



**Reminder:** The applicant must arrange that the doctoral transcript be sent directly to the Central Office of ABPP by the institution.

6. Doctoral Degree Program meets ABPP Generic Requirements if at the time the Degree was granted the program was: (check below)
- APA or  CPA Accredited
  - Listed as a Psychology Program in the ASPPB Doctoral Psychology Programs Meeting Designation Criteria
  - Credentialed as a Health Service Provider in current NRHSPP/CRHSPP Directory
  - Holds a CPQ: a Certificate of Professional Qualification in Psychology by the ASPPB

Note: If none of the above qualifiers apply and if you wish to qualify through an individualized review against ABPP generic requirements or, if you wish to apply for a senior procedure option (defined as 15 years or more of appropriate experience beyond following licensure as a psychologist at the independent practice level: not available for the neuropsychology and forensic specialties), check below:

- Individualized review
- Optional senior procedures

7. Internship Program

Program

Name \_\_\_\_\_

Location \_\_\_\_\_

Date Completed \_\_\_\_\_

Accredited By:  APA  CPA  Listed in APPIC Directory

8. Ethical and Legal Issues. Have you been:

Convicted of a Felony?  Yes  No

Sued for malpractice?  Yes  No

Charged with an ethics or conduct violation that resulted in an adverse decision or action, including censure, probation, suspension or revocation of your license to practice psychology?  Yes  No

\*If yes to any of the above issues, include a complete statement of details on a separate sheet of paper.

**SPECIALTY BOARD CERTIFICATION IN COGNITIVE & BEHAVIORAL  
PSYCHOLOGY**

9. Area of Specialty (to allow the Board to organize an examination committee):

- Applied Behavior Analysis    Behavior Therapy    Cognitive-Behavior Therapy  
 Cognitive Therapy

**SPECIAL AREAS OF PROFICIENCY**

- Biofeedback    Behavioral Medicine    Child Behavior Therapy/Modification  
 Adult Behavior Therapy/Modification    Industrial/Organization Behavior Modification  
 Special Populations    Sport/Exercise Modification    Other \_\_\_\_\_

**DOCTORAL DEGREE**

10. Transcripts of all graduate education to be sent to ABPP Central Office.

**ENDORSEMENTS**

11. It is the responsibility of the applicant to enclose, with this application, at least 2 endorsements by appropriately qualified professionals who are familiar with your competence in the specialty for which you are applying. The endorsers should be able to comment on your postdoctoral level practice in the specialty.

Fellows of the APA or specialists certified by the ABPP are preferred, but not required.

Applicants who have recently completed postdoctoral supervision or a formal postdoctoral residency program are encouraged to include at least one endorsement from a significant supervisor in such a supervisory arrangement.

The endorsements may be forwarded in sealed envelopes from the endorser or simply included in an open manner depending upon the endorser's preference. The inclusion of endorsements with the application expedites the application process.

**PROFESSIONAL EMPLOYMENT EXPERIENCE**

(Start with position and go backwards, in order)

**CURRENT EXPERIENCE**

12. Institution \_\_\_\_\_ Inclusive dates (from) \_\_\_\_\_ (to) \_\_\_\_\_  
Address \_\_\_\_\_  
Title or Position \_\_\_\_\_

Professional Supervisor \_\_\_\_\_  
(Professional person best able to evaluate your work)  
Hours per week devoted to behavior  
therapy \_\_\_\_\_  
Describe your activities and responsibilities in Cognitive & Behavioral Psychology.

Describe concurrent professional and academic activities. If engaged in private practice, indicate extent and nature (i.e., types of clients, behavioral modalities used). Hours per week for these activities? \_\_\_\_\_

**PREVIOUS EXPERIENCE**

13a. Institution \_\_\_\_\_ Inclusive dates  
(from) \_\_\_\_\_ (to) \_\_\_\_\_  
Address \_\_\_\_\_  
Title or Position \_\_\_\_\_  
Professional Supervisor \_\_\_\_\_  
(Professional person best able to evaluate your work)  
Hours per week devoted to behavior therapy \_\_\_\_\_  
Describe your activities and responsibilities in Cognitive & Behavioral Psychology.

13b. Institution \_\_\_\_\_ Inclusive dates  
(from) \_\_\_\_\_ (to) \_\_\_\_\_  
Address \_\_\_\_\_  
Title or Position \_\_\_\_\_  
Professional Supervisor \_\_\_\_\_  
(Professional person best able to evaluate your work)

Hours per week devoted to behavior therapy \_\_\_\_\_  
Describe your activities and responsibilities in Cognitive & Behavioral Psychology.

(Continue on supplementary sheets, if necessary)

**PROFESSIONALLY SUPERVISED EDUCATIONAL EXPERIENCE**

14. Document and describe below those periods of professionally supervised educational experience, such as pre-doctoral and/or postdoctoral internships, that were supervised and that prepared you to practice cognitive & behavioral psychology. Describe what cognitive & behavioral assessments and interventions you provided and how you were supervised. Please label separately your pre-doctoral internship and relevant postdoctoral supervised experience.

Institution \_\_\_\_\_ Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_  
Address \_\_\_\_\_  
Your Position \_\_\_\_\_ Hours per week \_\_\_\_\_  
Professional Supervisor \_\_\_\_\_ Degree \_\_\_\_\_

(Continue with 14a, 14b, etc., on supplementary sheets, if necessary)

15. Give other indications, as appropriate, to document your special commitment to cognitive & behavioral psychology. You may include a list of research papers, books, workshops taken or led, or other indications of a contribution to behavior therapy, applied behavior analysis, or cognitive-behavior therapy.

16. Membership in Professional Societies:

- a. State Psychological Association \_\_\_\_\_
- b. American Psychological Association/ Canadian Psychological Association ( ) Yes ( ) No  
Give divisions and indicate Member or Fellow Status \_\_\_\_\_
- c. Other Associations \_\_\_\_\_

17. Are you engaged in the private practice of cognitive & behavior therapy? ( ) Yes ( ) No  
If yes, is it ( ) full time or ( ) part time

If you are engaged in any form of private practice, please attach samples of publicity and promotional materials including: business card, letterhead, and telephone listings from the Yellow Pages.

I, the undersigned, hereby make voluntary application to the American Board of Professional Psychology, Inc., for certification as a specialist and the issuance of a Diploma in a specialty affiliated with the American Board of Professional Psychology. I understand that my application is subject to the rules, bylaws, and other governing provisions of the Board (hereinafter called regulations), and I agree to be bound by the regulations of the Board, either as a candidate for issuance of a Diploma, or upon issuance of a Diploma, as the holder of same. I agree to be bound by the Code of Ethics of the American Psychological Association or the Canadian Psychological Association as applicable. I agree to disqualification from examination, or issuance of a Diploma, or forfeiture of any Diploma issued to me in the event that the Board finds me in violation of its rules and regulations. I recognize that the Board may decide that I am not qualified, and I agree to abide by its decision.

I hereby authorize the American Board of Professional Psychology, Inc., to make inquiries as it deems appropriate in connection with this application for a Diploma, with any of the individuals, state licensing boards, agencies, organizations, or other such reference sources as may develop in the course of the Board's investigation of my qualifications to be certified as a specialist. I agree and invite anyone so contacted by the Board to answer and respond freely, frankly, and without fear of claim of damage by me, and to report to the Board any knowledge which may seem relevant to the inquiry of the Board.

I certify that all the statements made herein are true and accurate to the best of my knowledge and belief. I have enclosed the non-refundable application fee.

If granted the Diploma, I agree that ABPP is an active credential that requires annual renewal and associated attestation and fee and to pay all required annual fees assessed by the American Board of Professional Psychology, Inc.

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Signature of Applicant

Date

### **Enclose Application Fee of \$125**

Are you currently Board Certified by ABPP?  Yes (Application fee is waived)  No

NOTE: An additional fee (\$250) is payable for the Practice Sample Review, and a fee of (\$450) is payable for the Oral Examination. A statement of present fees is sent with the application form. The Board reserves the right to change its schedule of fees at any time during the course of candidacy.

**FEES ARE NOT REFUNDABLE.**

Please return application with all requested materials to:

**American Board of Professional Psychology  
600 Market Street, Suite 300  
Chapel Hill, NC 27516  
Phone: 919-537-8031**

**AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY, INC.**

## Endorsement Form

Applicant \_\_\_\_\_

Endorser \_\_\_\_\_

1. In what capacity and for what period of time have you been associated with the applicant?

Supervisor from \_\_\_\_\_ to \_\_\_\_\_  
 Employer from \_\_\_\_\_ to \_\_\_\_\_  
 Professor \_\_\_\_\_ to \_\_\_\_\_  
 Colleague from \_\_\_\_\_ to \_\_\_\_\_  
 Other (please specify below) from \_\_\_\_\_ to \_\_\_\_\_

Location and nature of association \_\_\_\_\_

2. Indicate how well you know the applicant by checking in the appropriate places.

	Little Knowledge	General Knowledge	Thorough Knowledge
Work Experience			
Abilities			
Personality			

3. I am a Diplomate of ABPP \_\_\_\_\_; Fellow, APA \_\_\_\_\_; Member, APA \_\_\_\_\_; Diplomate, Am. Bd. Of Psychiatry \_\_\_\_\_; Diplomate (Other Medical Board) \_\_\_\_\_

Don't Know	Weak	Average	Very Good	Exceptional

4. Indicate by a check mark in the appropriate column at the right your evaluation, based upon your personal knowledge, of the applicant in each of the items listed. (Further explanation is invited in item 6)

- A. Quality of training
- B. Ability to establish and maintain good interprofessional relationships
- C. Possession of emotional maturity, stability, and temperamental characteristics required for satisfactory work with clients or patients
- D. Understanding of and adherence to approved standards of professional and ethical conduct
- E. Personal character: honesty, integrity, and general conduct
- F. Reputation among colleagues as a representative of professional psychology
- G. Capacity for professional growth and development

(Continued on Reverse Side)

5. Evaluate and rate the competence of the applicant in his or her specialty, including professional skills in constructive intervention based on realistic assessment of problems encountered.

Don't Know \_\_\_\_\_; Weak \_\_\_\_\_; Average \_\_\_\_\_; Very Good \_\_\_\_\_; Exceptional \_\_\_\_\_

Comment:

(Use supplementary sheet, if necessary)

6. Personal and Professional Conduct. It is expected that a professional psychologist at the Diplomate level is knowledgeable concerning the ethical standards and principles adopted by the profession, is aware of the implications of these in practice, and accepts responsibility to practice in the best interests of clients and of society. The Board seeks evidence that the applicant meets these expectations and that as a representative of psychology his or her reputation among colleagues for standards of personal integrity and professional conduct are of the highest order. Your statement on the above is invited and will be kept confidential.

(Use supplementary sheet, if necessary)

7. I recommend that the applicant be admitted to candidacy:

Without reservation \_\_\_\_\_

With reservation \_\_\_\_\_

I do not recommend admission to candidacy \_\_\_\_\_ (please state your reservations in item 6 or on a separate sheet)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to applicant to be sent in with all other application materials.