative feedback to the supervisee regarding his/her performance on established service requirements?	Yes____	No____
16.	Were all clients informed that applicant and all aspects of applicant's work were being supervised?	Yes____	No____

PLEASE INDICATE THE TYPE OF INTERNSHIP COMPLETED (CHECK ONLY ONE)	
<input type="checkbox"/>	The internship program is accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA), or is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). If selected, proceed to SECTION III .
<input type="checkbox"/>	Internship program meeting requirements of Board rule 463.11(d)(2)(B). If selected, proceed to SECTION I .
<input type="checkbox"/>	Internship program meeting requirements of Board rule 463.11(d)(2)(C). If selected, proceed to SECTION II .

SECTION I.			
Please answer the following questions regarding the non-accredited organized internship. If your answer is "No" to any of the questions, please attach a written explanation.			
1.	Did the internship program constitute an organized training program designed to provide the intern with a planned, programmed sequence of training experiences, with the primary focus and purpose being to assure breadth and quality of training?	Yes____	No____
2.	Did the internship agency have a clearly designated staff psychologist actively licensed in the jurisdiction in which the internship took place, who was responsible for the integrity and quality of the training program?	Yes____	No____
	Was this staff psychologist present at the training facility for a minimum of twenty (20) hours each week?	Yes____	No____

	Name of Staff Supervising Psychologist:		
	Jurisdiction Where Licensed:		
3.	Did the internship agency have two or more full-time licensed psychologists on the staff as primary supervisors?	Yes____	No____
	List the names of the supervising psychologists and where they were licensed:		
	Name:	Jurisdiction where licensed:	
	Name:	Jurisdiction where licensed:	
4.	Was supervision provided by a staff member or an affiliate of that agency who carried clinical responsibility for the cases being supervised?	Yes____	No____
5.	Did the internship provide training in a range of assessment and intervention activities conducted directly with patients/clients?	Yes____	No____
6.	Was at least 25% of trainee's time in direct patient/client contact?	Yes____	No____
7.	Did the supervisee receive at least two hours of face-to-face individual supervision each week?	Yes____	No____
	In addition to the face-to-face supervision provided, was there at least four additional hours per week in learning activities, e.g. case conferences involving a case in which the intern was actively involved, seminars dealing with psychology issues, co-therapy with a staff person including discussion, group supervision, and additional individual supervision?	Yes____	No____
8.	Was the training post-clerkship, post-practicum, and post-externship level?	Yes____	No____
9.	Were there a minimum of two full-time equivalent interns at the internship level of training during applicant's training period?	Yes____	No____
10.	Did the internship agency inform prospective interns about the goals and content of the internship, as well as the expectations for quantity and quality of trainee's work, including expected competencies?	Yes____	No____
PROCEED TO SECTION III.			

SECTION II.

Please answer the following questions regarding the non-accredited organized internship within a school district. If your answer is “No” to any of the questions, please attach a written explanation.

1.	Was the internship provided at or near the end of the formal training period?	Yes____	No____
2.	Did the internship require a minimum of 35 hours per week over a period of one academic year, or a minimum of 20 hours per week over a period of two consecutive academic years?	Yes____	No____
3.	Was the internship consistent with a written plan, and did it meet the specific training objectives of the program?	Yes____	No____
4.	Did the internship experience occur in a setting appropriate to the specific training objectives of the program?	Yes____	No____
5.	Did at least 600 clock hours of the internship experience occur in a school setting?	Yes____	No____
6.	Did the internship provide a balanced exposure to regular and special educational programs?	Yes____	No____
7.	Did the internship agency have two or more full-time equivalent psychologists/LSSPs on staff as primary supervisors, at least one of whom was employed full-time at the agency and is a school psychologist?	Yes____	No____
8.	List the names of the supervising psychologists/LSSPs and where they were licensed.		
	Name:	Jurisdiction where licensed:	
	Name:	Jurisdiction where licensed:	
	Name:	Jurisdiction where licensed:	
	Name:	Jurisdiction where licensed:	
9.	Was the portion of the internship which took place in a school supervised by a licensed psychologist/LSSP?	Yes____	No____
	Does the jurisdiction in which the internship took place require a separate credential to practice in a school setting?	Yes____	No____
10.	Was the portion of the internship which took place in a non-school setting, if any, supervised by a licensed psychologist?	Yes____	No____
11.	Were the field-based supervisors/LSSPs responsible for no more than two interns at any given time?	Yes____	No____
12.	Were the university supervisors responsible for no more than twelve interns at any given time?	Yes____	No____
13.	Did the field-based supervisors provide at least two hours per week of direct supervision for each intern?	Yes____	No____

14.	Did the university supervisor maintain an ongoing relationship with the field-based internship supervisors and provide at least one field-based contact per semester with each intern?	Yes____	No____
15.	Did the internship agency inform the interns concerning the period of the internship and the training objectives of the program?	Yes____	No____
16.	Was the internship experience systematically evaluated in a manner consistent with the specific training objectives of the program?	Yes____	No____
17.	Was the internship experience conducted in a manner consistent with the current legal/ethical standards of the profession?	Yes____	No____
18.	Did the internship agency have a minimum of two full-time equivalent interns at the internship level during the applicant's training period?	Yes____	No____

PROCEED TO SECTION III.

SECTION III.

Please sign where indicated below. Thank you for your cooperation in this matter.

By signing this document you are acknowledging that the information contained in this form is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code.

By signing this document you are also acknowledging that the Public Information Act is enforced by this agency as required by state law.

Signature: _____
Director of Internship Training/Licensed Psychologist

Date: _____



**TEXAS STATE BOARD OF
EXAMINERS OF
PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450
Austin, Texas 78701
Tel.: (512) 305-7700
Fax: (512) 305-7701

For Agency Use Only

**DOCUMENTATION OF SUPERVISED EXPERIENCE -
APPLICATION FOR LICENSED PSYCHOLOGIST**

SUPERVISOR INFORMATION	
Name:	
Mailing Address:	
Primary Phone No.:	Alternate Phone No.:
Email Address:	
Issuing Jurisdiction and Psychologist License No.:	
Primary Area(s) of Practice:	

SUPERVISEE INFORMATION	
Name:	
Name and Address of Primary Facility or Office Where the Supervised Experience Occurred:	
Supervisee's Title:	

Please identify the time period when the supervision was provided, e.g. May 1, 2014 to March 15, 2016. _____ to _____ (MM/DD/YY) (MM/DD/YY)	
Did you provide this individual with at least 1,750 hours of post-doctoral supervised experience in the delivery of psychological services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours of post-doctoral supervised experience in the delivery of psychological services you did provide to this individual? <i>Supervisees who graduated from an industrial/organizational doctoral degree program and who did not undergo a formal internship must receive at least 3,500 hours of post-doctoral supervised experience.</i>	
How many hours of direct (face-to-face individual) supervision did you provide to this supervisee each week?	
Please select the legal basis for the applicant's delivery of services while under your supervision? <input type="checkbox"/> Licensed by this agency. <input type="checkbox"/> Provisional trainee status under Board rule 463.10(d). <input type="checkbox"/> Provided services which were exempt under Section 501.004 of the Psychologists' Licensing Act. <input type="checkbox"/> Provided services which were exempt under Board rule 461.10(c). <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above.	
Please describe the professional setting where the supervision took place (e.g., college campus, private practice).	
What was your professional relationship with the applicant (e.g., internship director, employer in private practice)?	
Were you actively licensed during the period of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your license restricted at any time during the period of supervision? <i>See Board rules 461.7(d) and 465.2(b)(3).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the supervisee related to you within the second degree of affinity (marriage) or consanguinity (blood) during the period of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were all patients/clients informed that the supervisee and all aspects of his or her work were being supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the supervisee have the experience, skill, and training appropriate to the functions performed during the period of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you provide supervision within your areas of training, knowledge, and skill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Did you provide supervision in accordance with Board rule 465.2?</p> <p><i>If not, please attach a written explanation regarding the aspects of your supervision which did not comply with Board rule 465.2, together with an explanation for why the supervision did not comply with the rule.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are there any psychological services that you believe this supervisee is not qualified to deliver?</p> <p><i>If so, please identify those psychological services that you believe this supervisee is not qualified to deliver in the space below.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you believe this supervisee is physically and mentally competent to deliver psychological services as a licensed psychologist?</p> <p><i>If not, please attach a written explanation supporting your response.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have any reservations concerning this supervisee's ethical, professional, or personal qualifications for supervised practice?</p> <p><i>If so, please attach a written explanation describing your reservations and the basis for them.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE AND ACKNOWLEDGEMENT	
<p>I acknowledge that the information provided herein is true and correct and that any misrepresentation may constitute a criminal violation under Tex. Penal Code §37.10.</p> <p>I understand that the Public Information Act is enforced as required by state law.</p> <p>Please return this completed form to the supervisee.</p>	
Signature:	Date: