

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

I hereby apply to the ABPP for the purpose of board certification in the specialty of School 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 SCHOOL PSYCHOLOGY

EDUCATION

- 9. Please have official transcripts of all graduate work sent to the ABPP Central Office.
- 10. Relevant Continuing Education Activities (Workshops, etc.)

<u>Program</u>	<u>Sponsoring Agency/ Individual(s)</u>	<u>Year</u>
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PROFESSIONAL SUPERVISED EXPERIENCE

Describe and document those periods of your professional experience that were supervised and that prepared you to practice your specialty. In other words, if it was not APA accredited, describe and document your pre-doctoral and/or post-doctoral alternative field experience. Indicate the nature and extent of supervision in Intervention, Assessment, and Other Activities.

- 11. Internship or Alternative Field Experience:

Institution _____ Inclusive
Dates _____ Mo/Yr to Mo/Yr

Address _____
Position or
Title _____
Professional Supervisors & Degrees _____

- 12. Pre-doctoral Experience:
(Other than internship, alternative field experience, and coursework and practice which were formal requirements for your doctoral degree and therefore appear in your educational history. In other words, if you have functioned as a sub-doctoral school psychologist, describe that work here.)

<u>Institutions</u>	<u>Nature & Extent of Activity</u>	<u>Client Populations</u>	<u>Nature of Supervision</u>	<u>Dates</u>
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13. Postdoctoral Experience:

(Other than internship and alternative field experience. Begin with most recent postdoctoral professionally supervised experience.)

<u>Position Dates</u>	<u>Institution</u>	<u>Nature & Extent of Activity</u>	<u>Client Population</u>	<u>Nature of Supervision</u>
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ADMINISTRATIVE SUPERVISION OF PROFESSIONAL EXPERIENCE

14. Postdoctoral Professional Experience under Administrative Supervision, if any:

<u>Position</u>	<u>Institution</u>	<u>Nature & Extent of Activity</u>	<u>Client Population</u>	<u>Nature of Supervision</u>	<u>Dates</u>
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15. On the back of this sheet, list major publications and special research projects and other major professional activities not mentioned elsewhere in this application (If all of this information is in your curriculum vitae, attach a copy and do not repeat the listing here.)

16. List the psychological organizations in which you are a member, currently.

17. Are you certified as a school psychologist by the State Department of Education or State Department of Public Instruction?

State

Certification Number

Date

ENDORSEMENTS

18. 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.

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 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.