



Texas State Board of Examiners of Psychologists

Application Materials for Licensed Specialist in School Psychology

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

- LSSP Checklist
- LSSP Application Form
- Instructions to Applicants for Obtaining Fingerprint Criminal Record Checks
- FAST Fingerprint Pass Form – For use by In-State Applicants Only*
- FAST Fingerprint Pass Form – For use by Out-of-State Applicants*
- Reference Letter
- Documentation of Experience Form
- Providers of School Psychological Services Information Sheet
- 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
Specialist in School Psychology**

- I. To ensure that your application for licensure as a specialist in school psychology is processed as efficiently as possible, please submit the following to the Texas State Board of Examiners of Psychologists:
- A. Completed application form (a vita is not a satisfactory substitute). Be sure to include complete names and addresses of supervisors. Also, be sure to sign the last page of the form.
 - B. Application Fee: A fee of \$220 (non-refundable), payable to the Texas State Board of Examiners of Psychologists (T.S.B.E.P.), to cover the cost of the Board's consideration of your request for licensure.
 - C. One of the following, as applicable:

Documentation indicating that you hold current certification as a Nationally Certified School Psychologist by the National Association of School Psychologists (NASP). You may obtain this documentation from the website of this organization and then mail it to the Board.

OR

- If you are not credentialed by NASP, your application must indicate that you have taken and passed, at the approved pass rate set by the Board (660 if taken before 9/13/08; 165 if taken between 9/13/08 and 9/8/14; and 147 if taken 9/9/14 or thereafter), the National School Psychology Examination (administered by the Educational Testing Service, telephone number 800-772-9476) and the date you took and passed this exam. Also, your score on the National School Psychology Examination must be sent directly to the Board office from ETS.
- D. Official Transcript(s) for all post-baccalaureate course work. The transcript(s) must be sent directly from your school(s), and must show the date the degree was conferred.
 - E. Three (3) acceptable reference letters. The Board requires a minimum of three references from psychologists or specialists in school psychology (LSSPs) or are credentialed in school psychology in their respective jurisdictions. **CURRENT BOARD MEMBERS MAY NOT BE USED AS REFERENCES.** The applicant is responsible for securing his/her own reference letters from those persons identified as references on the application form. These original reference letters must be included with the application form sent to the Board by the applicant.

- F. If you are not credentialed by NASP and you were not graduated from a training program approved by NASP or accredited in school psychology by APA, you must also submit the Documentation of Supervised Experience form after it has been completed by your supervisor. This completed form must be submitted with your application. Please note that applicants who need to submit this form, need only to submit two (2) reference letters, not three (3).
- G. DPS/FBI fingerprint criminal history record checks. In accordance with the separate instruction sheet, obtain a full state and federal criminal history record check by submitting your fingerprints to the vendor, MorphoTrust USA.

Items A, B, and E (and F for some applicants) must be received in the Board office as a complete packet to begin processing your application. Applications not including these items will not be accepted. Items C, D, and G can be received at a later date. However, do not delay in ordering these other items to avoid a delay in the processing of your application.

- II. In accordance with Board rules, applicants who have applied for this license and whose educational and internship qualifications meet Board requirements and who have passed the National School Psychology Exam will be notified by the Board that they have met the training requirements at which time they may practice under supervision for up to one year in the public schools, and during which year they are expected to pass the Jurisprudence Examination. Applicants are encouraged to take the Jurisprudence Examination as soon as they are approved by the Board to do so.

- III. Some information about the procedure which may be helpful:

- A. All required information must be in the Board office for your file to be complete, and eligible for review. It is your responsibility to contact the Board office, preferably via email, to determine whether all required information has been received. Please keep in mind that a complete application packet is only the beginning of the process, and must be followed by passage of the Board's written examinations.
- B. After your application file is complete and has been reviewed, the Board requires approximately six weeks to communicate its decision to you in writing.

- IV. There are three items which require special attention:

- A. If you do not use this application form within the next three months, please check with the Board office to make sure information provided in this letter is still current (i.e., fees, application form, etc.).
- B. You cannot register to take the National School Psychology Examination through the Board office. You must contact the Educational Testing Service directly in order to register for this examination. Please note that you must have passed the

National School Psychology Examination prior to your application being reviewed.

- C. 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.

An applicant for licensure may not apply to sit for or submit examination fees for the Board's written examinations until he/she has been approved by the Board. Once an applicant has been approved to sit for the Board's written examinations, he/she will receive official notification from the Board containing instructions on how to apply for each examination.

PLEASE CHECK OVER THIS ENTIRE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION TO AVOID ANY DELAYS IN THE PROCESSING OF YOUR APPLICATION.

Title of Program _____

Date Degree Granted _____
Month/Day/Year

J. Type of Degree: (select one)

- _____ 1. Doctoral Degree in Psychology
- _____ 2. A degree from a country other than the United States (if so, submit documentation which satisfies the requirements of Board rule §463.25)
- _____ 3. Specialist's Degree in Psychology
- _____ 4. Master's Degree in Psychology

K. Graduate Degree Information:

- 1. Committee Chair or Graduate Advisor's Name _____
- 2. Title of master's thesis or doctoral dissertation (if applicable) _____

NOTE: If you hold a current valid NCSP certification or have graduated from a training program approved by the NASP or accredited in school psychology by APA, you do not have to complete Section L.I.

L. Education/Training (requirements of Rule 463.9)

- 1. In the space provided, please list all courses required in Board rule 463.9. PLEASE READ RULE 463.9. Note, a course may be listed in no more than three (3) areas and preferably in only one area. Each area must have at least one course listed.

TITLES OF COURSE WORK	UNIVERSITY/COLLEGE	COURSE PREFIX (e.g. PSY 301)	DESCRIPTIVE COURSE TITLE	SEMESTER CREDIT HOURS
1. Biological Bases of Behavior				
2. Human Learning				
3. Social Bases of Behavior				
4. Multicultural Bases of Behavior				

TITLES OF COURSE WORK	UNIVERSITY/COLLEGE	COURSE PREFIX (e.g. PSY 301)	DESCRIPTIVE COURSE TITLE	SEMESTER CREDIT HOURS
5. Child or Adolescent Development				
6. Psychopathology or Exceptionalities				
7. Research and Statistics				
8. Instructional Design				
9. Organization and Operation of Schools				
10. Psychoeducational Assessment				
11. Socio-Emotional, including Behavioral and Cultural, Assessment				
12. Counseling				
13. Behavior Management				

i. In what jurisdiction was supervisor licensed? _____

M. Please provide a chronology of all your education, training, internships and employment since enrolling in your master's or doctoral program. If there are any gaps in the chronology, please explain. Use extra pages if necessary. **Note: if you have provided this information in conjunction with a previous application to this board in the last three years, you do not have to complete section M.**

FACILITY AND ADDRESS	DATES	SUPERVISOR'S NAME	DESCRIPTION OF EDUCATION, TRAINING, INTERNSHIP AND EMPLOYMENT

N. Other Certification or License

Have you ever been certified and/or licensed as a psychologist in this or any other state/province (including NCSP)?

_____ If yes, please provide the following information (use extra pages if necessary):

1. Credentialed as _____

a. Jurisdiction where credentialed _____

Date credentialed _____ Credential Number _____

Expiration date of current credential _____

mo-day-yr

b. With master's or specialist's degree _____ Doctoral degree _____

c. Name of credentialing agency _____

d. Address of credentialing agency _____

Street or P.O. Box

City

State/Province

Zip

e. Has any complaint ever been filed against this credential? _____

f. If so, state nature and resolution of this complaint (use extra pages if necessary). _____

O. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction? _____
If yes, please attach an explanation and supporting legal documents for each separate incident.

P. Have you ever practiced psychology without a license or exemption in this or any other jurisdiction?

_____ If yes, please attach an explanation.

Q. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in this or any other jurisdiction?

_____ If yes, please attach an explanation.

R. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency?

_____ If yes, please attach an explanation.

S. Do you use drugs or intoxicating liquors to an extent that affects your professional competency? _____
If yes, please attach an explanation.

T. Is there any action pending against you or against any mental health license that you hold in this or any other jurisdiction?

_____ If yes, please attach an explanation.

U. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?

_____ If yes, please attach an explanation and a copy of pertinent orders or decisions.

V. Current Employment

1. Employer's Name _____

2. Employer's Address _____
Street or P.O. Box

City

State

Zip

3. Hours you worked per week _____ Job Title _____

4. Date employment began _____ Psychological Services Rendered _____

5. Supervisor's Name _____

6. Supervisor's Credentials (check one) Certified Psychologist
 Licensed Psychologist
 LSSP
 Neither

7. Does supervisor have a minimum of three (3) years of experience providing psychological services in the schools?
YES _____ NO _____

8. Jurisdiction where supervisor certified/licensed _____

9. Current title/position of supervisor _____

10. Supervisor's Address _____
Street or P.O. Box

City

State

Zip

W. Are you presently providing psychological services in Texas? _____ If yes, are you: (please check one)

Currently licensed by this Board? _____ If so, state type of license _____

Employed in a statutorily exempt agency as defined in Section 501.004 of the Psychologists' Licensing Act. (A public school is NOT an exempt agency).

If so, state name of agency _____

If neither of the above, please attach an explanation.

PERSONAL ACKNOWLEDGMENT

By signing in the space provided, I understand and acknowledge the following:

I acknowledge that the information contained in this application is true and correct.

In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

Warning: Pursuant to Tex. Educ. Code Ann. ' 57.491, 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.

Signature

Date

LSSP App. – October 2015

Instructions to Applicants for Obtaining Fingerprint Criminal Record Checks

NOTE: A Texas Department of Public Safety (DPS)/FBI fingerprint criminal history record check that shows any criminal record of the applicant is valid for six (6) months only. If licensure is not obtained within six months, the applicant will be required to obtain a new DPS/FBI fingerprint criminal record check as a condition for licensure.

Unfortunately, the Board is not permitted to receive or utilize fingerprint criminal history checks performed for other governmental entities. Thus, an applicant will need to undergo a fingerprint criminal history check, regardless of whether he/she has undergone one recently for another governmental entity. However, applicants who currently hold a license issued by this agency and underwent a fingerprint criminal history record check as part of the licensing process for that license do not need to undergo another check.

Texas Residents:

Process for Obtaining Fingerprint Criminal Record Checks

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who reside in Texas are required to obtain fingerprint criminal record checks through the FACT Clearinghouse (formerly known as FAST Pass). This is a DPS program that provides electronic capture and submission of your fingerprints, and is the fastest and highest quality option available. Applicants may register for and schedule an appointment for their fingerprint criminal record check by downloading the in-state *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)* from the Board's website.

Applicants should consider completing their fingerprint criminal record check before submitting their application for licensure to avoid any delay in the processing of their application due to the Board not having received a criminal history report.

Non-Resident or Foreign Applicants:

Process for Obtaining Fingerprint Criminal Record Checks

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who do not reside in Texas are required to obtain fingerprint criminal record checks for licensure.

Persons wishing to become licensed in Texas are encouraged to obtain their fingerprint criminal record check BEFORE they apply for licensure with the Board in order to avoid a delay in the processing of their applications. Non-resident or foreign applicants may submit a written request for the out-of-state applicant fingerprint criminal record check packet, or download the out-of-state *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)* from the Board's website and follow the accompanying instructions. Email requests for applicant fingerprint packets should be directed to Open.Records@tsbep.texas.gov. When requesting an out-of-state applicant fingerprint criminal record check packet, please be sure to include a mailing address.

There is no charge for this fingerprint packet. The packet will include the *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)*, an instruction sheet about the process, and a fingerprint card to obtain the manual fingerprints.

Applicants electing to download the out-of-state *Texas Fingerprint Service Code Form (FAST Fingerprint Pass Form)* may submit a written request for an official FBI fingerprint card to the Board, or obtain an official FBI fingerprint card from any amenable law enforcement agency. If an applicant obtains an official FBI fingerprint card from any source other than the Board, it is critical that the applicant print or type the correct ORI number (TX922240Z) on the form in the box labeled "ORI." Failure to do so will delay the licensure process and require the applicant to submit to another fingerprint background check. It is the applicant's responsibility to ensure the correct ORI number is utilized and that it is legible.

Once an applicant is pre-enrolled with the vendor, he or she must take the official FBI fingerprint card to a law enforcement agency in the applicant's state or country to have his or her fingerprints taken. Applicants should be prepared to pay a fee for having their fingerprints taken, as some agencies do charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must also be signed by a law enforcement official in the appropriate block. Please follow the directions on the card and provide all information requested except for the following: Your No.; FBI No.; Armed Forces No.; Miscellaneous No.; or Reason Fingerprinted.

After your fingerprints have been taken, please follow the mailing instructions set forth in the confirmation document provided to you upon completion of your pre-enrollment with MorphoTrust USA. The vendor will forward your digitized fingerprints to DPS.

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Ste. 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter for Licensed Specialist in School Psychology

Name and Address of Licensed Psychologist
or Licensed Specialist in School Psychology

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): _____

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes _____ No _____

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Your Printed Name

Your Signature

Current Address: _____

Telephone: (_____) _____
Area Code

Texas State Board of Examiners of Psychologists
Reference Letter

Area of doctoral or master's level training/education in psychology:

Current Job Position: _____

Please give date(s) of your licensure at the time that you knew the applicant. Also provide your license no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. from January 1, 1984 to September 15, 1985)

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

5. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No _____

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

7. Do you feel the applicant is physically and mentally competent to render psychological services as a specialist in school psychology? If **NO**, please attach letter of explanation.
Yes_____ No_____

8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? If **YES**, please attach letter of explanation.
Yes_____ No_____

Date Form Completed by Licensed Psychologist
or Licensed Specialist in School Psychology

Please return this completed form to the applicant.

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450

Austin, Texas 78701

(512) 305-7700

**Reference Letter and
Documentation of Supervised Experience
for
Licensed Specialist in School Psychology**

Name and Address of Licensed Psychologist or
Licensed Specialist in School Psychology

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): _____

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Board Rule §463.9 requires that a person have a minimum of 1,200 hours of supervised experience, 600 of which must be in a public school. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Open Records Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes _____ No _____

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Your Printed Name

Your Signature

Current Address: _____

Telephone: (_____) _____
Area Code

Your highest degree and area of training/education: _____

How many years of experience have you had practicing psychology in the public schools?

Your Current Job Position: _____

Please give date(s) of your licensure at the time that you supervised the applicant. Also provide your license no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was your professional relationship with the applicant? (e.g., internship director, employer, on-site supervisor, etc.)

3. Do you feel the applicant is physically and mentally competent to render psychological services as a licensed specialist in school psychology? If **NO**, please attach letter of explanation.

Yes _____ No _____

4. Do you feel the applicant is professionally competent to render psychological services as a licensed specialist in school psychology? If **NO**, please attach letter of explanation.

Yes _____ No _____

5. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? If **YES**, please attach letter of explanation.

Yes _____ No _____

6. IF YOU PROVIDED PROFESSIONAL SUPERVISION TO THE APPLICANT, PLEASE COMPLETE THE FOLLOWING.

- a. What was the consecutive time period you supervised the applicant? **PLEASE BE VERY SPECIFIC.** MONTH, DAY AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date: _____ Ending Date: _____

Beginning Date: _____ Ending Date: _____

- b. How many clock hours per week did the applicant work under your supervision during the above time period? _____
- c. How many direct, systematic, face-to-face hours of supervision did you give the applicant every week (or specify if it was every two weeks).

- d. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?
Yes _____ No _____
- e. Were you under any disciplinary order from your licensing board at the time of supervision? Yes _____ No _____
- f. Did the applicant have the background, training, and experience appropriate to the functions performed? Yes _____ No _____
- g. Did the title used by the applicant while under your supervision clearly indicate his/her supervised status? Yes _____ No _____
- h. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes _____ No _____
- i. Please indicate the type of professional setting where your supervision took place. _____
- j. Do you verify that the applicant received hands-on experience in assessment, intervention, behavior management, and consultation, for children representing a range of ages, populations, and needs sufficient to ensure that the applicant is competent to provide these services unsupervised? Yes _____ No _____

Date Form Completed by Licensed Psychologist or
Licensed Specialist in School Psychology

Please return this completed form to the applicant.

Providers of School Psychological Services in the Public School Districts (Board rules 463.9 and 465.38)

TYPE (Permitted Titles)	DEFINITION	SUPERVISION REQUIREMENTS
LSSP, Regular	Meets requirements of Board rule §463.9(a) through (e).	With more than one year's experience, none required. During first year of practice as a licensee, must practice under supervision (unless also licensed as a psychologist in Texas). See Board rule §465.38(4)(iii). Supervision must be sufficient, given the supervisee's level of competency and experience, to ensure quality of care.
"LSSP Trainee"	Individuals who have applied for licensure as a regular LSSP and have received notification from Board that they have met all training requirements and passed the National School Psychology examination.	May provide school psychological services on behalf of public school district to public school students under qualified supervision for up to one year while they take and pass the required Jurisprudence examination. After one year, if they have not acquired the LSSP, or if at any time during the year the application is voided, ability to practice ends immediately. Patients/clients are the actual patients/clients of the supervisor. The supervisor is directly responsible for all services and actions of the trainee. Trainee status does not qualify trainee to provide psychological services of any other kind.

Providers of School Psychological Services in the Public School Districts

Page Two

TYPE (Permitted Titles)	DEFINITION	SUPERVISION REQUIREMENTS
<p>Intern:</p> <p>“LSSP Intern”</p> <p>Must be clearly designated as an “intern” at all times and may not be referred to as a “psychologist.”</p>	<p>Individuals fulfilling internship requirement of Board rule §463.9(c).</p>	<p>Must be under direct supervision of qualified supervisor at all times that school psychological services are being provided to a public school student. Internship must be provided through a recognized training program at regionally accredited university or college unless the internship is pursuant to doctoral level licensure as a psychologist. Supervisor is individually responsible for ensuring that internship meets all requirements enumerated in Board rule §463.9(c).</p>
<p>Intern, student, or trainee not pursuing LSSP OR pursuing LSSP simultaneously.</p> <p>Must be clearly designated as a “psychological intern,” “psychological trainee” or “psychological student” at all times and may not be referred to or listed as a “psychologist.”</p>	<p>Individuals pursuing a course of study in preparation for the practice of psychology in a recognized training institution pursuant to Section 501.004 of Act and completing a doctoral or post-doctoral internship pursuant to Section 501.252(b)(2).</p>	<p>May only practice school psychology in a public school district under direct supervision of an individual who is both a licensed psychologist and a LSSP qualified to supervise and only to the extent the intern is qualified by virtue of experience and training. Once the internship ends, the intern may not offer services of any kind in the schools unless the applicant is an LSSP. Patients/clients receiving services are the patients/clients of the supervisor. The supervisor is directly responsible for all services and actions performed during the course of the intern’s delivery of school psychological services to a public school student.</p>

Qualified Supervisor: Supervision of delivery of all school psychological services on behalf of a public school district to a public school student must be provided by an LSSP with at least three years experience (one of which may have been obtained while under supervision by another qualified supervisor) in a public school district. No other individual, regardless of training or experience, may provide supervision. See Board rule §465.38(5).

Effective June 30, 1998
 Amended 11/10/98; 12/15/99; 4/15/05; 6/1/11