

FOR OFFICE USE ONLY

Psychology Checklist

- Temporary
- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- Photo
- Transcript
- Exam Results from EPPP
- Lic. Verification from other States
- Supervised Practice Forms:
 - Pre-Doctoral
 - Post-Doctoral
- Curriculum Summary Forms (Non-APA)



**Rhode Island
Board of Psychology**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

FOR OFFICE USE ONLY

License Number:
Issue Date:
Approved for EPPP
Approved for Licensure:
Signature of Board Member
Signature of Board Administrator
ID#:
Receipt #:

License # _____
Name _____

***Instructions and Application For
License As A***

Psychologist

Temporary Permit

Endorsement

Examination

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Application Materials	
Application.....	5-8
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Endorsement Information Form/Interstate Verification Form - Other State License(s)....	10
Pre-Doctoral Supervised Practice Form.....	11
Post-Doctoral Supervised Practice Form.....	12
Curriculum Summary Form (non-APA <u>ONLY</u>).....	13

Licensure Requirements

- Completed, notarized application.
- Fee of **\$230.00** for Psychologist, (an **additional** fee of **\$120.00** is required for Temporary Permit*).

The application fees are NON-REFUNDABLE.

***NOTE:** Refer to Section 7.4 of the Rules and Regulations -"Temporary Permits", to determine whether you are eligible to apply for a temporary permit.

- Recent passport type photograph.
- Official Advanced Degree Transcripts from an accredited School of Psychology.
- Examination for Professional Practice in Psychology (EPPP) results.
- PRE-DOCTORAL and POST DOCTORAL Supervised Practice Form(s).
- Curriculum Summary Form (non-APA ONLY).

Endorsement

- In addition to the above listed requirements, **ALL** applicants who hold or have held a Psychology license in any state ("Endorsement candidates") must provide a completed Interstate Verification Form (page 10) from each of those states.
- The "Interstate Verification Form - Other State License(s)" (page 10) is provided for this purpose. The Verification Form from the State of original licensure must include test scores obtained on the appropriate level of the EPPP examination (or test scores may be sent directly from EPPP). If test scores are provided, you do not need to contact the EPPP to request the test scores. In addition to test scores, if the required Supervised Practice Prerequisite is provided by the Endorsement State(s) (Refer to Rules & Regulations below), then you are not required to submit the Supervised Practice Forms.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 5, Chapter 44, entitled: Psychologists can be downloaded at the following website:

<http://www.rilin.state.ri.us/statutes/title5/5-44/index.htm>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Psychology (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Supervision Practice Forms (Pages 11 & 12) must be presented in sealed envelopes, either by mail directly from the reference, or submitted by the applicant in an envelope sealed with the reference’s signature across the sealed flap.

All material must be received 14 days prior to a scheduled Board Meeting in order to be considered for endorsement of licensure from another jurisdiction or to be reviewed for approval to sit for the EPPP Examination.

For a Practice Examination Application for Candidates or for more information on the EPPP Examination, visit the Association of State and Provincial Psychology Boards (ASPPB) at:

<http://www.asppb.net/i4a/pages/index.cfm?pageid=3343>

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<https://healthri.mylicense.com/Verification/>

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. It is the responsibility of the applicant to arrange for submission of ALL licensure requirements. HEALTH does NOT notify applicants of missing or incomplete documentation. If you have any questions, or would like to check on the status of your application, contact the Board staff at (401) 222-2828.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

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<http://www.asppb.net/i4a/pages/index.cfm?pageid=3343>

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

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<https://healthri.mylicense.com/Verification/>

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. It is the responsibility of the applicant to arrange for submission of ALL licensure requirements. HEALTH does NOT notify applicants of missing or incomplete documentation. If you have any questions, or would like to check on the status of your application, contact the Board staff at (401) 222-2828.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$230.00** for Psychologist (or **\$350.00** for Temporary Permit) payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee **cannot be refunded**, even if the applicant is found ineligible for licensure. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Psychologists licenses expire yearly on June 30th.
3. Affix a recent **2 X 2 photo** of yourself in the space provided (page 8).
4. A completed official transcript **sent directly** from the accredited school of **Psychology** to the Board of Psychology. No student copies will be accepted.
5. Examination scores, **sent directly** from the **ASPPB (Telephone 1-334-832-4580)** to the Board of Psychology.
6. Supervised Practice Forms (pgs 11-12).
7. Curriculum Summary Form (non-APA ONLY).
8. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.

Mail the application and documentation to:

<p style="text-align: center;">Rhode Island Department of Health Board of Psychology, Room 104 3 Capitol Hill Providence, RI 02908-5097</p>



State of Rhode Island and Providence Plantations Board of Psychology

Application for License as a Psychologist/Temporary Permit

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

NOTE:
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

 - -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / / **19**

Month Day Year

5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

State

 -

Zip Code

Country, If NOT U.S.

 -

Postal Code, If NOT U.S.

 -

Home Phone

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 -

Zip Code

Country, If NOT U.S.

 -

Postal Code, If NOT U.S.

 -

Business Phone

 -

Extension

Business Fax

 -

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Licensed Psychologist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Psychology of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

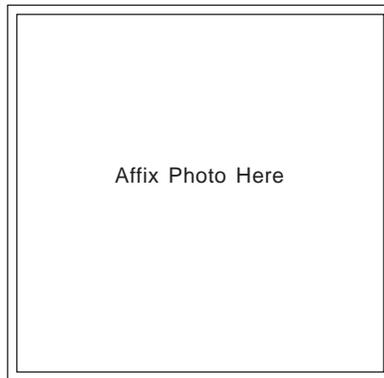
Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the: “**Rhode Island General Treasurer**” in the amount of **\$230.00** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- I have arranged my Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Psychology.
- I have reviewed the Rules and Regulations pertaining to the Licensing of Psychologists.

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Endorsement Form/Interstate Verification Form(s) - Other State License(s) (**Endorsement Candidates Only**).
 2. Supervised Practice Form(s)

Other Documents

- I have requested an official school transcript and my examination scores from the ASPPB as instructed.



Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license. Copy this form as needed.

Rhode Island Board of Psychology

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Psychologist/Temporary Permit in the State of Rhode Island. The Rhode Island Board of Psychology requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Psychology at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE PSYCHOLOGY BOARD

Directions for State Board: Please complete and return this form to the address above. Please verify requirements met in your state:

Ph.D from APA Accredited School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not by examination, how was license obtained? Endorsement _____ (State) Other _____ (Explain)
Applicant has completed and passed the National Certification (EPPP) Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No Score _____	License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued: _____ Expiration Date: _____

*Two years supervised experience (One of which shall be Post-Doctoral)?
 Yes No If YES, please indicate the total number of pre-doctoral and post-doctoral Ph.D. supervised hours: Pre-Doctoral _____ Post-Doctoral _____

Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name and State of Licensing Board _____



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Substitute forms are not acceptable, Copy this form as needed.

Rhode Island Board of Psychology

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

PRE-DOCTORAL SUPERVISED PRACTICE FORM - CERTIFICATION OF EXPERIENCE

The individual named below is applying for certification as a Licensed Psychologist in the State of Rhode Island. Prior to certifying the applicant, it is necessary to verify his/her past clinical supervision and/or clinical experience while supervised by you. The applicant has completed Section I and is requesting that you complete Section II. By signing below, the applicant attests that the information is correct to the best of his/her knowledge.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

Dates of Clinical Experience under supervision of the practitioner completing Section II. FROM: _____ TO: _____
Month Day Year Month Day Year Total number of Pre-Doctoral Supervised Hours _____

Description of Applicant's Primary Responsibilities and position:

INSTRUCTIONS TO APPLICANT: If you have had more than one supervisor, and evidence is needed from two or more supervisors to document the minimum level of supervised clinical experience required for Licensure, the applicant must complete Section I on each form forwarded to the individual supervisors. It is the responsibility of the applicant to gather all forms completed by supervisors in sealed envelopes with supervisor's signature across the back flap (seal) and mail in one packet to the Rhode Island Board of Psychology.

EXPERIENCE REQUIREMENTS FOR PSYCHOLOGISTS: The "Rules and Regulations pertaining to the Licensing of Psychologists", (R5-44-PSY), establishes experience requirements which must be met prior to application for the Psychologist License. "Supervised experience" shall mean the practical application of principles, methods and procedures of the science of psychology, for at least two (2) years, (one year of which must be post-doctoral), full time (35 hours per week) or its equivalent of 1500 clock hours per year for a minimum of 3000 hours and under the supervision of a psychologist certified or licensed pursuant to the statutory provisions for the state in which the supervised experience was obtained.

SECTION II - THIS SECTION TO BE COMPLETED BY SUPERVISOR

Instructions to supervisor: Please complete Section II of this form and return to the applicant. The Rhode Island Board of Psychology requests that the supervisor carefully review the applicant's statements under Section I prior to responding to Items in Section II. Insert completed form in an envelope and seal signing your name across the seal. Return to applicant. Applicant has been instructed to include your sealed envelope in his/her application packet.

Supervisor's Professional Degree, Discipline and License Information:
Degree: _____
Discipline: _____
License Level: _____
License #: _____
License State: _____

Agency and State in which Supervision Occurred: _____ Agency _____ State _____

Describe the nature of the Supervision: _____

Length and frequency (time-frame) of Supervision: _____

Certification: I hereby attest the above information in Section II is correct, to the best of my knowledge.

Signature _____ Date _____

Type or Print Name _____ Title _____

Supervisor's Address: _____

Please return this form to the applicant.

Thank you for your cooperation.



Substitute forms are not acceptable, Copy this form as needed.

Rhode Island Board of Psychology

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

POST-DOCTORAL SUPERVISED PRACTICE FORM - CERTIFICATION OF EXPERIENCE

The individual named below is applying for certification as a Licensed Psychologist in the State of Rhode Island. Prior to certifying the applicant, it is necessary to verify his/her past clinical supervision and/or clinical experience while supervised by you. The applicant has completed Section I and is requesting that you complete Section II. By signing below, the applicant attests that the information is correct to the best of his/her knowledge.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

Dates of Clinical Experience under supervision of the practitioner completing Section II. FROM: _____ TO: _____
Month Day Year Month Day Year Total number of Post-Doctoral Supervised Hours _____

Description of Applicant's Primary Responsibilities and position:

INSTRUCTIONS TO APPLICANT: If you have had more than one supervisor, and evidence is needed from two or more supervisors to document the minimum level of supervised clinical experience required for Licensure, the applicant must complete Section I on each form forwarded to the individual supervisors. It is the responsibility of the applicant to gather all forms completed by supervisors in sealed envelopes with supervisor's signature across the back flap (seal) and mail in one packet to the Rhode Island Board of Psychology.

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Supervisor's Professional Degree, Discipline and License Information:
Degree: _____
Discipline: _____
License Level: _____
License #: _____
License State: _____

Agency and State in which Supervision Occurred: _____ Agency _____ State _____

Describe the nature of the Supervision: _____

Length and frequency (time-frame) of Supervision: _____

Certification: I hereby attest the above information in Section II is correct, to the best of my knowledge.

Signature _____ Date _____

Type or Print Name _____ Title _____

Supervisor's Address: _____

Please return this form to the applicant.

Thank you for your cooperation.



Rhode Island Board of Psychology

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(401) 222-2828

Substitute forms are not acceptable
Copy this form as needed.

CURRICULUM SUMMARY FORM (NON-APA PROGRAMS ONLY)

Applicant: Please complete this form which provides a brief summary of your credentials and file it with your application.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth

1. Doctoral Degree (Check one): <input type="checkbox"/> Ph.D <input type="checkbox"/> Psy.D <input type="checkbox"/> Ed.D <input type="checkbox"/> Other (Specify)	2. Major field of concentration as indicated on official transcript being filed
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

3. Date doctoral requirements were satisfied, including successful defense of dissertation as indicated on transcript:

4. If major field was in clinical, counseling, school or industrial/organizational psychology, was the program an APA approved one? Yes No

5. Dates in which full-time graduate study was pursued:

6. Title of courses in which credits were earned that satisfy the following basic requirements:

(a) Professional ethics and standards:

(b) Statistical methods:

(c) Research methods:

(d) History and systems of psychology:

7. Title of courses in which credits were earned that satisfy the following core requirements:

(a) Biological Bases of Behavior (Physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology):

(b) Cognitive-Affective Bases of Psychology (Learning, thinking, emotion and motivation):

(c) Social Bases of Behavior (Group processes, organizational and systems theory):

(d) Individual Differences (Personality theory, human development, abnormal psychology):

8. Title of courses in which credits were earned within the specialty area of the major field of concentration:

9. Location, dates and nature of supervised experience and internship (Indicate if APA-Approved):

10. Name, title and license/certification number of supervising psychologists:

11. Total number of hours of supervised experience:	Practice	One-to-one Weekly Conferences
a) Pre-doctoral:		
b) Post-doctoral:		

12. Possession of ABPP Diploma? Yes No (If "Yes", date and field of diploma.)