



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 Military Applicant Quick Reference Sheet
- 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*
- Documentation of Experience Form
- Providers of School Psychological Services Information Sheet
- Instructions for Changing Your Mailing or Email Address in the Online System
- 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**

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: 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. One of the following, as applicable:

Documentation indicating that you hold active certification as a Nationally Certified School Psychologist (NCSP) by the National Association of School Psychologists (NASP). You may obtain this documentation from the NASP website 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 Praxis 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 Praxis School Psychology Examination must be sent directly to the Board office from ETS.

- D. An official transcript reflecting the required graduate degree. The transcript must be sent directly from your university or college, and must show the date the degree was conferred. If you hold active certification as an NCSP, you do not have to submit an official transcript.
- E. A fully completed *Documentation of Supervised Experience* form, unless you hold active certification as an NCSP or graduated from degree program approved by the National Association of School Psychologists (NASP) or accredited in school psychology by the American Psychological Association (APA).
- F. 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.

The above items must be received in the Board office before the processing of your application can be completed and before you can be approved to sit for the Jurisprudence Examination. Failure to include the application fee will result in your application being 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.

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 jurisprudence examination. 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.

You cannot register to take the Praxis 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 Praxis School Psychology Examination prior to your application being reviewed.

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 Praxis School Psychology Exam will be notified by the Board that they have met the training requirements at which time they may practice as a trainee 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.

Upon passage of all required examinations, please allow 20 business days for issuance of your specialists in school psychology license following official notification of the last examination taken. Please do not contact the Board regarding your license during this time period.

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 LSSP Licensing Coordinator at LSSP.Coordinator@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 LICENSED
SPECIALIST IN SCHOOL PSYCHOLOGY
QUICK REFERENCE SHEET**

MILITARY SERVICE MEMBERS AND MILITARY VETERANS	
<p>The Board will waive submission of an official transcript, evidence of the required coursework or National Association of School Psychologists certification, and proof of passage of the Praxis School Psychology Examination, 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.</p>	
<input type="checkbox"/>	Proof of military service.
<input type="checkbox"/>	<p>A copy of the law reflecting the current licensing or certification standards for specialists in school psychology (or school psychologists if that is how a jurisdiction refers to this credential) in the jurisdiction that issued your out-of-state license or certification, with the following relevant portions highlighted for easy reference:</p> <ul style="list-style-type: none"> The completion of a training program in school psychology approved or accredited by the American Psychological Association or the National Association of School Psychologists, or a master's degree or higher in psychology with the specific coursework set out in Board rule 463.9; and Passage of the Praxis School Psychology Examination.
<input type="checkbox"/>	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:	
<p>The Board will waive submission of an official transcript, evidence of the required coursework or National Association of School Psychologists certification, and proof of passage of the Praxis School Psychology Examination, 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.</p>	
<input type="checkbox"/>	Proof of marriage to a military service member. See 463.30(a)(1)(A).
AND	
<input type="checkbox"/>	<p>A copy of the law reflecting the current licensing or certification standards for specialists in school psychology (or school psychologists if that is how a jurisdiction refers to this credential) in the jurisdiction that issued your out-of-state license or certification, with the following relevant portions highlighted for easy reference:</p> <ul style="list-style-type: none"> The completion of a training program in school psychology approved or accredited by the American Psychological Association or the National Association of School Psychologists,

	<p>or a master's degree or higher in psychology with the specific coursework set out in Board rule 463.9; and</p> <ul style="list-style-type: none"> • Passage of the Praxis School Psychology Examination.
	<p>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.</p>
<p>OR</p>	
<input type="checkbox"/>	<p>Proof that within 5 years preceding the application date, the spouse held a license issued by this agency. See 463.30(a)(1)(C).</p>

<p>MILITARY SERVICE CREDIT</p>	
<p>A military service member or military veteran will receive credit for the required practicum course and 600 internship hours, 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.</p>	
<input type="checkbox"/>	<p>Proof the military service member or military veteran delivered psychological services within the military for at least one year.</p>



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

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Fax: (512) 305-7701

For Agency Use Only

APPLICATION FOR LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY

*****WARNING*****

Do not submit this application if your degree was awarded by a university or college outside of the United States of America and you have not complied with [Board rule 463.25](#). Prospective applicants needing to comply with Board rule 463.25 may download a copy of the *Application to Determine Foreign Equivalency* from the Board's website.

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:

Driver's License No. and State of Issuance:

Gender:
 Male Female

Are you a U.S. citizen or otherwise lawfully present within the United States of America?

Yes No

Pursuant to 8 U.S.C.S. §§1621 and 1625, you are required to submit proof of legal presence in the U.S. when applying for professional licensure. Please enclose one of the following forms of acceptable proof.

ACCEPTABLE DOCUMENTS TO ESTABLISH U.S. CITIZENSHIP

A person who is a citizen of the United States as evidenced by one of the following:

1. A copy of a birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
2. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).
3. A birth certificate or passport issued from:
 - A. Puerto Rico, on or after January 13, 1941;
 - B. Guam, on or after April 10, 1898;
 - C. U.S. Virgin Islands, on or after February 25, 1927;
 - D. Northern Mariana Islands, after November 4, 1986;
 - E. American Samoa;
 - F. Swain's Island; or
 - G. District of Columbia.
4. A U.S. passport (expired or unexpired).
5. Certificate of Naturalization (N-550, N-57, N-578).
6. Certificate of Citizenship (N-560, N-561, N-645).
7. U.S. Citizen Identification Card (I-179, I-197).
8. An individual Fee Register Receipt (Form G-711) that shows that the person has filed an application for a New Naturalization or Citizenship Paper (Form N-565).
9. Any other document which establishes a U.S. place of birth or indicates U.S. citizenship (e.g. Texas driver's license).
10. Copy of social security card.

ACCEPTABLE DOCUMENTS TO ESTABLISH LEGAL PRESENCE

An alien or nonimmigrant applying for professional licensure must submit supporting documentation to establish legal presence under one of the following categories:

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under Section 208 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";
 - Grant Letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document).
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
 - INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
 - INS Form I-668B (Employment Authorization Card) annotated "274a.12(a)(10)";
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
 - INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3); or
 - INS Form I-766 (Employment Authorization Document) annotated "A3".
7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes:
 - INS Form I-94 showing this status.
9. An alien who has been declared a battered alien. Evidence includes:
 - INS petition and supporting documentation.

OTHER LICENSES AND CREDENTIALS

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

Yes No

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

Do you now hold or have you ever held a license or certification 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?

Yes No

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

If you are licensed or certified to practice psychology in another jurisdiction, have you requested written verification of your license or certification from the other jurisdiction and that it be sent directly to this agency?

Yes No

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 or certification.

Have you ever had an application denied or been refused a license or certification to practice psychology or any other form of behavioral or mental healthcare?

Yes No

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.

<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 or certification 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>
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MILITARY SERVICE MEMBERS, VETERANS, AND SPOUSES

<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>
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<p>Are you licensed or certified as a specialist in school psychology or school psychologist in another jurisdiction where the licensing or certification standards exceed or are the substantial equivalent to those for a licensed specialist in school psychology in Texas?</p> <p><i>If so, you do not need to submit the materials identified in Board rule 463.30(a)(4). The criteria for determining substantial equivalency can be found in Board rule 463.30(a)(5). Applicants claiming substantial equivalency must submit a copy of the law reflecting the current licensing standards in the jurisdiction that issued their out-of-state license.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>If you are a military spouse, were you licensed by this agency within the preceding five year period?</p> <p>If so, please list the type of license held, together with your former license number:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>If you are a military service member or military veteran, have you ever delivered psychological services within the military for a period of at least one year?</p> <p>If so, please provide the dates when those services were provided:</p> <p>From _____ To _____ (MM/DD/YY) (MM/DD/YY)</p> <p><i>Applicants who can demonstrate the delivery of psychological services within the military for at least one year will receive credit toward the applicable licensing standards as indicated in Board rule 463.30(b).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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SPECIAL ACCOMMODATIONS

<p>Do you have a disability or impairment recognized under the Americans with Disabilities Act (ADA) which will necessitate special accommodations during the administration of any examinations?</p> <p><i>If so, please attach a written description of your disability or impairment and the accommodations you are requesting. When submitting an application and request for accommodation, you must include a physician's certification of your condition.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Have you received any accommodations in the past for this disability or impairment?</p> <p><i>If so, please attach a written description of the accommodations received.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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EDUCATION

Type of Degree	Awarding University or College	Dates Attended	Degree Conferral Date	Total Hours Earned	Type of Degree <i>(e.g. Ph.D., M.S.)</i>	Major/Field of Study
Masters						
Specialist						
Doctoral						
<p>Do you hold active certification as a Nationally Certified School Psychologist (NCSP)?</p> <p><i>If so, please submit proof of your active NCSP certification by submitting a printout from the NASP website reflecting your active certification status. Applicants who hold an active NCSP certification do not need to submit official transcripts for any degrees listed above and may skip to the Employment History section of this application.</i></p>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>For those applicants who do not hold an active NCSP certification, was your degree program approved by the National Association of School Psychologists (NASP) or accredited in school psychology by the American Psychological Association (APA) at the time your degree was conferred?</p>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you did not graduate from a NASP approved program or a program accredited in school psychology by the APA, did you receive your graduate degree from a regionally accredited educational institution?</p> <p><i>A regionally accredited educational institution is one accredited by one of the associations listed in Board rule 463.6.</i></p>						<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you requested that an official copy of your transcript be sent directly to the agency from your university or college?</p>						<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Required Graduate Level Coursework

Applicants who graduated from a degree program approved by the NASP or accredited in school psychology by the APA may skip this section and proceed to the **Examination History** section.

Applicants must demonstrate proof of the following graduate level coursework by identifying the courses or training listed on their transcripts that satisfy the required areas of study. Unless instructed otherwise, each area must have at least one course listed. If requested by agency staff, applicants must provide an official course catalogue or description from their university or training program to verify whether a course meets the requirements of this rule.

General Area	Specific Area	Course or Training as Referenced on Applicant's Transcript <i>Example: PSY 503 Abnormal Psy/Devpmt Psychopath 3.00</i>
Psychological Foundations:	Biological bases of behavior	
	Human learning	
	Social bases of behavior	
	Multi-cultural bases of behavior	
	Child or adolescent development	
	Psychopathology or exceptionalities	
Research and Statistics:		

Educational Foundations ¹ :	Instructional design	
	Organization and operation of schools	
	Classroom management	
	Educational Administration	
Assessment:	Psychoeducational assessment	
	Socio-emotional, including behavioral and cultural assessment	
Interventions:	Counseling	
	Behavior management	
	Consultation	

¹ You must list one or more courses for at least one specific area, but need not list a course for each specific area. Applicants are however encouraged to list courses for each specific area so that in the event a course is found to be unacceptable the application will not rest solely upon the course work listed in that specific area.

Professional, Legal, and Ethical Issues:	
Practicum:	

FORMAL INTERNSHIP

Have you completed a formal internship or other site based training as part of your graduate degree program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your internship part of a doctoral training program intended to satisfy the requirements of Board rule 463.11(d)(2)(C)? <i>If so, please have the Director of Internship Training for the internship complete the Documentation of Supervised Experience form and submit same along with your application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your formal internship take place in more than one placement? A school district, consortium, and educational co-op are each considered one placement. <i>If so, please fill out a Supplemental Basic Information Form Regarding Formal Internship for each additional placement, and submit same along with this application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Basic Information Regarding Formal Internship

1.	Name of Supervisor:	
2.	Address:	
3.	Email Address:	
4.	Telephone No.:	
5.	Was the supervisor licensed as a psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Was the supervisor licensed or certified as a specialist in school psychology or school psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Jurisdiction where supervisor was licensed or certified:	
8.	Name and address of the placement (i.e., public school or internship site) where the experience was	

	obtained:	
9.	Duration of experience:	Began _____ Ended _____ (MM/DD/YY) (MM/DD/YY)
10.	Total hours completed under supervision during the above time period?	
	Total hours completed in a public school?	
	Total hours completed outside of a public school, if any?	
11.	Title used:	
12.	If the supervised experience occurred in Texas, does it satisfy the requirements of the Board's supervision rules in Board rule 465.2 , including the requirement that a supervisor have a minimum of three years of experience providing psychological services in the public school system without supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Was your supervisor trained in the area of supervision provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Was your supervisor related to you within the second degree of affinity (marriage) or consanguinity (blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Did you receive at least two hours of supervision per week, with no more than fifty percent being group supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Did the internship include direct intern application of assessment, intervention, behavior management, and consultation for children representing a range of ages, populations, and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
EXAMINATION HISTORY		
Have you previously taken the Praxis School Psychology Examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide the following information:		
Score Received:	Date Taken:	
Have you requested that your score be sent directly to this agency by the Education Testing Service (ETS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>You can request that your score be sent to this agency by clicking here and following the instructions set out on the ETS website.</i>		

Have you previously taken the Board's Jurisprudence Examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide the following information:		
For What License? (e.g. LPA, LSSP)	Score Received:	Date Taken:

EMPLOYMENT HISTORY

Are you currently providing psychological services in Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, which of the following serves as the basis for your delivery of services in Texas:

Licensed by this agency.

Providing services which are exempt under [Section 501.004](#) of the Psychologists' Licensing Act.

Providing services which are exempt under [Board rule 461.10\(c\)](#).

Other: _____

None of the above.

If you claim to be providing services under either exemption referenced above, please attach a detailed description of the setting in which these services are being provided, as well as the type of services being provided sufficient for agency staff to determine whether the setting and services fall within the scope and spirit of the law. Additionally, when providing a description for an exemption under Board rule 461.10, please submit a completed *Checklist for Exemption of Post-Doctoral Fellowship Under Board Rule 461.10(c)*. The checklist can be found in the application packet for provisional licensure as a psychologist on the agency's website.

Current Employment

Current Employer:

Position Title:

Description of Duties:

Employer's Address:

Supervisor's Name:	Supervisor's License No.:
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Supervisor's Phone No.:	Starting Date of Employment:
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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</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>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>	
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever aided or abetted another individual in the unlawful practice of psychology?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you physically and mentally able to render competent psychological services to the public in a safe manner?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you use drugs or alcohol to an extent that affects your professional competency?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>PERSONAL ACKNOWLEDGEMENT</p>	
<p>By signing and submitting this application, you are acknowledging:</p> <ul style="list-style-type: none"> • 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; • that you have an obligation to keep your address of record current while your application is being processed; and • that you must wait until the Board receives this application packet before undergoing the required fingerprint criminal history background check. 	
<p>Signature:</p>	<p>Date:</p>



**TEXAS STATE BOARD OF
EXAMINERS OF PSYCHOLOGISTS**

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For Agency Use Only

SUPPLEMENTAL BASIC INFORMATION FORM REGARDING FORMAL INTERNSHIP

Basic Information Regarding Formal Internship		
1.	Name of Supervisor:	
2.	Address:	
3.	Email Address:	
4.	Telephone No.:	
5.	Was the supervisor licensed as a psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Was the supervisor licensed or certified as a specialist in school psychology or school psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Jurisdiction where supervisor was licensed or certified:	
8.	Name and address of the placement (i.e., public school or internship site) where the experience was obtained:	
9.	Duration of experience:	Began _____ Ended _____ (MM/DD/YY) (MM/DD/YY)
10.	Total hours completed under supervision during the above time period?	
	Total hours completed in a public school?	
	Total hours completed outside of a public school, if any?	

11.	Title used:	
12.	If the supervised experience occurred in Texas, does it satisfy the requirements of the Board's supervision rules in Board rule 465.2 , including the requirement that a supervisor have a minimum of three years of experience providing psychological services in the public school system without supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Was your supervisor trained in the area of supervision provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Was your supervisor related to you within the second degree of affinity (marriage) or consanguinity (blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Did you receive at least two hours of supervision per week, with no more than fifty percent being group supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Did the internship include direct intern application of assessment, intervention, behavior management, and consultation for children representing a range of ages, populations, and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions to Applicants for Obtaining Fingerprint Criminal Record Checks

NOTE: For those applicants reapplying for licensure, a Texas Department of Public Safety (DPS)/FBI fingerprint criminal history record checks is valid for six (6) months only.

Prospective applicants should wait until they apply before completing their fingerprint criminal history check. The Board is prohibited by state and federal law from accessing an individual's criminal history record information until that individual has applied for licensure. Applicants who obtain their fingerprint criminal history check prior to applying for licensure will be removed from the Board's access queue in the DPS system and may suffer delays in the licensure process as a result thereof. In an effort to ensure criminal history results are available to agency staff when processing an application, applicants are encouraged to wait five business days after mailing or delivering their application to the Board before completing their fingerprint criminal history check.

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 history 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.

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 history checks for licensure.

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 criminal history 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

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Austin, Texas 78701
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Fax: (512) 305-7701

For Agency Use Only

Documentation of Supervised Experience Form

The below-named applicant has indicated on an *Application for Licensed Specialist in School Psychology* that he or she completed a formal internship meeting the requirements of Board rule 463.9. 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): _____

Supervisor or Director of Internship Training			
Name:			
Address:			
Email Address:			
Telephone No.:			
Current Job Position:			
Please provide the type of license(s) held, your license number(s), as well as the name of the jurisdiction where you held licenses to practice psychology at the time of the applicant’s supervision.			
Type of License:	License No.:	State:	Current? Yes/No

General Information Regarding Formal Internship

Name of Placement 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., public school, private practice, agency, etc.)		
5.	What was your professional relationship with the applicant? (e.g. internship director, LSSP supervisor)		
6.	What title was used by the applicant?		
7.	Was the internship required as part of the applicant's graduate or doctoral degree program?	Yes____	No____
8.	Did the internship take place in not more than two placements, and in not less than one, or more than two academic years? <i>A school district, consortium, and educational co-op are each considered 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.	Did any of the applicant's supervisors have a restricted license at the time of supervision?	Yes____	No____
11.	Did the internship include direct intern application of assessment, intervention, behavior management, and consultation for children representing a range of ages, populations, and needs?	Yes____	No____
12.	Please list the school psychological services you feel the applicant is NOT qualified to provide:		

13.	Did the applicant receive supervision within his or her supervisor's areas of training, knowledge, and skill?	Yes____	No____
14.	Do you feel the applicant is physically and mentally competent to render school psychological services as a licensed specialist in school psychology? <i>If not, please attach a written explanation.</i>	Yes____	No____
15.	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____
16.	If the internship took place in Texas, was there a process in place to address any serious concerns regarding the applicant's performance? <i>The process must protect the rights of clients to receive quality services, assure adequate feedback and opportunities for improvement to the supervisee, and ensure due process protection in cases of possible termination of the supervisory relationship.</i>	Yes____	No____
17.	If the internship took place in Texas, was the applicant provided with a written agreement that includes a clear statement of the expectations, duties, and responsibilities of each party, including the total hours to be performed, benefits and support to be provided by the supervisor, and the process by which the applicant was to be supervised and evaluated?	Yes____	No____

Rule 463.11(d)(2)(C) Formal Internship

Please answer the following questions IF the applicant's internship was part of a doctoral training program intended to satisfy the requirements of Board rule 463.11(d)(2)(C). Otherwise, do not answer the questions in this section. 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:	
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____

Personal Acknowledgment

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 or Supervisor

Date: _____

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

TYPE (Permitted Titles)	DEFINITION	SUPERVISION REQUIREMENTS
LSSP, Regular	Meets requirements of Board rule §463.9.	None.
“Licensed Specialist in School Psychology” or “LSSP.” May not be called “psychologist” at any time.	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.
“LSSP Trainee”		
Must be clearly designated at all times as “LSSP Trainee.” May not be called “psychologist” at any time.		

Providers of School Psychological Services in the Public and Private Schools Page Two

TYPE (Permitted Titles)	DEFINITION	SUPERVISION REQUIREMENTS
Intern:		
<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.</p>	<p>Must be under direct supervision of a qualified supervisor at all times that school psychological services are being provided to a 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.</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 or private school under direct supervision of an individual who is both a licensed psychologist and an 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 student.</p>
<p>Qualified Supervisor: Supervision of delivery of all school psychological services within a public school must be provided by an LSSP with at least three years of experience providing psychological services within the public school system without supervision. No other individual, regardless of training or experience, may provide supervision of the delivery of school psychological services in a public school setting. See Board rule §465.2 (d)(2).</p>		

Instructions for Changing Your Mailing or Email Address in the Online System

Once you have submitted an application for licensure, if you need to change your mailing or email address, you may do so via the Board's online system.

If you choose to change your mailing or email address online, you must first register an account with the online system, if you have not already done so. The registration is a one-time only process.

To register for the online system, you will need an email address which will become your User ID.

If you have an email address, [click here](#) and select "Begin Here for Sign-up" as shown below.

Welcome to the Online Licensing System

Returning User
* * are required.
*User ID:
*Password:
[Forgot password?](#)
[Forgot user ID?](#)

New User
[Begin Here For Sign-up](#)

New Users (those who have not applied or renewed online since June 2011) must create an online account to use the Online Licensing System. Opening a second account will not delete the first account.

Once you have completed the user registration a temporary password will be sent to your email address, and you will be asked to select a new password when you first attempt to login.

Once you have registered an account, and logged into the system, you may add your application(s) to your registered account. The screenshots below will help guide you through this process.

There are two application types to choose from:

- a. Psychology - LP, PLP, LPA (licensed psychologist, provisionally licensed psychologist, licensed psychological associate), or
- b. Psychology – LSSP (licensed specialist in school psychology).

You will need the following information to correctly associate your user account registration with your pending application in the online system:

- a. Social Security Number (no dashes)
- b. Birthdate (mm/dd/yyyy), and
- c. Zip code (from address of record).

If any of the information you enter does not match the data currently in the system, you will not be able to establish an account and will need to contact the Board office during normal business hours. The zip code you enter must match exactly the one the Board has on file as your address of record. If it includes a 4-digit extension, then it must be entered as such. If it does not include a 4-digit extension, then it cannot be entered with one.

If your current address of record does not have a zip code, e.g. foreign address, you cannot use the online system. You must download and submit the paper change of address form from the Board's website.

Once you have registered an account and added your application(s) to this registration, you may begin the process wherein you can change your address of record.

Once you become licensed, your license number will be added to this account and you can renew and order additional renewal permits, in addition to changing your address and/or email.



Texas Board of Professional Land Surveying
Texas Funeral Service Commission
Texas Optometry Board
Texas State Board of Dental Examiners
Texas State Board of Examiners of Psychologists
Texas State Board of Pharmacy
Texas State Board of Plumbing Examiners

Logged in as **Noack, Jennifer**

[Update Profile](#) | [Logoff](#) | [Contact Us](#)

**Step1: Have You Done
Business with Us?**

**Step2: Provide Identifying
Information**

Step3: Confirm Information

Welcome to OnlineQuickStart

By answering a few simple questions we'll help you to get started

Step 1

Have you ever held a license or registration with our Board?

- If this is the *first time* you are adding your existing or previous held license to this online account then please select "Yes" so you can walk through the steps of adding your license to your online account.
- If you are applying for a *brand new license* for the first time, select "No" and you will be taken to the Quick Start menu where you can see your initial licensing options under the "Start a New Application" heading.
- If you have *renewed or applied on-line previously* (since 2011), select "No" as you only need to add your license to your online account once. You will be taken to the Quick Start menu where you should see your license and your licensing options.
- If you have an *email change* since the last time you logged in please [contact us](#) with your old email address and your new email address and we can update your account for you as your license can only be associated with one account.

Select "Yes"

Yes How do I know?

No

Next

Cancel

What kind of a license did you hold, or did you apply for the past?

Step 1

Which board manages your license type? Selecting from this list narrows the available License Type drop-down list.

* Board: [How do I know?](#)

* License Type [How do I know?](#)

Step 2

Please provide your credentials

*Required Information

License Type:

Psychology - LP, PLP, LPA

*SSN:

Full digits of SSN

SSN must be 9 numeric characters long

*Date Of Birth:

(mm/dd/yyyy)

*Zip Code:

Security Measures (This helps to prevent automated registrations.)

*Type the characters from the picture below (without spaces):

cbvqkv

Refresh

If you are unable to read the above image please refresh it for another word.

Next

Cancel

Step 3

Please confirm your license credentials

Indiv / Org Number: **919758**

This is the entity number assigned to you by the Board.

Name: **PSYCHOLOGY, TSBEP**

License Type	License Number
--------------	----------------

Your name should appear here.

*Select One:

I confirm this is my information

No this is not my License information

Quick Start Menu

If you see your license on the right hand of the screen under the "License Information" section please **DO NOT** click on the "Add License to Registration" link at the bottom as your license is already associated with this online account. You should see your license options listed below.

If you are trying to apply for a license please choose the appropriate option under the "Start a New Application" section.

If you need to add your license to your online account please click on the "Add Licenses To Registration" option below.

■ Applicant Activities

Psychology - LP, PLP, LPA #14920 **Change of Address**

Change of Address - Contact Information

Main Address

Street

Number:

*Address:

*Zip Code:

*City:

*State:

County:

Country:

Phone Number: (999) 999-9999

Extension:

E-mail:

Contact #:

Web Address:

Back

Next

Cancel App

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