

AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY, INC.
APPLICATION FOR SPECIALTY CERTIFICATION IN REHABILITATION
PSYCHOLOGY

I hereby apply to the ABPP for the purpose of board certification in the specialty of Rehabilitation Psychology.

I wish to qualify for the "Senior" procedural option (15 years of practice following licensure)

Date application and fee submitted _____

GENERAL EDUCATION AND LICENSURE/CERTIFICATION REQUIREMENTS

1. Name _____
Last First MI (Known by any other name)

2. Uniformed Services

3. Office Address _____ Phone _____
_____ Fax _____
City State Zip

Home Address _____ Phone _____
_____ Email _____
City State Zip

Preferred Mailing Address Office Home
Preferred Online Directory Address Office Home

4. Current License/Certification in Psychology at the independent level:

| Jurisdiction | Cert/Lic. No. | Date Cert/Lic. |
|--------------|---------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Doctoral Degree is: Ph.D. Psy.D. Ed.D. Year Degree Awarded _____

Institution _____ Department _____

Professional Program (e.g., clinical psychology)

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 REHABILITATION PSYCHOLOGY

DOCTORAL DEGREE

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

PROFESSIONAL EXPERIENCE

10. Professional experience. Use format below (start with present position(s), list in reverse chronological order for entire career or 15 years, whichever is less). Copy and/or use additional sheets as needed.

a. Organization _____ Inclusive Dates _____
Address _____
Position or Title _____
Supervisor _____
(List person best able to evaluate your professional work in Rehabilitation Psychology)
Description of activities/responsibilities, emphasizing your work in Rehabilitation Psychology

b. Describe clinical training in pre-doctoral and post-doctoral internships and practica: _____

c. Describe other relevant experience(s) – for example, committees, consultation _____

(Continue 10a, 10b, etc. on additional sheets as needed)

11. List on additional sheet(s) professional contributions such as major publications, special research projects, etc., and other professional qualifications not covered in this application form. Include offices and other major positions held in local, state, regional or national organizations.

12. List all current memberships in professional or learned, and related, organizations and level of membership (e.g., Fellow). For APA, include Division membership(s). Include consumer organizations such as Brain Injury Association, National Spinal Cord Injury Association, etc.

ENDORSEMENTS

13. It is the responsibility of the applicant to enclose, with this application, a total of 4 individual endorsements by appropriately qualified professionals who are familiar with your competence in the specialty for which you are applying. The endorsements should be able to comment on your postdoctoral level practice in the specialty.

The required endorsements include two supervisory forms and two professional endorsements forms as included at the end of the application.

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

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.

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 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.

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
Tel: 919-537-8031 * Fax: 919-537-8034

American Board of Rehabilitation Psychology, Inc.

SUPERVISOR FORM

This form is to be completed by a licensed psychologist who has personally provided supervision in Rehabilitation Psychology to _____, who has applied to the American Board of Professional Psychology, Inc. for candidacy for the Diploma in Rehabilitation Psychology. We would appreciate your responding to the following questions and completing the rating form below. Should you wish to provide additional comments, please feel free to do so. Please return form to the above applicant in a sealed envelope to be sent with the completed application materials.

Please estimate the statistics below and on the reverse of this form. Tell us how long and in what capacity you have known the candidate. Please tell us about the nature of the supervision and a brief vignette of your qualifications in the specialty

| | Individual | Group |
|----------------------------|------------|-----------|
| Hours per week supervised | _____ hrs | _____ hrs |
| Total # of hrs. supervised | _____ hrs | _____ hrs |
| Duration of supervision | _____ hrs | _____ hrs |
| Clinical supervision % | _____ % | _____ % |
| Administrative supervision | _____ % | _____ % |

Below, please also indicate the context of each supervision (settings, patient populations served, etc).

Please rate the candidate in each of the areas below. Please compare the candidate to other psychologists, preferably those working in rehabilitation.

| Construct Area | Below Average | Average | Above Average | Exceptional | N/A |
|--------------------------|---------------|---------|---------------|-------------|-----|
| Assessment | | | | | |
| Intervention | | | | | |
| Consultation | | | | | |
| Supervision | | | | | |
| Consumer Protection | | | | | |
| Professional Development | | | | | |
| Research & Inquiry | | | | | |

Please provide additional comments below, or use a separate sheet as necessary:

| | | |
|----------------|--------------------------|-------|
| | | |
| Name (Print) | Signature | Date |
| | | |
| Position/Title | Affiliation/Organization | Phone |

American Board of Rehabilitation Psychology, Inc.

ENDORSEMENT FORM

_____ has applied to The American Board of Professional Psychology, Inc. for candidacy for the Diploma in Rehabilitation Psychology. We would appreciate your responding to the following questions and completing the rating form below. Should you wish to provide additional comments, please feel free to do so. Please return the completed form to the above applicant to be submitted with the completed application materials.

How long, and in what capacity, have you known the candidate?

Please rate the candidate in each of the areas below. Please compare the candidate to other psychologists, preferably those working in rehabilitation.

| Construct Area | Below Average | Average | Above Average | Exceptional | N/A |
|--------------------------|---------------|---------|---------------|-------------|-----|
| Assessment | | | | | |
| Intervention | | | | | |
| Consultation | | | | | |
| Supervision | | | | | |
| Consumer Protection | | | | | |
| Professional Development | | | | | |
| Research & Inquiry | | | | | |

Please provide additional comments below, or use a separate sheet as necessary:

Name (Print)

Signature

Date

Position/Title

Affiliation/Organization

Phone

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