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# ***American Board of Clinical Psychology***

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## EXAMINATION MANUAL FOR BOARD CERTIFICATION IN CLINICAL PSYCHOLOGY FOR THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY



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## CHANGES FROM 2019 to 2020 MANUAL

Changes apply to first and all subsequent discussions of the same description/detail.

<p>Page 7</p>	<p>Additionally, practice sample submissions must reflect independent practice and not cases that were supervised as a component of the post-doctoral supervision experience</p>
<p>Page 11</p> <p>Postdoctoral requirements for individuals from an APA or CPA program in Counseling or a combined Counseling/School Program</p>	<p>The postdoctoral requirements include the following for individuals whose degree is from an APA or CPA accredited program in Counseling Psychology or a Combined Counseling/School Program:</p> <ul style="list-style-type: none"> <li>• Successful completion of an APA or CPA accredited or APPIC member postdoctoral residency/fellowship program in clinical psychology</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <p>Three years post-doctoral experience as a Clinical Psychologist. One of the three years must have been supervised by a Clinical Psychologist.</p> <p>In addition, it is expected that individuals whose degree is from an APA or CPA accredited program in Counseling Psychology or a Combined Counseling/School Program demonstrate self-identification as a Clinical Psychologist and an expected continued identification with the specialty</p>
<p>Page 13</p> <p>Competencies</p>	<p><b><u>INDIVIDUAL AND CULTURAL DIVERSITY</u></b> (Required of all Candidates)</p> <p>A successful Candidate demonstrates knowledge, sensitivity and skill in working with individuals, groups and communities representative of all aspects of individual and cultural diversity (e.g., ethnicity, race, gender, age, sexual orientation, disability status, and special populations) <u>including awareness of his/her/their own individual and cultural diversity characteristics as these influence his/her/their</u></p>

	<u>functioning across competency domains and interpersonal interactions.</u> A successful Candidate articulates how interactions between and among individuals and communities are shaped by diversity variables.
Page 18 Application and Brief Process Review	Electronic copies of all Practice Sample Materials are required. Please submit three sets of materials on individual encrypted or password protected USB drives OR directly upload them, according to instructions on the ABPP website. No other format will be accepted. Send the clearly identified password to the USB drives directly to the National Examination Coordinator.
Page 20	The Candidate must address each of the following items in separate sections of the Professional Statement (approximately 15 double-spaced, typewritten pages; <b>submissions significantly beyond the specified length will not be accepted.</b>
Page 20 Professional Statement Length	Caveat that materials significantly longer than the recommended 15 pages may not be accepted
Page 22	Both telehealth and face-to-face samples are welcome as long as faces of all participants are clearly visible.
Page 25 Standard Option Submission in place of Senior Psychologist Option	<b>Electronic copies of all application materials are required.</b> Please submit either three sets of materials on individual encrypted or password protected USB drives if Standard options are used or direct electronic submission per ABPP website instructions.

<p>Page 59</p>	<p>Form C-7 Please submit either three sets of materials on individual encrypted or password protected USB drives if Standard Option materials are used or direct electronic submission, per ABPP website instructions. The password should be sent separately in an email to the National Examination Coordinator if the Standard Option is used.</p>
<p>Pages 59-60</p>	<p>Forms C-7 and D Candidates will initial each item to confirm it is submitted/addressed and submit both forms C-7 and D.</p>

## I. INTRODUCTION

The American Board of Clinical Psychology (ABCP) is a member Specialty Board of the American Board of Professional Psychology (ABPP). The examination in Clinical Psychology for Board Certification by ABCP is intended to certify that the successful Candidate has completed the educational, training, and experience requirements of the specialty, including a performance examination designed to assess the competencies required to provide quality services in the specialty of Clinical Psychology.

The primary objective of the ABCP is to establish a Board Certification process that recognizes, certifies, and promotes specialty level standing in the field of Clinical Psychology. Specialty level standing is conceptualized as higher than the basic level of competence certified by jurisdictional licensure, but within the reach of most practitioners of professional psychology.

Board Certification by ABCP assures the public that the individual has successfully completed the educational, training, and experience criteria of the specialty of Clinical Psychology, including an examination designed to assess the 16 areas of competence, as stipulated in this manual, that are required to provide specialty level practice.

A psychologist functioning at the Board Certified level demonstrates advanced preparation and competence in the specialty area. Individuals may apply during their postdoctoral experience but cannot sit for the Oral Examination until the postdoctoral experience is completed. Additionally, practice sample submissions must reflect independent practice and not cases that were supervised as a component of the post-doctoral supervision experience.

**Qualifying for board certification requires that the person is competent in assessment/diagnosis/conceptualization; intervention; consultation; research and/or evaluation (if applicable); supervision and/or teaching (if applicable); management/administration (if applicable); and advocacy (if applicable) and that the individual has a clear awareness of relationships, individual and cultural diversity, ethics and legal standards/policy, professionalism, reflective practice, professional self-assessment/self-care, scientific knowledge and methods, interdisciplinary systems, and evidence-based practice, as they impact professional functioning.**

**Board certification is applicable to practicing clinicians, as well as clinical psychologists pursuing academic, research, administrative, and other clinical career paths.**

## CERTIFICATION PROCESS: BRIEF OVERVIEW

The Board of Trustees of ABPP sets and verifies minimum generic standards for candidacy. The Board of Directors of ABCP sets and verifies minimum specialty standards for Clinical Psychology. Following verification by the ABPP Central Office (CO) of the doctoral degree, licensure, and professional standing (absence of current disciplinary actions), the application is forwarded to the ABCP National Credentials Reviewer for specialty review. Once a person's credentials have been approved, the Candidate must submit a Practice Sample, which is forwarded to an Examination Committee comprised of three Board Certified Clinical Psychologists. The Committee reviews the Practice Sample for substantive adequacy to determine the Candidate's eligibility to sit for the Oral Examination. The same three-member committee that approves the Practice Sample conducts the Oral Examination.

The Practice Sample Examination and the Oral Examination assess the Candidate's performance on the 16 competencies, eight Foundational and eight Functional. The Foundational Competencies include: Relationships, Individual and Cultural Diversity, Ethical and Legal Standards/Policy, Professionalism, Reflective Practice/Self-Assessment, Self-Care, Scientific Knowledge & Methods, Interdisciplinary Systems, and Evidence-Based Practice. The Functional Competencies include: Assessment/Diagnosis/Conceptualization, Intervention, Consultation, Research and/or Evaluation, Supervision, Teaching, Management/Administration, and Advocacy. Each of the competencies is defined further below. Candidates should additionally expect the examination to cover their own practice of clinical psychology (see **Form A for the Steps in the ABCP Certification Process**). Board Certification is achieved by successful completion of both the Practice Sample Examination and the Oral Examination.

**Candidates who obtain board certification are eligible for 40 continuing education credits from the American Psychological Association (APA).**

## **II. ELIGIBILITY FOR CANDIDACY AND SPECIALTY SPECIFIC REQUIREMENTS**

Applicants must submit the following education and training accomplishments to the ABPP CO in order to establish completion of the following professional accomplishments:

### GENERIC DEGREE AND PROGRAM REQUIREMENTS

- A doctoral degree from a program in professional psychology that was accredited by the APA or the Canadian Psychological Association (CPA) at the time the degree was granted,

**OR**

- A doctoral degree from a program that was listed in the publication *Doctoral Psychology Programs Meeting Designated Criteria* at the time the degree was granted

**OR**

THE DEGREE REQUIREMENT **MAY** BE MET IF:

- The applicant is credentialed as a health service provider in the current *Directory of the National Register of Health Service Providers in Psychology (NRHSPP)*, or the current *Canadian Register of Health Service Providers in Psychology (CRHSPP)*, **OR**
- The applicant holds a current Certificate of Professional Qualifications in Psychology (CPQ) from the Association of State and Provincial Psychology Boards (ASPPB), **OR**
- The applicant holds a doctoral degree in psychology **and** has subsequently been certified as completing the requirements of a formal doctoral level, professional program that meets the APA accreditation requirements in clinical, counseling, or school psychology (re-education-often referred to as re-specialization), **OR**
- The Applicant qualifies for an individualized exception review. Individualized exception reviews are available for degrees granted outside the U.S. or Canada, doctoral degrees granted prior to 1983, or for Applicants claiming equivalent doctoral degree and program requirements. Such exceptions are coordinated through the ABPP Executive Office and the appropriate specialty board.

#### LICENSURE/CERTIFICATION REQUIREMENTS

- The Applicant must be licensed or certified as a psychologist at the independent practice level by the State, Province, or Territory of the U.S. or Canada in which the psychologist practices (and in which the practice sample is recorded).
- Recognized exemptions to the above include:
  - Active duty and certain federal service psychologists also must be licensed; however, since they are practicing within the federal government, a license from any state, province or territory is acceptable.
  - Organizational and business consulting psychologists (I/O) if the specialty's scope of practice is excluded from statutory licensure or certification.

### SPECIALTY SPECIFIC PROGRAM REQUIREMENTS

- In addition to the generic requirements delineated above, the Clinical Psychology specialty requires completion of an organized doctoral education and training program in Clinical Psychology including an internship. The specialty also requires postdoctoral supervised practice and experience in the specialty. The specialty's specific program requirements are met if:
  - The doctoral degree program was in Clinical Psychology from a program accredited by the APA or CPA.
  - The doctoral degree program qualifies as equivalent to an APA or CPA accredited program in clinical psychology as determined by the ABCP. This option is particularly applicable to degrees awarded throughout the U.S. or Canada.
  - The doctoral degree is from a nonprofessional program in psychology, with an additional certification that the Applicant has completed at least a two year doctoral level re-education program, including an internship that meets APA or CPA accreditation requirements in Clinical Psychology.
  - The doctoral degree program was in a counseling or a combined counseling/school psychology program accredited by the APA or CPA (see additional experience requirements.)

### INTERNSHIP REQUIREMENTS

- A one year full-time or two year half-time internship program is required. The internship requirement is met if:
  - Accredited by the APA or CPA at the time the internship was completed.
  - OR
  - Listed in the *Association of Psychology Postdoctoral and Internship Centers (APPIC) Directory* for the year the internship was completed

An applicant who has successfully completed a post-doctoral training program in professional psychology, which was accredited by the APA at the time the applicant completed the program, is considered to have met the internship requirement. This is the case even if the applicant's internship was not APA- or CPA-accredited and was not an APPIC Member internship program.

### POSTDOCTORAL PRACTICE EXPERIENCE AND SUPERVISION REQUIREMENTS

The specialty of Clinical Psychology denotes a level of practice requiring preparation beyond doctoral requirements.

The postdoctoral requirements include the following for individuals whose degree is from an APA or CPA accredited program in Clinical Psychology:

- One year of post-doctoral supervision in Clinical Psychology in a successfully completed post-doctoral training program in professional psychology that is accredited by the APA or CPA or from an APPIC member program

**OR**

- Two years of postdoctoral practice experience consistent with that ordinarily associated with Clinical Psychology during which a minimum of one hour per week of supervision was obtained face-to-face with a licensed psychologist for a full year, plus an additional one year (12 months) of postdoctoral practice that may or may not be supervised. It is not required that the 24 months of postdoctoral practice and/or 12 months of postdoctoral supervision be consecutive months.

The postdoctoral requirements include the following for individuals whose degree is from an APA or CPA accredited program in Counseling Psychology or a Combined Counseling/School Program:

- Successful completion of an APA or CPA accredited or APPIC member postdoctoral residency/fellowship program in clinical psychology

**OR**

- Three years post-doctoral experience as a Clinical Psychologist. One of the three years must have been supervised by a Clinical Psychologist.

In addition, it is expected that individuals whose degree is from an APA or CPA accredited program in Counseling Psychology or a Combined Counseling/School Program demonstrate self-identification as a Clinical Psychologist and an expected continued identification with the specialty

**SENIOR PSYCHOLOGIST OPTION**

Psychologists who meet the above degree, internship, and postdoctoral criteria, AND have 15 years or more of postdoctoral experience following licensure are eligible for the Senior Psychologist option. The aim of this program is to bring senior colleagues who have made a career contribution to the field into ABCP.

### III. DEFINITION OF CLINICAL PSYCHOLOGY

#### SERVICES

Clinical Psychology is both a general practice and a health service provider specialty in professional psychology. Clinical Psychologists provide professional services for the diagnosis, assessment, evaluation, treatment and prevention of psychological, emotional, psychophysiological and behavioral disorders across the lifespan. These services include procedures for understanding, predicting, and alleviating intellectual, emotional, physical, and psychological distress, social and behavioral maladjustment, and mental illness, as well as other forms of discomfort. In addition, clinical psychology includes services for the enhancement of functioning in all of these areas. Clinical psychologists may provide services directly or support and facilitate the provision of services through supervision, teaching, management, administration, advocacy and similar roles.

Individual and cultural diversity recognizes multiculturalism in its broadest scope, views cultural competence as an ongoing process requiring a sense of humility in addition to awareness and focuses on equal recognition of the individual differences of all beings, including the psychologist. The point of contact in any given context is the intersectionality of the diverse factors that influence people as they move through their worlds. In this Manual, the terms “multicultural” and “individual and cultural diversity” are used interchangeably. It is expected that Clinical Psychologists demonstrate sensitivity to and skills in working with culturally diverse populations.

#### CLINICAL PSYCHOLOGY COMPETENCIES

The ABCP examination process encompasses the inter-related competency domains required by the specialty of Clinical Psychology. The American Psychological Association and the American Board of Professional Psychology have adopted an educational and training matrix based on a theoretical Foundational and Functional competencies, which can be applied to any theoretical framework. ABCP Candidates should be familiar with the competency model as referenced by these organizations.

A successful Candidate demonstrates knowledge, skills, competencies, attitudes/values within each of the domains and the experience necessary to provide specialty level services in the practice of Clinical Psychology.

#### **FOUNDATIONAL COMPETENCIES:**

##### **1. RELATIONSHIPS (Required of all Candidates)**

A successful Candidate demonstrates sensitivity to the welfare, rights, and dignity of others and an ability to relate to individuals, groups and communities in ways that enhance the effectiveness of services provided. Successful Candidates must be aware of their own impact on others and maintain effective relationships with a wide range of clients, recipients of service, colleagues, and the public.

**Behavioral anchors** include effective negotiation of conflictual relationships, demonstration of understanding of diverse views in complicated interactions, a

non-defensive posture in the receipt, evaluation and implementation of feedback from others, and effective and clear communication in both verbal and written interactions.

2. INDIVIDUAL AND CULTURAL DIVERSITY (Required of all Candidates)

A successful Candidate demonstrates knowledge, sensitivity and skill in working with individuals, groups and communities representative of all aspects of individual and cultural diversity (e.g., ethnicity, race, gender, age, sexual orientation, disability status, and special populations). A successful Candidate articulates how interactions between and among individuals and communities are shaped by diversity variables.

**Behavioral anchors** include awareness of his/her/their own individual and cultural diversity characteristics as these influence his/her/their functioning across competency domains and interpersonal interactions, pursuit of consultation when unsure about diversity issues with others, and selection/utilization of culturally appropriate skills and techniques in clinical practice.

3. ETHICAL AND LEGAL STANDARDS/POLICY (Required of all Candidates)

A successful Candidate is aware of: (1) current ethical principles and practice standards of the APA; (2) current statutory and regulatory provisions applicable to professional practice; and (3) implications of these principles to protect clients/patients, the profession, and society.

**Behavioral anchors** include the utilization of an ethical decision making model, routine ethical practice, identification of ethical dilemmas versus routine ethical practice, pro-active management of complex ethical and legal issues, and application of ethical concepts in all professional activities, including research, teaching, intervention, supervision, consultation, public and/or popular presentation of psychological issues and other professional activities.

4. PROFESSIONALISM (Required of all Candidates)

A successful Candidate demonstrates professional values, attitudes and behaviors that represent integrity, personal responsibility, and adherence to professional standards, including written communication standards.

**Behavioral anchors** include deportment and accountability, concern for the welfare of others, and identification as a clinical psychologist who is knowledgeable regarding issues that are integral to the profession. The Candidate pursues continuing professional education commensurate with licensure requirements and professional development in the specialty of Clinical Psychology, seeks consultation and supervision when necessary, and demonstrates professionalism and awareness of professional standards in the presentation of the written Practice Sample submission. This specifically includes but is not limited to appropriate use of APA format and attention to editing demands.

**5. REFLECTIVE PRACTICE/PROFESSIONAL SELF ASSESSMENT and SELF CARE (Required of all Candidates)**

A successful Candidate engages in ongoing professional self-reflection and routine assessment of professional practice outcomes. A successful candidate practices with personal and professional self-awareness, practices within the boundaries of professional and clinical competencies, demonstrates evidence of continued development based on self-reflection and self-assessment, and engages in appropriate self-care.

**Behavioral anchors** include ongoing self-assessment of one's strengths, weaknesses, and competency in practice, recognizing when new or improved competencies are required for effective practice, and anticipating and self-identifying disruptions in functioning and intervening at an early stage.

**6. SCIENCE, KNOWLEDGE AND METHODS (Required of all Candidates)**

A successful Candidate is aware of and conversant with scientific and scholarly developments in Psychology and applies them in professional practice. A successful Candidate demonstrates an understanding of and ability to critically discuss research methodology and findings and scientifically derived constructs that inform his/her/their clinical practice.

**Behavioral anchors** include demonstration of a firm understanding of the scientific explanations of the basis of human behavior and behavioral change, habitual inquiry from current scholarly literature regarding the efficacy of clinical work, and application of scientific knowledge to clinical work through the utilization of evidence-based practice.

**7. INTERDISCIPLINARY SYSTEMS (Required of all Candidates)**

A successful Candidate demonstrates awareness of relevant issues and constructs within related disciplines and organizations. A successful Candidate possesses an understanding of key interactions with other agencies, settings, disciplines, and professionals.

**Behavioral anchors** include demonstration of skill in interdisciplinary collaboration and team planning, effective communication across professions and organizations, and respectful appreciation and integration of the contributions and perspectives of other professions.

**8. EVIDENCE-BASED PRACTICE (Required of all Candidates)**

A successful Candidate demonstrates the capacity to integrate current research literature into clinical practice, research/evaluation, and other functional competency domains where applicable.

**Behavioral anchors** include demonstration of the ability to independently apply knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client/patient preferences.

## **A. FUNCTIONAL COMPETENCIES:**

### **1. ASSESSMENT/DIAGNOSIS/CONCEPTUALIZATION (Required of all Candidates)**

A successful Candidate demonstrates case conceptualization and diagnostic assessment that is grounded in science-based theory, research and practice. The Candidate conducts assessments that may range from the administration and interpretation of standardized tests to behavioral observations and clinical interviews. Assessment cases may be from any developmental level across the lifespan. In some forms of professional practice, assessment and intervention are integral parts of the same process.

**Behavioral anchors** include demonstration of in-depth understanding of issues related to the following: choice of assessment methods/approaches used to address diagnostic issues and/or case formulation; consistency with the Candidate's theoretical foundation and evidence-base proposed as guiding the assessment work; the value of standardized assessment; an understanding of the construct being assessed; the basic psychometric constructs; and the utilization of appropriate normative data. Attention is paid to relationships, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment. Behavioral anchors also include the Candidate's ability to convey in written reports and articulate verbally the diagnostic, assessment and conceptualization limitations.

### **2. INTERVENTION (Required of all Candidates)**

A successful Candidate demonstrates knowledge of evidence-based practice and the scientific and theoretical basis of intervention. A successful Candidate performs interventions that take the form of an evidence-based modality of psychotherapy or environmental modification, appropriate to the understanding of the issues. Intervention cases may be from any developmental level across the lifespan.

**Behavioral anchors** include, but are not limited to, demonstration of in-depth understanding of issues related to the choice of therapeutic or environmental interventions; articulation of how assessment informs the intervention selection; awareness of the evidence-based literature regarding the role of the therapeutic relationship, demonstration of effective delivery of the selected intervention; and demonstration of evaluation of treatment progress and outcome. Attention is paid to relationships, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention.

3. **CONSULTATION (Required of all Candidates)**

A successful Candidate demonstrates knowledge of the literature and science base relevant to specific consultative methods and processes. A successful Candidate demonstrates the ability to **serve as a consultant** and communicate and apply his/her/their knowledge in consultation with others, such as other professionals who provide psychological services, health care professionals from other disciplines, educational personnel, individuals in other institutions and settings, such as social service agencies, nursing homes, rehabilitation centers, industry, and legal systems and public policy makers.

**Behavioral anchors** include the ability to differentiate consultation from clinical and supervisory roles, demonstration of appropriate selection and application of assessment tools, provision of accurate written and verbal feedback to all applicable consultees, and recommendation of appropriate interventions informed by findings. Attention is paid to relationships, individual and cultural diversity, ethics and legal foundations, and professional identification as related to consultation.

4. **RESEARCH AND/OR EVALUATION**

This **optional** competency domain will only be addressed for those Candidates who engage in research and/or evaluation. Each of these domains can be scored independently for individuals who engage in one activity, but not the other. A successful Candidate engages in research designed to systematically improve the knowledge base of the profession and/or engages in professional practice that evaluates the effectiveness of programs and activities. If applicable, attention is paid to the Candidate's own scholarly contributions as they inform the practice of clinical psychology.

**Behavioral anchors** may include engagement in scholarly research using appropriate methods and statistical procedures which demonstrate essential knowledge of the components of the scientific method. Behavioral anchors may alternatively focus on the analysis of practice and/or program effectiveness.

5. **SUPERVISION**

This **optional** competency domain will only be addressed for those Candidates who engage in supervision. Specialists who engage in supervision demonstrate the ability to communicate and apply knowledge of the purpose, roles, and procedures in the practice of supervision.

**Behavioral anchors** include the articulation of a model of supervision that takes into account the level of professional development of the supervisee, implementation of processes for establishing and maintaining ethical supervisory relationships, and demonstration of the impact of self in supervision. Behavioral anchors include demonstration of an understanding of complex dimensions of diversity, an awareness of relevant legal and institutional policies, and professional standards and guidelines relevant to supervision.

6. TEACHING

This **optional** competency domain will only be addressed for those Candidates who engage in teaching. A successful Candidate demonstrates the capacity to effectively provide instruction to others based on the most current research related to the subject matter and to the method of instruction.

**Behavioral anchors** include the integration of the most current research and literature specific to the subject matter, the implementation of current and specific teaching methods that take into consideration complex dimensions of diversity, the evaluation of teaching effectiveness and the ability to modify material and strategy based on feedback.

7. MANAGEMENT /ADMINISTRATION

This **optional** competency domain will only be addressed for those Candidates who engage in management/administration. A successful Candidate engages in effective management and administrative activities of organizations, programs, and/or agencies.

**Behavioral anchors** include demonstration of leadership that ensures appropriate organizational assessment with measurable outcomes, development and implementation of written policies and procedures, effective communication at all levels in the system, attention to state or provincial guidelines for compliance with mental health statutes, and implementation of effective personnel hiring and management strategies.

8. ADVOCACY

This **optional** competency domain will only be addressed for those Candidates who engage in systemic advocacy designed to impact policy, law, and public reform activities. The successful Candidate engages in activities that publically promote change at the level of institutions, communities or society. Clinical psychologists engage in activities that advocate for or empower the individual recipients of the services they provide.

**Behavioral anchors** include development of strategic alliances for the purpose of effecting change, organizing diverse affiliates (including institutions and agencies) for the purpose of a common cause, development and implementation of action plans for targeted change or progress toward a social, political, economic or cultural goal and evaluation of the effectiveness of those action plans.

#### IV. APPLICATION PROCESS

##### DISABILITY ACCOMMODATIONS

The Board encourages qualified individuals with disabilities to apply for Specialty Board status and will consider individual requests for accommodations. The Board recognizes that individuals

with disabilities may encounter difficulties with the process and will make efforts to provide reasonable accommodations. An eligible candidate with disabilities must formalize the request for reasonable accommodations with the Board and provide documentation confirming the basis of the need and the type of reasonable accommodations required. At the request of the Board, the Applicant should be ready to assist the Board in developing reasonable accommodations, as necessary. In its sole discretion, the Board will either grant or deny the request based on applicable guidelines. General procedures and individual case-by-case guidelines will also be developed.

### APPLICATION AND BRIEF PROCESS REVIEW

The Applicant submits the Application for Specialty Certification in Clinical Psychology (**Form B**, which is to be filled out and submitted online), fee, and credentials materials to the ABPP Central Office (CO). The CO and Executive Officer (EO) verify the ABPP common, generic criteria of doctoral degree and program, licensure, and professional standing (disciplinary status). Upon meeting the generic criteria, the application materials are submitted *according to instruction on the ABPP website* to the Clinical Specialty Board for determination in meeting the specific criteria for eligibility as a Candidate. Applicants meeting generic and specialty requirements become Candidates, eligible to move on to the specialty examination process. The Applicant will receive a letter from the ABPP CO to this effect, as does the National Exam Coordinator (NEC) for ABCP. If no decision can be reached, the Applicant may be asked for additional information. Final determination is submitted to ABPP CO and the Applicant is advised.

The Candidate then enters the Practice Sample Review component of the Examination Process and begins preparation of Practice Samples, three copies of which must be received by within 12 months of acceptance into candidacy. **Electronic copies of all Practice Sample materials are required. Please submit three sets of materials on individual encrypted or password protected USB drives OR directly upload them, according to instructions on the ABPP website. No other format will be accepted. Send the clearly identified password to the USB drives directly to the National Examination Coordinator.**

If the NEC does not receive a complete packet of materials within 12 months of acceptance into candidacy, the Applicant and ABPP CO will be notified by the NEC and the Applicant must reapply for candidacy **under the most recent version of the manual**. The Practice Sample Review fee is submitted directly to the ABPP CO by the Candidate.

Upon confirmation of receipt of the Practice Sample fee, the NEC is sent the Practice Sample and reviews it for completeness. If technical inadequacy or deficiency is detected, the Candidate will be asked for typed verbatim transcripts or an entirely new Practice Sample. Once the Practice Sample is deemed complete, the NEC either notifies or sends it to the ABCP Regional Coordinator, who, guided by the Candidate's Professional Statement, selects a Chair and two

Board Certified Psychologists for the Candidate's Examination Committee. The Regional Coordinator informs the Candidate and queries for conflict of interest. Once appointed, the Examination Committee members access the Practice Sample. The three team members independently review and score the Practice Sample. Two of the three team members must score the Practice Sample as a pass for the Candidate to move on to the Oral Examination. If the Practice Sample is found unacceptable by at least two members of the Examination Committee, the Regional Coordinator is notified about the reasons and the process is halted. The Regional Coordinator forwards the written letter detailing results to CO, who notify the candidate. Physically submitted materials will be returned to the Candidate. The Candidate may submit a new examination fee to ABPP CO, and a new Practice Sample **completed according to the most recent manual** to the ABCP National Exam Coordinator after six months but before the end of 12 months for the examination process to continue.

If the Candidate passes the Practice Sample stage, the Chair notifies the Candidate and the Regional Coordinator, who notifies CO. The Candidate must send the Oral Examination fee to the ABPP CO before an Oral Examination date can be finalized. The Oral Examination typically takes about three hours and is held in person at a time and place that is mutually convenient for the Candidate and the Examination Committee.

Candidates are typically notified of the Oral Examination outcome within approximately three weeks of taking the examination. If they pass, they can immediately use the title of Board Certified Clinical Psychologist. The newly *Board Certified Clinical Psychologist* is encouraged to participate in the administration of the ABCP examination process.

## V. PRACTICE SAMPLE

The Curriculum Vitae and Professional Statement provide the Candidate with the opportunity to communicate about himself/herself/themselves as a Clinical Psychologist and serve as a basis for discussion in the Oral Examination. The Curriculum Vitae and Professional Statement are required for all Candidates. All Candidates, except those who elect the Senior Psychologist Option, must also submit two work samples *according to instruction on the ABPP website* from two of the four specialty specific competency domains: Assessment, Intervention, Consultation, and Supervision (Teaching is not acceptable). The same client/patient cannot serve as the basis for both work samples. Practice sample submissions must reflect independent practice and not cases that were supervised as a component of the post-doctoral supervision experience. For detailed information on the requirements for the Practice Sample, see **Forms C-1 through C-5**. For the Senior Psychologist Option, see **Form C-6**. This option may be elected by Candidates qualified as senior (15 years or more of post-doctoral experience following licensure). When submitting Practice Samples, candidates should complete and submit the required cover sheet (see **Form C-7**) and the Professional Statement check list (see **Form D**).

## CURRICULUM VITAE

All Practice Samples must include an updated Curriculum Vitae that details the Candidate's professional contributions. The Curriculum Vitae must include educational and training background, professional roles and responsibilities, and a fully representative sample of professional contributions (e.g., service activities, publications, presentations, grants).

## PROFESSIONAL STATEMENT

The Candidate must address each of the following items in separate sections of the Professional Statement (approximately **15** double-spaced, typewritten pages; **submissions significantly beyond the specified length will not be accepted**):

- 1) A description of the professional work you are engaged in at this time. Be sure to focus on your current employment and professional activities at the local, state, and national levels; continuing professional education activities; long-term plans in psychology, and reasons for seeking Board Certification.
- 2) A discussion of the **evidence base that informs your practice**. Pay specific attention to the scientific knowledge and methods that inform your assessment, intervention and consultation activities. Note that demonstration of all three of these competencies (i.e., assessment, intervention, and consultation) are required for board certification, and each must be addressed in this section. Evidence of competency in consultation should not merely focus on seeking consultation, but must also address how you **provide consultation (formally or informally)** to other professionals. Descriptions of these three competencies should include a description of your professional theoretical framework and a discussion of how researchers and theorists in the field have influenced you. If you consider yourself eclectic or integrative, describe at least three major theoretical/empirical themes in your eclecticism or integrative model. **Regardless of whether or not your practice focuses on these aspects, they are mandatory to submission of a complete application.**
- 3) If applicable (address all that apply to your current practice):
  - a. The theoretical and empirical basis for supervision and/or teaching activities
  - b. A description of your own research activities
  - c. A description of your management/administrative activities
  - d. A description of your systemic advocacy activities
- 4) An **example of a difficult or complex relationship/interaction in the professional setting** that required effective negotiation or conflict resolution with an individual or group whose viewpoint differed significantly from your own.
- 5) A **specific example of awareness of individual and cultural diversity** as pertinent

- to your scholarship, assessments, interventions, consultations, and, if applicable, supervision, teaching, administration/management or advocacy.
- 6) A discussion of a meaningful and challenging **ethical dilemma personally encountered in your work as a Clinical Psychologist**. Address what aspects of the *APA Ethical Principles of Psychologists and Code of Conduct* are pertinent to the dilemma, and how the dilemma was managed.
  - 7) **A description of several methods you use to engage in reflective practice and professional self-assessment/self-care**. Ensure that you address how you have used this method to improve your professional activities.
  - 8) **An example of interdisciplinary collaboration** that included effective communication across professions and/or an organization.
  - 9) **Verification that no ethical/legal action has been taken against you since acceptance into candidacy**.

(See **Form D** for details regarding the writing of the Professional Statement.)

#### VIDEO RECORDED WORK SAMPLES

The work sample must include two video recordings of clinical work of at least 30 minutes duration, with a recommended maximum of 50-60 minutes each. Candidates are encouraged to submit clinical work samples that reflect their competence and expertise (typical rather than exemplary situations are expected) and that depict their interactive style in their professional context(s). The sample needs to be sufficient in scope to allow assessment of the quality of both the behavioral care and the reflective practice behind the care demonstrated on the recording. The work sample should demonstrate two of the following four competency domains: Assessment, Intervention, Consultation, and Supervision (Teaching is not acceptable). Within Supervision, the submitted recording must demonstrate clinical supervisory skill (not just administrative discussions). Thus, the recorded work sample will depict two of the following: (1) an unrehearsed psychological assessment or evaluation; (2) an unrehearsed intervention (any modality) drawn from typical clinical practice; (3) an unrehearsed consultation (in which the Candidate serves as a consultant) in any context drawn from typical practice; or 4) an unrehearsed demonstration of clinically-relevant supervision activities (in which the Candidate is the supervisor). Examination materials may be allowed in other languages if there is the possibility of finding an examination committee to view the materials. Candidates should confirm availability prior to recording materials.

The video recorded samples should be submitted according to ABPP website instructions (either submitted directly electronically or on three separate USB drives with two videos each). Please make sure that recordings will play both through Windows Media Player and Apple QuickTime. Video recordings are to be made no more than six months prior to the Candidate's

written submission. All videos shall continuously provide audible interactions between the Candidate and the other participant(s) (e.g., client/patient, student, colleague) and depict visible interactions of both the Candidate and other participant(s). The faces of all participants must be visible. Both telehealth and face-to-face samples are welcome as long as faces of all participants are clearly visible. **Good audio and video quality are essential.** If a recording has moments of lowered audio quality, the Candidate should include on a typed verbatim transcript, clearly marked to show those areas of lowered audio quality.

- **The two clinical work samples cannot use the same client/patient, and they must reflect different aspects of the Candidate's practice (i.e., it is not acceptable to provide two samples of the same competency domain -- e.g., two assessment samples).**
- **Both video recordings must be accompanied by copies of all source documents and contextual statements that contain the information described in Forms C2-C5. Each accompanying written work sample reflection should be 1000-1500 words (approximately 3-4 pages) in length.**
- **Should the work sample reflect a submission more appropriately examined by one of the other ABPP Specialty Boards, the ABCP Regional Coordinator may encourage the Candidate to submit a sample that reflects the clinical psychology specialty or consider application to the Specialty Board under which the work samples would be more appropriately examined.**
- **Either three copies of the USB storage device or one direct electronic submission must be submitted by the Candidate, according to ABPP website instructions.**

The Assessment clinical work sample may range from including formal psychological testing to behavioral observations and a clinical interview. If the Assessment work sample includes test administration, the recording must be that portion during which rapport building and any interviewing takes place. A video recording solely depicting a test administration is not satisfactory. In other words, the video recording also must include another component of the testing process such as the development of rapport, the pre-assessment clinical interview, or the provision of feedback, in addition to the actual test administration. When standardized assessment instruments are used, the Candidate should demonstrate a thorough knowledge of the construction, administration and interpretation of such instruments. Note that formal testing is not required for an Assessment work sample. Recording time limitation guidelines will still apply.

The Intervention clinical work sample should include one session of an ongoing therapy. An in-depth assessment feedback session provided as an intervention activity may also be used. The Candidate may be queried as to how he/she/they handled the issues of confidentiality, informed consent, and privacy with the client/patient.

The Consultation clinical work sample should be an example of a clinical, programmatic or organizational consultation in which the Candidate serves as the consultant.

A Supervision clinical work sample should include a demonstration of the Candidate engaging in supervision activities with, for example, a more junior colleague, a doctoral or post-doctoral level trainee, or a clinical employee. A Teaching work sample is not acceptable.

Participant consent forms (**Form E** or the equivalent) **must** be obtained by the Candidate and maintained for his/her/their case records. **Candidates must send a brief attestation that written informed consent was secured.** It is suggested that consent be obtained as part of the recording process. This includes the explanation of the nature and purpose of the examination, the fact that those involved in the examination process will review the Practice Sample, and that the USB recording devices will be returned to the Candidate for erasure upon completion of the examination or electronic submissions will be deleted. **Candidates should take great care to remove all identifiers from all materials, including test protocols. Any violation of patient/client confidentiality will be considered a failed exam. Special Note: Video work samples are not exempted from the requirement to redact patient identifiers; name tags on patient uniforms constitute an unacceptable breach of confidentiality in the same manner that leaving true names on written work samples does.**

Candidates should ensure that they retain copies of all materials, including recorded materials, until completion of the oral examination.

### SENIOR PSYCHOLOGIST OPTION

Psychologists who qualify for the Senior Psychologist Option are evaluated on the foundational and functional competencies as described (see page 11) at both the Practice Sample and Oral Examination stages. Those providing senior option submissions should ensure that materials provide sufficient content for the Examination Committee to assess performance on all applicable competencies. Senior Candidates are evaluated at the Practice Sample stage and need to pay the Practice Sample fee.

Psychologists submitting under the Senior Psychologist Option must submit three copies of a Curriculum Vitae and Professional Statement as delineated in **Form C-6. Recorded** assessment, intervention, consultation, or supervision work samples are not required for the Senior Psychologist Option (see **Form C-6**). However, Senior Psychologists who engage primarily in clinical work may choose to submit video recordings, as in Standard Option submissions, in lieu of the substantive materials listed below.

In addition to the Curriculum Vitae and Professional Statement, the Senior Candidate who chooses the Senior Option **MUST** include information reflecting distinctive practice patterns

resulting from extended professional experience, including at least 2 of the following as his/her/their work sample submitted in addition to the Professional Statement:

1. First or senior author of recent peer reviewed publications (e.g., articles, book chapters, etc.) related to the practice of clinical psychology. Editor of a book or special journal issue related to the practice of clinical psychology, with description of specific contributions to the editorial process.
2. Complete scholarly presentations to professional audiences (e.g., CE events or interdisciplinary grand rounds, professional conferences, or other events beyond undergraduate, graduate, or post-graduate teaching). Presentations demonstrating requisite scholarship include reference citations associated with one or more of the competencies assessed for board certification.
3. Substantive materials developed by candidate demonstrating scholarship (e.g., psychological testing manual, psychotherapy treatment manual, book related to the practice of clinical psychology).
4. In-depth discussion of psychology-related leadership role(s), clearly reflecting knowledge and/or skills consistent with one or more of the competencies assessed for board certification.
5. Funded grants demonstrating knowledge of the professional literature associated with one or more of the competencies assessed for board certification. For this sample, the grant narrative including aims and hypothesis can be submitted (budget, key personnel, bio sketches, etc. are not needed). An abstract of the funded grant is not sufficient.
6. Program development proposals, reports, business case analyses, etc., demonstrating knowledge of the professional literature associated with one or more of the competencies assessed for board certification.
7. Research or policy development proposals, descriptions, reports, etc., demonstrating knowledge of the professional literature associated with one or more of the competencies assessed for board certification.
8. In-depth description of exemplary supervision and/or teaching activities related to the practice of clinical psychology, including self-reflection on strengths and specific contributions. Supervision examples might include detailed discussion of supervision methods utilized by the candidate and reflecting current theories and methods of supervision, or descriptions of enhancing supervisory expertise of other supervisors in a training program. Teaching examples

might include course syllabi, including full course descriptions and required and/or recommended readings.

9. Substantive graduate school, internship, or residency program contributions related to the practice of clinical psychology. Examples might include graduate program, internship, or residency training manuals developed or substantially revised by the candidate and demonstrating programmatic training and assessment of competencies associated with the practice of clinical psychology. Documentation of specific contributions should go beyond merely describing a training role or title, with specific examples of professional achievements.

Copies of performance evaluations and awards are insufficient and will not count as acceptable work samples. Copies or links to practice websites, brochures describing diagnoses, informed consent or practice descriptions, advertisements, and promotional material are also not acceptable work samples. **Electronic copies of all application materials are required.** Please submit either three sets of materials on individual encrypted or password protected USB drives if Standard Option materials are used or direct electronic submission, per ABPP website instructions. The password should be sent separately in an email to the National Examination Coordinator if the Standard Option is used.

**For both Standard and Senior Option submissions,** in addition to submitted materials, public domain websites and accessible articles and publications may also be considered as part of the Practice Sample for all candidates for whom such materials are available on the internet.

## SCORING

The Practice Sample is considered to be an integral component of the examination process and is reviewed by the Examination Committee according to specific criteria (see Scoring Criteria on page 32 and **Form F**). The level of competence required to pass each competency domain is that expected of (a) individuals with two or more years of professional experience (including an internship year) if they completed a formal postdoctoral residency/fellowship program, or (b) persons with three or more years of professional experience (including an internship year) if they did not complete a formalized postdoctoral residency/fellowship program.

Committee members, including the Chair, evaluate the Practice Samples independently according to the established scoring criteria and score pass/fail for each competency domain. Discussion among committee members may occur between initial scoring and final decisions. At least two committee members ultimately must score the domain as a pass for the Candidate to pass the domain. All domains must be passed for the Candidate to pass the Practice Sample stage, as previously described.

If the Practice Sample meets the pass criterion, the Candidate then proceeds to the oral portion of

the examination. The process is described in Section VI below. If the Practice Sample does not meet the pass criterion, the Candidate is notified through CO with a report detailing the reasons for failure and the examination process is halted. In such an event, the Candidate must submit a new Practice Sample **under instructions in the most recent version of the manual**, including **new** video recordings, to the ABCP National Exam Coordinator and the Practice Sample exam fee to ABPP CO. Candidates who do not pass the practice sample phase are required to wait 6 months before submitting a new set of materials. If practice samples are submitted for re-examination more than 12 months after the failure, Candidates will also need to reapply for candidacy. A new Examination Committee, including a new Chair, will be assembled to review the new Practice Sample. After 3 consecutive failed practice samples or oral examinations, a two-year waiting period will be required prior to reapplication, during which time the applicant can work on improving the quality of the practice sample or oral presentation.

Scoring is recorded in the Practice Sample column of **Form F**, with subcomponents of a competency rated only if the Candidate fails the overall competency. After consultation between the Regional Coordinator and the Examination Committee, the results are electronically submitted by the Regional Coordinator to the ABPP CO. **If the Candidate fails at the Practice Sample stage, the Chair must provide** specific details regarding areas of strength as well as areas for improvement based on the domains failed to serve as a guide for the Candidate's reapplication. Feedback must be based on the competencies as delineated in this Manual and should be offered in a constructive fashion (See Section IX on process for providing feedback to Candidates who fail). The Committee's feedback is reviewed by the Regional Coordinator, who electronically submits it to the ABPP CO. CO sends it directly to the Candidate. CO will also refer the Candidate to contact the ABCP Mentorship Coordinator who will help the Candidate secure a mentor, if the Candidate so wishes.

## VI. ORAL EXAMINATION

### SCHEDULING

ABCP holds Oral Examinations semi-annually in the months of March/April and September/October in conjunction with meetings of the Board of Directors, at the APA Annual Convention, and throughout the year at other national events and within regions overseen by Regional Coordinators, who are members of the Board.

### SCHEDULE GUIDELINES FOR ORAL EXAMINATION

To assure standardization of the examination process, the ABCP has established the **Schedule Guidelines for Oral Examination** (see page 29). The general pace and sequence of topics provide guidelines to minimize the possibility that Candidates might receive differential

treatment. The Oral Examination process is designed to be completed in approximately three hours. It is a competency-based examination and the Examination Committee is expected to explicitly address each competency domain with the Candidate. Within each segment, there is room for variation according to the judgment of the Examination Committee. Many topics will be inter-woven throughout the examination, and flexibility should be allowed as relevant to the discussion. A topic may receive more cursory exploration in its scheduled time period if it has been sufficiently covered earlier. Hypothetical examples or situations may be utilized to ascertain if the Candidate meets the criteria for passing each competency domain. The Oral Examination process should be collegial in nature.

The Oral Examination will be scored by the Examination Committee according to specified criteria (see Scoring Criteria on page 32 and **Form F**). Committee members, including the Chair, evaluate and score each competency domain independently according to the established competency criteria. Examiners are reminded that the level of competence required to pass each competency domain is that expected of (a) individuals with two or more years of professional experience (including an internship year) if they completed a formal postdoctoral residency/fellowship program, or (b) persons with three or more years of professional experience (including an internship year) if they did not complete a formalized postdoctoral residency program. Senior Option Candidates will be scored on the same mandated domains as Standard Option Candidates.

Scoring for the Oral Examination is similar to that of the Practice Sample described above. Each competency domain must receive a pass score by at least two of the Committee members for a “pass” in the domain. All domains must be passed by at least two of the Committee members for the Candidate to pass the Oral Examination.

Reviews are recorded in the Oral Examination column of **Form F**, with subcomponents of a competency rated only if the Candidate fails the overall competency. The result is submitted electronically to ABPP CO by the Regional Coordinator or other designated Board member.

In case of a failure, **Form G** information must include the number of the ethics vignette(s) used. **If the Candidate fails the Oral Examination, the Chair, in coordination with the Regional Coordinator, provides a feedback letter covering every competency domain.** The letter should include specific details regarding areas of strength as well as areas for improvement based on the domains failed to serve as a guide for the Candidate’s reapplication if the Candidate so chooses. Feedback must be based on the competencies as delineated in this Manual and should be offered in a constructive fashion (See Section IX on process for providing feedback to Candidates who fail). The letter should also include the suggestion to contact the ABCP Mentorship Coordinator for assistance with securing a mentor. This letter is submitted by the Regional Coordinator to the ABPP CO. Of note, although the Candidate will receive written

feedback regarding their performance in each domain, the Oral Examination is considered one event with an overall pass or fail determination. Candidates who fail the Oral Examination and wish to seek Clinical Board Certification in the future must begin again at the Practice Sample stage, during which they will be re-evaluated in each of the competencies, including those they may have performed well in previously.

Reapplication may be made no earlier than six months after the Candidate was notified of the results of the first examination. The Candidate must register again, using the most recent version of the Manual, at the Practice Sample stage, and new work samples, including new video recordings, must be submitted. If practice samples are submitted for re-examination more than 12 months after the failure, Candidates will also need to reapply for candidacy. After three consecutive failed applications (applicable at both Practice Sample and Oral Examination levels), a two-year waiting period will be required prior to reapplication., during which time the applicant can work on improving the quality of the work sample or examination presentation.

Under rare circumstances (such as weather or sudden illness), one member of the examination committee may unexpectedly become unavailable. Under these conditions, the Candidate may be offered a choice to reschedule for a later date or to proceed with only two examiners. **This choice is made by the Candidate, alone.** A suitably trained and prepared Chairperson must be available, with sufficient time to review materials. In the event of a scoring tie (one pass, one fail), **the examination will be considered a fail.** Examination by two examiners is not considered procedural grounds for an appeal in such a case. Form K must be completed prior to beginning the examination; completed form must be sent to the Regional Coordinator who will save it to the ABCP SharePoint site.

### ETHICS VIGNETTES

A file of prepared confidential vignettes is maintained for standardization of the Ethics segment of the Oral Examination. The full set of ethics vignettes is provided by the Regional Coordinator to the Examination Chair for each Oral Examination. When possible, it is suggested that a vignette be chosen that may pose a particular dilemma for the Candidate based on the Practice Sample or the ethical dilemma discussed in the Professional Statement. Otherwise, the vignette may be selected on a random basis by the Chair. During the Oral Examination, each Committee Member is given a copy of the selected vignette, with points to be addressed, and one copy, without important points, is given to the Candidate.

During the Ethics segment of the Oral Examination, the Candidate will be asked to discuss the vignette. The Examining Committee does not necessarily expect a ‘right’ answer, but anticipates that the Candidate will present relevant options and demonstrate the ability to thoughtfully weigh them in light of the APA ethical principles, professional practice standards,

and relevant statutes. The Candidate may be asked to discuss the ethical dilemma presented in the Professional Statement.

All copies of the vignettes will be collected by the Chair at the conclusion of the Ethics segment. No outside materials can be used to aid the Candidate during this or ANY section of the Oral Examination.

## SCHEDULE GUIDELINES FOR ORAL EXAMINATION

This schedule requires that the examiners have reviewed all video recordings and written materials <u>IN ADVANCE</u> .	Approximate Time allotted(min.)
<b>Team Meets and Organizes</b>	10
<b>Team Greets Candidate</b> – Each team member introduces self, time frame is explained, and the fact that the exam is competency-based is highlighted. The collegial nature of the process also is indicated.	10
<b>Examination on Curriculum Vitae and Professional Statement</b> - (Cover each of the following competency domains and the Practice Sample materials: <b>Science, Knowledge &amp; Methods; Assessment; Intervention; Consultation; Relationships; Interdisciplinary Systems; Evidence-Based Practice; Individual and Cultural Diversity; Professionalism; and Reflective Practice; - Supervision</b> (if applicable); <b>Teaching</b> (if applicable); <b>Management/Administration</b> (if applicable); <b>Research/Evaluation</b> (if applicable); and <b>Advocacy</b> (if applicable). Review may continue following the ethics vignette discussion after the break.	90
<b>BREAK – CANDIDATE SHOULD NOT BE ASKED TO WORK</b>	10
<b>Examination on Ethics and further domain review</b> - The examination on Ethical and Legal Standards and Policy will include: (a)10 minutes for the Candidate to review <b>in private</b> the selected ethical vignette provided by the Examination Committee; (b) discussion of the Candidate’s responses to the ethical vignette;(c) exploration of the ethical vignette provided by the Candidate in the Professional Statement if needed; (d) confirmation that no ethical or legal action has been taken against the Candidate since submission of Practice Sample; and (e) a second vignette may be given if more information is needed to assess ethical competence. <b>Vignettes will be collected by Chair.</b> Additional discussion of any domains needing further review may also occur.	45
<b>Exam Wrap-up and Discussion</b> – Chair will briefly name all domains covered during the exam. Candidate will be invited to provide additional information about any competency domain(s), as desired. Chair will provide the Candidate with the exam feedback form ( <b>Form J</b> ) to complete and fax, email or mail within 72 hours and inform the Candidate that 40 CE credits will be provided upon successful passing of the exam and that he/she/they will be notified by CO in a timely fashion regarding the outcome.	5
<b>Decision</b> - Team members individually rate each competency domain. Committee determines overall pass/fail (overall pass requires two passes for each domain). Chair provides information, <b>including vignettes utilized</b> and Fail Letter, if necessary, to Regional Coordinator, who transmits it to ABPP CO.	10-25  <b>Total Time: 3-3 1/4 hrs.</b>
Note: Time allotments are guidelines to be followed reasonably closely. Significant variations from the exam format or schedule must be by mutual agreement between Candidate and Chair and documented in a written statement describing the variations and stipulating that they shall NOT serve as grounds for the appeal of a failed examination. . Both the Candidate and Chair will sign the statement, and statement will be provided to Regional Coordinator.	

Use of vignettes will be tracked so that if a Candidate fails, a new vignette will be provided for re-examination. **Examiners and Candidates will treat the vignettes as confidential.**

## **VII. ABCP EXAMINATION TEAM**

### EXAMINATION TEAM COMPOSITION

The Examination Committee is comprised of three Board Certified examiners, one of whom serves as the Chair. No committee member may have had any significant prior or current personal, professional, or administrative relationship with the Candidate or the clients/patients in the Practice Sample. For candidates applying under the Senior Option, the Examination Committee Chair will be either the Regional Coordinator or a designated qualified alternate.

The ABCP recognizes that specialists in Clinical Psychology use a variety of approaches and techniques and have differing conceptual frames of reference. ABCP also recognizes that the effectiveness of professional practice is a function of many factors, including personal factors, level of experience and theoretical understanding. The Examination Committee Chair and Member Examiners will be selected with consideration of the theoretical orientation, knowledge base, professional interest and experience expressed in the Candidate's Professional Statement. However, this is not required and is not a basis for appeal. The Regional Coordinator will inform the Candidate of the choices of a chair and members for the Examination Committee. The Candidate will be queried for the presence of any concerns or objections about the proposed Examination Committee to the Chair

### POLICY FOR SELECTION OF EXAMINERS

Invitations to serve on examination committees are not extended automatically as a function of achieving Board Certification in Clinical Psychology. Specialists in Clinical Psychology may be invited to serve on committees if they live or practice near existing examination sites or locations which can be easily accessed by examiners and/or Candidates without significant travel expense. Moreover, it is the responsibility of the ABCP Regional Coordinators to assign examiners in a manner that provides an appropriate balance of committee members that are adequately prepared to examine a given candidate. Examples of factors that may contribute to the assignment of examiners may include clinical background and expertise, practice settings, diversity variables, experience as an examiner, and previous performance on exam committees. Examiners serve at the discretion of the Regional Coordinators whose ultimate responsibility it is to provide a fair, balanced, skilled, and appropriate examination committee for Candidates.

### ROLE OF EXAMINATION COMMITTEE CHAIR

See **Form H** – Checklist for Examination Chairs

### EXAMINERS' RESPONSIBILITIES

The Examiners review the Candidate's Curriculum Vitae, Professional Statement, and the work

samples using the scoring criteria outlined in **Form F**. The examiners independently pass or fail the written materials and inform the Chair, thus completing the Practice Sample component of the examination process.

The ABCP requests that the Oral Examination be conducted in a courteous, professional, and collegial manner consistent with the policies and procedures stated in this manual. An examiner serves as a representative of ABCP and accepts responsibility to protect the welfare of the Candidate, the confidentiality of the Practice Sample and the integrity of the examination. The relationship between the Candidate and the Examiners should be considered a collegial one in which the Candidate is treated as a mature professional psychologist.

Examiners should recognize that most Candidates will experience anxiety in a face-to-face situation in which they are being evaluated by peers. This anxiety will be more apparent in some than in others. Each Examiner should be supportive and create a favorable situation in order that the Candidate may demonstrate his/her/their specialized clinical competencies.

Prior to the Oral Examination, Examiners should:

- Review the Curriculum Vitae and Professional Statement
- Study the recorded Practice Samples (if applicable)
- Prepare meaningful questions relevant to each competency domain as related to the Candidate's Curriculum Vitae, Professional Statement, and recorded work samples

The examination is a confidential and professional process. An Examiner will not disclose what is learned about a Candidate during the examination, except in the official report to the ABPP CO. All communications concerning the results of the examination shall be addressed to ABPP via the Regional Coordinator. **It is not appropriate for a Candidate to communicate with the Examiners about the outcome of the examination.** If an Examiner receives such a written communication from a Candidate, it should be forwarded to ABPP via the Regional Coordinator.

### TRAINING OF CHAIRS AND EXAMINERS

The ABCP strongly encourages Board Certified Psychologists to become examiners. During the summary portion of the Oral Examination, the Candidate is asked if he/she/they would consider participating as an Examiner in future examinations if successful in becoming Board Certified. If the Candidate passes the examination, he/she/they at any time may directly contact the ABCP Board of Directors or Regional Coordinator for more information about training to become an Examiner.

In order to maintain the high level of quality, collegiality, relevance and standardization of the

ABCP Board Certification process, new Examiners will receive training and, with appropriate experience, may serve as an Examination Committee Chair.

New Examiners are asked and expected to review the examination manual in detail prior to reviewing Practice Sample materials and conducting Oral Examinations. In addition, since the manual is subject to continual revisions and updates, **all Board Certified Clinical Psychologists who are conducting examinations (including those who have done so in the past) are asked by their Regional Coordinator to regularly review the manual prior to evaluating Practice Sample materials and conducting Oral Examinations.** All new Examiners are assigned to a committee with a senior Examiner who is responsible for orienting the new member to the examination process and educating him/her/them on the expectations for an Examiner. At the conclusion of the new Examiner's first examination, feedback is given by the senior Examiner and a thorough debriefing of the examination process is conducted. The new Examiner is then identified as a junior Examiner.

A junior Examiner typically qualifies to participate as an Examination Chair after serving on no less than three examination committees. However, Regional Coordinators may determine that the Examiner is eligible to serve as Chair on a committee prior to that time, based on the Examiner's training and experience. The Checklist for Examination Chairs (see **Form H**) serves as a guide for Examination Chairs and, as such, is another useful training tool for all Examiners. In addition to the above process, the bi-annual meeting of the ABCP Board is conducted in areas of the country where a critical mass of Examiners needs to be established in order to ensure an adequate Examiner pool and maintain the ongoing nature of the process described above.

## **VIII. SCORING CRITERIA**

### **COMPETENCY AREAS**

The following competency areas of professional functioning constitute the examination:

#### **Foundational Competencies**

- 1.\* Relationships
- 2.\* Individual and Cultural Diversity
- 3.\* Ethical and Legal Standards/Policy
- 4.\* Professionalism
- 5.\* Reflective Practice/Professional Self-Assessment and Self-Care
- 6.\* Scientific Knowledge & Methods
- 7.\* Interdisciplinary Systems
- 8.\* Evidence-Based Practice

## **Functional Competencies**

- 1.\* Assessment/Diagnosis/Conceptualization
- 2.\* Intervention
- 3.\* Consultation
- 4.\*\* Research/Evaluation
- 5.\*\* Supervision
- 6.\*\* Teaching
- 7.\*\* Management/Administration
- 8.\*\* Advocacy

\* Competency Domains that must be addressed by all Candidates (Standard and Senior Option)

\*\* This competency domain will only be addressed for those Candidates who engage in this professional activity.

## **SCORING GUIDANCE**

During the Practice Sample component of the Examination, the Candidate **must be rated as PASSING in all applicable competency domains to advance to the Oral Examination**. A rating of “**FAIL**” by any given Examiner in **any** competency domain mandates a fail decision overall by that Examiner. If an overall competency domain is failed, there must additionally be a rating of each subcomponent as pass or fail within the competency domain to explain the failure rating (see the Practice Sample column of **Form F**).

The Candidate must **be rated as PASSING in all applicable competency domains of the Oral Examination for an Examiner to vote to award Board Certification**. Failure in any competency area requires a fail decision by that Examiner. Again, for the Oral Examination, subcomponents should only be rated pass or fail if an overall competency domain is failed, so that the specifics of the failure rating may be delineated (see the Oral Exam column of **Form F**).

**A FAILURE IN ANY OF THE 16 COMPETENCY DOMAINS, WITH TWO OR MORE EXAMINERS AGREEING ON FAILURE IN THAT DOMAIN, RESULTS IN AN OVERALL FAILURE.**

**NOTE: BEFORE ARRIVING AT A PRACTICE SAMPLE PASS/FAIL DECISION OR AN ORAL EXAMINATION PASS/FAIL DECISION, THE EXAMINER WILL CAREFULLY CONSIDER ALL OF THE EXAMINATION AREAS TO BE RATED AND THE CRITERION EXAMPLES PROVIDED. EXAMINERS SHOULD WAIT UNTIL THE END OF THE EXAMINATION BEFORE DETERMINING THEIR PASS/FAIL DECISIONS FOR ANY AREA.**

## SCORING CRITERIA FOR THE COMPETENCIES

Important anchored criterion examples for each of the competency domains are presented below for the guidance of Examiners and Candidates. **In order to pass a given competency domain, Candidates must be judged as a pass in the overall competency area.** In other words, a Candidate **need not** manifest all of the illustrative “passing” behaviors in each of the competency domains in order to obtain a pass in that competency domain. A Candidate could manifest one or more of the component “failing” level behaviors, but still be found to pass in the overall domain. **If the Candidate’s functioning is midway between passing and failing and cannot be identified as being either passing or failing, then the Candidate passes that area. A failure by an Examiner in any given competency domain is defined by: (a) failure in two or more subcomponents within the domain, or (b) serious failure, in the judgment of the Examiner, in one subcomponent.**

An Examiner may give a pass in a given competency domain for the Practice Sample, but may give a fail for that same competency domain during the Oral Examination as a result of information derived during the Oral Examination process.

A failure is constituted by an ultimate failure in any single domain, with agreement on failure in that domain by two examiners, according to the process described. While initial decisions are determined by Examiners independently, discussion between Examiners regarding decisions may, under certain conditions, precede a final decision. This would include the possibility of discussion in the case of a split two-domain, one fail each, initial decision. In this case, the Examiners may choose to engage in discussion regarding the overall strength of each domain in order to arrive at a final decision that best represents the quality of the application.

CRITERION EXAMPLES OF COMPETENCIES

<b>FOUNDATIONAL COMPETENCIES</b>		
<b>Competency</b>	<b>Passing Level Example</b>	<b>Failing Level Example</b>
Relationships <i>Mandatory Domain</i>	<p>Demonstrates sensitivity to the welfare, rights, and dignity of others in a manner that enhances the service provided.</p> <p>Develops and maintains productive relationships with a broad array of individuals including clients/patients, colleagues, students, supervisees, allied professionals, etc.</p> <p>Effectively negotiates conflictual relationships.</p> <p>Demonstrates understanding of diverse views in complicated interactions.</p>	<p>Fails to demonstrate a level of self-awareness that permits effective functioning in each competency domain (e.g., inappropriately personalizes, discounts, or misunderstands others).</p> <p>Unable to engage in productive relationships with the broad array of clients/patients.</p> <p>Does not convey an adequate level of sensitivity to the welfare, rights, and dignity of others (e.g., is not compassionate, acts in ways that are harmful to the client/patient).</p>
Individual & Cultural Diversity <i>Mandatory Domain</i>	<p>Conveys knowledge about individual and cultural diversity.</p> <p>Demonstrates sensitivity and responsiveness to individual and cultural diversity in each competency domain.</p> <p>Conveys an awareness of the interaction between one's own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Psychologist.</p>	<p>Fails to convey adequate or correct knowledge about individual and cultural diversity.</p> <p>Fails to demonstrate sensitivity and responsiveness to individual and cultural diversity in each competency domain (e.g., selects assessment tools or research measures not normed for individual's demographics, does not include a cultural formulation in case conceptualization or recommendations).</p> <p>Fails to convey an adequate awareness of the interaction between one's own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Psychologist.</p>
Ethical & Legal Standards/Policy <i>Mandatory Domain</i>	<p>Demonstrates awareness of the ethical implications of various situations and can cite an ethical quandary from own practice</p>	<p>Is unaware of important ethical implications or does not comply with ethical guidelines and</p>

	<p>and describe appropriate responses.</p> <p>Demonstrates awareness of statutory reporting and other legal requirements that practitioners must follow, can cite example from own practice when these requirements were relevant, and can describe appropriate behaviors in response.</p>	<p>principles.</p> <p>Is unaware of relevant legal standards or these standards do not match his/her/their practice behavior.</p>
<p>Professionalism <i>Mandatory Domain</i></p>	<p>Demonstrates active participation in the profession (belongs to professional organizations, assumes leadership roles in professional organizations).</p> <p>Demonstrates familiarity with current key issues facing the profession and the implication of these issues.</p> <p>Seeks consultation and supervision when needed.</p> <p>Participates in continuing professional education activities.</p> <p>Provides a written submission that demonstrates professionalism and meets professional standards, including technical quality of writing.</p>	<p>Does not actively participate in the profession (does not belong to professional organizations, no active professional involvements outside of specific employment).</p> <p>Lacks adequate awareness of significant issues facing the profession or is aware of some significant issues facing the profession, but misunderstands their implications for professional functioning.</p> <p>Fails to provide evidence for seeking consultation or supervision when needed or does not appropriately utilize consultative or supervisory input.</p> <p>Does not participate in continuing professional education activities.</p> <p>Submits written materials that do not meet professional standards (e.g., do not follow APA format, require editing, are written poorly with regard to sentence structure and/or grammar, etc.).</p>
<p>Reflective Practice/Professional Self-Assessment and Self-Care <i>Mandatory Domain</i></p>	<p>Practices with personal and professional self-awareness.</p> <p>Engages in routine measurement of practice outcomes.</p> <p>Practices within boundaries of competence and is aware of when new training is</p>	<p>Does not engage in self-reflection or self-care.</p> <p>Does not assess effectiveness or measure outcomes in practice.</p> <p>Practices outside of competence and is unaware of need or does not</p>

	<p>required to update/maintain skills.</p> <p>Demonstrates awareness of personal limitations regarding health, including mental health issues and takes action early.</p>	<p>acquire new training to maintain competence.</p> <p>Unaware of the possible effect of health, including impaired mental health, on ability to deliver assessments or interventions.</p>
<p>Science, Knowledge, &amp; Methods <i>Mandatory Domain</i></p>	<p>Demonstrates ability to critically discuss research relevant to his/her/their practice and theoretical orientation.</p> <p>Provides a coherent and comprehensive explanation of clinical activities, utilizing research and theory.</p>	<p>Provides explanations of client/patient behavior that may be accurate, but lack support and/or omit obviously useful theoretical and research constructs.</p> <p>Presents as largely unaware of current research or theory or has an inaccurate reading of the pertinent literature.</p>
<p>Interdisciplinary Systems <i>Mandatory Domain</i></p>	<p>Effectively communicates with interdisciplinary and/or multidisciplinary teams, : in these contexts, represents clinical psychology competently.</p> <p>Demonstrates respectful appreciation and integration of contributions and perspectives of other professions.</p>	<p>Inadequately communicates to or is disrespectful of team members, whether interdisciplinary or multidisciplinary.</p> <p>Unaware of impact as representative of the discipline of clinical psychology in these forums.</p>
<p>Evidence-Based Practice <i>Mandatory Domain</i></p>	<p>Articulates how the published evidence-based literature informs clinical interventions and activities</p> <p>Effectively applies empirically supported principles of clinical assessment and intervention.</p> <p>Demonstrates integration of current empirically supported clinical principles of practice with patient values, clinical data, culture, and setting demands.</p>	<p>Does not use evidence-based practice or cannot provide explanation for assessment or intervention selection and/or application</p> <p>Does not understand the empirical basis for their clinical assessment and intervention activities.</p>

<b>FUNCTIONAL COMPETENCIES</b>		
<b>Competency</b>	<b>Passing Level Example</b>	<b>Failing Level Example</b>
<p>*Assessment/Diagnosis/ Conceptualization <i>Mandatory Domain</i></p>	<p>Chooses assessment and evaluation procedures that provide data to answer the referral questions and that take into consideration issues of diversity.</p> <p>Conducts assessments and evaluations in a competent fashion and in accordance with standardized procedures.</p> <p>Interprets assessment and evaluation data in an accurate and complete manner and uses these interpretations to guide case conceptualization.</p> <p>Demonstrates the ability to integrate multiple data sources to inform a working differential diagnosis.</p> <p>Creates recommendations with relevant findings considered.</p> <p>Communicates, both orally and in writing, findings from assessments and evaluations to the client/patient and other relevant parties in an understandable and useful fashion.</p>	<p>Chooses procedures that limit or are inappropriate for responding to the referral question.</p> <p>Does not conduct assessments and evaluations with adequate skill or does not use standardized procedures.</p> <p>Scores assessments inaccurately (if applicable).</p> <p>Provides interpretations and/or conceptualizations of assessment and evaluation data that are incomplete, do not integrate available data, and/or contain errors.</p> <p>Offers interpretations and conclusions that fail to take into account some aspect of the client's/patient's uniqueness (diversity status) and/or fail to take into account the client's/patient's environmental situation.</p> <p>Does not provide a clear link between assessment and evaluation findings and subsequent recommendations.</p> <p>Communicates assessment results in an unclear, disorganized or ambiguous manner and does not convey findings in a manner associated with useful outcomes.</p>
<p>*Intervention <i>Mandatory Domain</i></p>	<p>Demonstrates awareness and/or manages issues responsibly related to the therapeutic framework, such as limits of confidentiality, boundaries of services, payments, and other such issues.</p> <p>Demonstrates awareness and/or chooses</p>	<p>Ignores or does not adequately manage the therapeutic framework.</p> <p>Selects therapeutic approaches that are not evidence-based and/or are not appropriate to the client/patient</p>

	<p>procedures appropriate for client/patient and situation.</p> <p>Demonstrates knowledge of the value of evidence-based practice and the scientific and theoretical basis of /the approach/ intervention.</p> <p>Demonstrates awareness and/or applies interventions with skill and knowledge.</p> <p>Demonstrates evaluation of treatment progress and outcome.</p>	<p>or situation; cannot articulate rationale for selection.</p> <p>Does not demonstrate knowledge of or application of skillful interventions.</p> <p>Does not engage in evaluation of treatment effectiveness or outcome.</p>
<p><b>*Consultation</b> <i>Mandatory Domain</i></p>	<p>Selects consultation procedures appropriate to the context, informed by research and theory.</p> <p>Demonstrates awareness and/or gathers appropriate information as background for providing consultation.</p> <p>Demonstrates awareness and/or conducts consultations with skill and knowledge.</p> <p>Communicates clearly findings and recommendations that meet consultee's goals and bases consultation on evidence-based research (particular emphasis if consultation is a major component of practice).</p>	<p>Selects consultation procedures that are not appropriate to the context.</p> <p>Fails to collect and integrate necessary information pertinent to the provision of consultation.</p> <p>Consultations are not conducted with adequate knowledge and/or skill.</p> <p>Findings are not useful to the consultee, do not meet his/her/their goals, and/or are not based on evidenced-based research.</p> <p>No evidence of provision of consultation</p>
<p><b>**Research and/or Evaluation</b></p>	<p>Engages in scholarly research using appropriate methods and is aware of importance of using appropriate statistical procedures.</p> <p>Demonstrates essential knowledge of the components of the scientific method.</p> <p>Demonstrates an ability to evaluate the effectiveness of programs and activities.</p> <p>Demonstrates participation in the provision and/or receipt of external peer review (e.g., publications, poster sessions, oral presentations, grants, dissertation committees, etc.).</p>	<p>Does not use appropriate methodology and/or unaware of appropriate statistical procedures in research activities.</p> <p>Unaware of essential components of the scientific method.</p> <p>Utilizes program evaluation techniques that are not appropriate to the activity and/or not evidence-based.</p> <p>Does not engage in and therefore profit from activities which provide external peer review.</p>

<p>**Supervision</p>	<p>Uses existing theory and research to conduct supervision with skill and professionalism.</p> <p>Considers professional developmental stage of supervisee when providing supervision.</p> <p>Uses existing theory and research specific to subject matter to teach effectively.</p> <p>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to supervision.</p>	<p>Fails to use existing theory and research to conduct supervision with skill and professionalism.</p> <p>Applies the same supervisory approach across supervisees regardless of professional developmental stage.</p> <p>Does not assess supervision effectiveness to profit from such feedback.</p> <p>Conveys a general lack of awareness of ways in which interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification are related to supervision.</p>
<p>**Teaching</p>	<p>Considers professional development stage of students when engaging in teaching activities.</p> <p>Regularly assesses effectiveness of teaching and/or supervision and incorporates feedback.</p> <p>Uses existing theory and research specific to subject matter to teach effectively.</p> <p>Maintains knowledge of and implements current teaching approaches.</p> <p>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to teaching.</p>	<p>Fails to use existing theory and research as related to subject matter and current strategies to teach effectively.</p> <p>Does not assess teaching effectiveness to profit from such feedback.</p> <p>Conveys a general lack of awareness of ways in which interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification are related to teaching.</p>
<p>**Management/ Administration</p>	<p>Uses existing theory and research to conduct administrative and management activities.</p> <p>Conducts management activity by</p>	<p>Does not use existing theory and research to conduct administrative and management activities.</p> <p>Does not complete an appropriate</p>

	<p>understanding systems and taking context into account.</p> <p>Understands administrative needs and responds appropriately.</p> <p>Appropriately manages power differential in unequal/subordinate relationships.</p>	<p>organization assessment that takes context into account when providing management and administration.</p> <p>Does not understand and respond appropriately to administrative and management needs.</p> <p>Unaware of or inappropriately manages power differential in unequal/subordinate relationships.</p>
**Advocacy	<p>Engages in activities that publically promote positive change based on sound scientific evidence.</p> <p>Demonstrates the ability to engage in strategic alliance for a common cause.</p>	<p>Engages in activities that promote self-interest for the purpose of self-gain.</p> <p>Inappropriately utilizes the profession of psychology to publically advance a cause.</p>

\* **Domain from which video samples may be submitted (see page 19).**

\*\* **This competency domain will only be addressed for those Candidates who engage in this professional activity.**

## IX. FINAL EXAMINATION PROCEDURES AND CANDIDATE NOTIFICATION

Immediately upon the completion of the Oral Examination, each member of the Examination Team completes and signs the Rating Grid for the Oral Component of the Examination (**Form F**). The Committee members submit their **Form Fs** to the Examination Committee Chair who tallies the votes. Two passing votes in the same domain constitute a pass and two failing votes in the same domain constitute a failure. The Examination Chair submits the results, along with the ethics vignette number utilized in the examination, to the Regional Coordinator, who submits them electronically to the ABPP CO.

### NOTIFICATION OF CANDIDATES WHO PASS

The successful Candidate is typically sent a congratulatory letter by ABPP and the President of ABCP within approximately three weeks of the Oral Examination. The letter should serve to relieve anxiety, reinforce competence, and welcome the new Board Certified Psychologist as an active Clinical Specialist of ABPP.

Along with this letter, Candidates who pass will receive notification of receipt of 40 Continuing Education credits from the APA through ABPP.

### PROCESS FOR PROVIDING FEEDBACK TO CANDIDATES WHO FAIL

The letter of the Examination Committee to the unsuccessful Candidate is to be written by the

Chair of the Examination Committee with consultation from the Committee and the Regional Coordinator. It is then sent electronically by the Regional Coordinator to the CO within approximately three weeks following completion of the Oral Exam (see ABPP website [www.abpp.org](http://www.abpp.org) under Specialists for interactive forms and utilize **Form G** for required information). The CO then sends the letter to the unsuccessful Candidate.

1. The report of the Examination Committee to the unsuccessful Candidate should reflect the ratings and comments of the Committee as a whole. It should be written with the clear understanding that the report will be sent, after review by the Executive Officer of ABPP, to the Candidate and will become part of the Candidate's permanent file in the ABPP CO. If the Executive Officer has concerns about the report, these will be negotiated with the Specialty Board for possible modification.
2. The report should be written to achieve three essential objectives:
  - a. Documentation of the outcome of the examination and the rationale or support for that outcome. This should include comments of the Examiners based on the ratings in the applicable competency areas from the 16 domains (eight required Foundational Competencies, three required Functional Competencies, and other Functional Competencies as applicable).
  - b. Identification of specific competency domains in which areas of strength were manifested in the Candidate's performance to emphasize the positive professional attributes of the Candidate and to provide balance in the report.
  - c. Identification of specific competency domains failed by the Candidate, along with suggestions for how the Candidate might address these competency domains in order to confidently and successfully approach re-examination.
3. The report should:
  - a. Begin with an opening statement that sets a positive and constructive tone regarding the Candidate's overall professional competence and interaction during the examination.
  - b. Address each of the competency domains in the Examination Manual (eight required Foundational Competencies, three required Functional Competencies, and other Functional Competencies as applicable).. The wording of comments regarding the Candidate's performance can closely follow the wording of the scoring examples in the examination manual. For each competency domain rated a failure, the subcomponents failed should be noted, and a specific suggestion(s) for remediation offered.
  - c. If the letter is sufficiently lengthy so that a summary is needed, the summary should address the Candidate's overall performance. It should review competency

areas of strength as well as weakness, and suggest remediation to reiterate the collegial and constructive intent of the report.

4. It is important for the Chair to be sensitive, diplomatic, and constructive in writing a report that is certain to be read very carefully by the Candidate. It is important to be objective and descriptive. Suggestions should be realistic and appropriate to the extent that, if the Candidate follows the recommendations, he/she/they would likely be in a position to fare better upon re-examination. Likewise, it is important not to be judgmental, inflammatory, or pejorative in words or tone.
  - a. The report from the Chair should focus on the Candidate's performance during the Oral examination, without any assumption that the unsuccessful performance is necessarily characteristic of the Candidate's usual practice.
  - b. The Chair should assume that all unsuccessful Candidates will want to improve their performance and re-take the exam in the near future. If a particular problem in terms of reporting on a Candidate's performance is encountered, the Chair should consult the other members of the Examination Committee first and, if concerns still exist, then consult the Regional Coordinator.
  - c. Unsuccessful Candidates have a right to know why they failed. The Chair should be clear in giving examples. Although examples for each problem identified in the examination need not be reported, the Chair should have such examples available in personal documentation in the event of an appeal or inquiry. The Chair should not report problems that are not relevant to the passing criteria for specific competencies or cannot be supported by the documentation available. In using examples, the Chair should feel confident that he/she/they understands exactly what the Candidate did and what the problem was. If this is not accurate, the Candidate may have a legitimate basis for complaint that the Fail judgment was based on inaccurate information.
  - d. Unsuccessful Candidates should be reminded that they have a right to appeal the decision of the Examination Committee on procedural grounds and be referred to **Form I-1** in the Examination Manual for details. Additional information on appeals can be found in **Form I-2**.

### EXAMINATION FEEDBACK

**Form J** is provided to the Candidate to solicit feedback on the examination process. Candidates are asked to complete the feedback form within 72 hours of the Oral Examination.

Candidates are informed that, if they successfully pass, they will receive 40 hours of Continuing Education credits from APA through ABPP.

## X. MAINTENANCE OF CERTIFICATION

Maintenance of Certification (MOC) involves a process of self-examination that is reflected in the documentation of a Specialist's professional development since last examination or review. In accordance with ABPP policy, Specialists certified after January 1, 2015 must successfully demonstrate Maintenance of Certification every 10 years to maintain their ABPP board certified status. Specialists certified before January 1, 2015 may maintain their certification in one of two ways, by "opting in" to their Specialty approved MOC process or by waiving this requirement ("opting out") and still maintaining their certificate. Each Specialty Board has developed a specialty-specific MOC process that the ABPP Standards Committee approved.

**MOC does not require re-examination, a formal test or work samples.** Instead, ABCP Specialists will survey their professional activities and document their ongoing professional development using the *ABCP Specialty Continuing Professional Development Grid* combined with responses to written Narrative questions. The ABCP Board strongly encourages all Clinical Specialists to participate in the MOC process regardless of certification date, as doing so signals a commitment to the highest standards of practice and regard for public welfare, sets a clear leadership example for future specialists, and supports ABPP in its oversight of standards of competence and excellence.

ABPP Central Office staff will notify ABCP Specialists when they are eligible to submit their MOC material. Specialists who were granted certification prior to January 1, 2015 will be asked to indicate whether they plan to participate in MOC by completing the Clinical MOC Grid and Narrative (opt-in), or if they intend to waive MOC (opt-out). Unless the Specialist waives their MOC requirement, ABPP Central Office personnel will provide notice to them within 8 years of Maintenance of Certification implementation (or within 8 years after a new Specialist's initial board certification) that their MOC documents will be due soon. Notification at the 8-year mark is provided in order that the Specialist has adequate advanced notice to complete the process.

All documents relating to Maintenance of Certification are available through the ABPP website at [www.abpp.org](http://www.abpp.org)

### **MOC REQUIREMENTS**

In a communication from ABPP Central Office, Specialists will be provided with a link to the *ABCP Specialists Guide to ABPP's MOC Process* in which the instructions and criteria of the MOC process are delineated. Completion of the *ABCP Specialty Continuing Professional Development Grid* and the *Narrative* are necessary to complete the MOC process.

1) **Completion of the ABCP Continuing Professional Development Grid:**

ABPP has established five broad categories of professional activities that support MOC, including:

- (1) Collaborative Consultation
- (2) Teaching and Training
- (3) Ongoing Education
- (4) Development and Application of Research and Innovative Methodologies/Programs (i.e., Research and Methodologies)
- (5) Professional Leadership

Each category has professional development defined activities, with “credit values” established for each activity. For example, in the Collaborative Consultation category, the first professional development activity is Case Consultation, defined as “consulting or being consulted by a colleague to review case material to obtain/offer an opinion”. For this activity, the “credit value” assigned is 5 consultations = 1 credit. The sum of credits claimed for clinical-specific activities within a category should be entered in the “Specialty Specific” Box on the Grid. In the “Overall Credits” box on the Grid, the Specialist should enter the sum total of **all** credits claimed for professional activities within the category, which may include non-clinical professional activities. A maximum number of 20 credits is allowed for activities in each of the five categories. If the total “Overall Credits” in a given category is less than 20, the exact number of credits will automatically be calculated and shown in the “Credits towards MOC total” field on the Grid. If the total “Overall Credits” equals or exceeds 20, “20” will automatically be shown in the “Credits towards MOC total” field for the given category.

To avoid receiving dual or multiple credits for the same activity, the Specialist should document an activity only once, in one category, even though the activity may fit under several categories. For example, supervising dissertation research may fit under both Teaching and Training and Research Methodologies but should be documented under only one of these categories.

**To meet the professional activity criterion to pass the MOC, ABCP Specialists must document a total of at least 40 credits earned during the two-year period prior to MOC submission.** These total 40 credits are the sum of credits across all five categories of continuing professional development. While Specialists may claim only the 40 credits of required continuing professional development across the five categories, they are encouraged to document all their activities on the Grid in order to convey a better understanding of their professional activities and ongoing maintenance of competence.

In order to be successful in the MOC process, Specialists must also demonstrate evidence of continued competence in each of the 8 Foundational competencies and in at least the 3 required functional competencies in the activities claimed across categories. The 8 foundational competencies include Scientific Knowledge and Methods, Evidence-Based Practice,

Individual and Cultural Diversity, Ethical and Legal Standards and Policy, Professionalism, Relationships, Interdisciplinary Systems, and Reflective Practice/Self-Assessment/Self-Care. And the 3 required Functional competencies are Assessment, Intervention, and Consultation. Operational definitions for each of the foundational and functional competencies are embedded in the Grid. For each activity, the Specialist checks all of the foundational and functional competencies maintained through the activity for which credits are claimed.

Specialists should use the space at the bottom of each category to describe the nature of the activities for which credit was claimed. Information should be descriptive but concise (e.g., context for consultations claimed, names of workshops/classes taken or taught, representative publications, names of programs developed, etc.). Further elaborations on claimed activities can be deferred to the narrative statements.

An example of an activity claimed for credit on the Grid is provided below:

The Specialist has published two peer-reviewed articles, each worth 10 credits. The Specialist entered a total of 10 credits for “Specialty Specific” (2014 publication) and 20 credits in “Overall Credits” (sum of 2013 and 2014 publication credits) on the Grid under the category of *Research and Methodologies*. The Specialist has checked one Foundational Competency (Scientific Knowledge and Methods) and two Functional Competencies (Intervention, Research/Evaluation) for these activities. The Specialist has used the space at the bottom of the Research and Methodologies category to explain the credits claimed (see below).

Peer Reviewed Publications:
Smith, J., (2013). An examination of competency in senior psychologists. <i>Psych Journal</i> , 6, 234-256. = 10 pts.
Robins, R. & Smith, J. (2014). Comparison of PTSD evidence-based therapies. <i>Science for Us</i> , 19, 40-65 = 10 pts.

## 2) Summary of ABCP Continuing Professional Development Grid Criteria

- ✓ The number of “Credits towards MOC total” summed across the 5 categories must be equal to or greater than 40 for the two years prior to submission of MOC documentation.
- ✓ Specialists must demonstrate evidence of continued competence in each of the 8 foundational competencies as well as in at least the 3 required functional competencies in order to be successful in the MOC process.
- ✓ Specialists are advised to maintain their own files, as documentation is not required for submission with the MOC materials. However, a peer review of this information may be conducted by the specialty board, which may require the Specialist to provide additional documentation.

### 3) **ABCP Narrative:**

The Specialist is to respond in narrative form to five practice-area focused questions that allow the Specialist to further elaborate on the foundational and functional competencies in claimed activities on the Grid. Each question is limited to the indicated number of words, with a total for the Narrative not to exceed 750 words.

### **SCHEDULING**

Two years before the Specialist is due for MOC, the ABPP Central Office will notify the Specialist and ABCP so that the Specialist and ABCP may successfully satisfy their required activities in a timely manner. MOC reviews will be regularly conducted by the Clinical MOC Review Team.

### **SCORING AND REVIEW PROCESS**

ABCP will evaluate the Specialists' Grid and Narrative, using criteria developed by ABCP and approved by the Standards Committee of the ABPP Board of Trustees (BOT). The final overall MOC outcome options are (1) Pass; (2) More Information Required; and (3) Non-Pass.

At any point during the review process, if Reviewers are unable to determine whether a Specialist meets the standards for MOC, the Specialist may be asked for further information regarding their Grid and/or Narrative responses. ABCP will conduct MOC procedures with fair and reasonable pass/no pass criteria, with opportunity for remediation before determining failure, and with a fair appeal process.

The Executive Officer of ABPP will execute the Pass notification letters or non-pass decisions. For non-pass decisions, the ABCP will prepare specific, concise, and relative feedback using MOC criteria and then send the feedback to the Executive Officer of ABPP, who will review, edit, and, if necessary, seek legal counsel for these notifications. In no instance may the Executive Officer make substantive changes to the ABCP decision. The Central Office of ABPP will send notifications to Specialists who do not pass, with the ABCP reviewer's balanced summary of the non-pass decision attached to the notification.

- ✓ Specialists are to be treated in a constructive, respectful, and collegial manner.
- ✓ Accommodations will be made consistent with the Americans with Disabilities Act.
- ✓ ABCP reviewers having significant personal or professional relationships with a Specialist undergoing MOC review must recuse themselves from serving as a reviewer involving that Specialist.
- ✓ In the event of a Specialist's appeal of an ABCP decision regarding MOC, appeal team members having a significant personal or professional relationship with the Specialist must recuse themselves from serving as appeal team members.

**APPEAL PROCEDURE**

There are two levels of MOC decision appeal, one at the ABCP level, and the other at the ABPP Board of Trustee level.

- 1) American Board of Clinical Psychology Level:  
A Specialist may appeal the decision regarding MOC certification on procedural grounds. See **Form I-1** for details. Additional information regarding appeals can be found in **Form I-2**.
  
- 2) ABPP Board of Trustee Level:  
Specialists may appeal Specialty Board level decisions to the Board of Trustees if there is an allegation that ABCP did not follow the Specialty Board's MOC policy or their own Specialty Board appeal procedures. The Board of Trustee level appeal is the final level of appeal.

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## FORM A: STEPS IN THE ABCP BOARD CERTIFICATION PROCESS

<b>1.</b>	Applicant consults the website ( <a href="http://www.abpp.org">www.abpp.org</a> ) or contacts the ABPP CO(Fax 919-537-8034) to request Examination Manual and Application Form.
<b>2.</b>	<b>Eligibility: Candidacy</b> Applicant completes online Application Form and submits to <b>ABPP</b> the necessary supporting documentation and application fee of \$125.00 (not the Practice Sample).E-mail is preferred, <a href="mailto:office@abpp.org">office@abpp.org</a> but fax and USPS accepted.
<b>3.</b>	The generic requirements for the doctoral degree and program, licensure, and professional standing (absence of current disciplinary actions) are verified by CO. Following such verification, the application is forwarded to the ABCP National Credentials Reviewer for specialty review. If the generic and specialty requirements are met, the now Candidate is notified of candidacy status by the EO/CO and the application is forwarded directly to the Practice Sample Coordinator.
<b>4.</b>	If application is not approved or is deemed incomplete, CO informs Applicant of the reasons. If additional information may bring about approval, it is requested and must be submitted for the examination process to continue.
<b>5.</b>	<b>Examination: Practice Sample Review</b> The <b>Candidate</b> prepares the <b>Practice Sample</b> . The Candidate may contact the <b>ABCP Mentorship Coordinator</b> to request a mentor. The Candidate submits the Practice Sample <i>according to current instructions on the ABPP website</i> to the <b>National Exam Coordinator</b> within 12 months of candidacy notification. The <b>\$250 Practice Sample Fee</b> , required by all Candidates including those seeking the Senior Psychologist Option, is to be forwarded to the ABPP CO. Practice Sample is reviewed at this level for completeness only.
<b>6.</b>	Upon acceptance of a completed Practice Sample, the Sample is accessed by or sent to the <b>ABCP Regional Coordinator</b> who selects the <b>Examination Committee Chair and Committee Members</b> . For Senior Option candidates, the Regional Coordinator or a designated alternate will serve as the Chair. The Chair provides access to the Practice Sample for review to the two other <b>Committee Members</b> . The decision of this review is electronically submitted by the Regional Coordinator to CO and the examination process continues.
<b>7.</b>	If the Practice Sample is found unacceptable, the Candidate is notified of the reasons and the current examination process is halted. A new examination fee may be submitted to CO after 6 months, and, <b>using the most recent manual</b> , a new Practice Sample, including new video recordings, may be submitted after 6 months but within 12 months.
<b>8.</b>	<b>Examination: Oral Examination</b> Upon Practice Sample acceptance by the <b>Examination Committee</b> , ABPP CO will alert the Candidate to send the <b>Oral Examination Fee of \$450.00</b> to the ABPP CO. Details of the Oral Examination are finalized with the Examination Chair.
<b>9.</b>	Oral Examination results are electronically submitted by the Regional Coordinator to CO, typically within several days of the examination. If the Oral Examination is passed, the Candidate becomes Board Certified, may begin to use the title immediately, and receives the certificate within 45 days from the ABPP CO, appropriately signed by the ABCP and ABPP.
<b>10.</b>	If there is an Oral Examination failure, Committee feedback should be prepared in consultation with the Regional Coordinator, reviewed by the ABCP President, and submitted by the President or a designated representative to CO.
<b>11.</b>	Decisions made by the ABCP regarding the <u>Practice Sample</u> and <u>Oral Examination</u> should be electronically submitted in appropriate format by the Regional Coordinator to the ABPP CO. The EO/CO forwards decision letters reflecting ABCP actions to Candidates within several days following receipt of the outcome notifications. Copies of these letters are forwarded to the ABCP President and National Exam Coordinator.

## FORM B: CLINICAL PSYCHOLOGY APPLICATION

The Application form is the primary information base upon which eligibility for candidacy is determined. In effect, the Applicant is establishing the necessary academic training, supervised experience, and professional standing required by the specialty of Clinical Psychology. The Application form can be found at:

<https://www.abpp.org/Applicant-Information/Specialty-Boards/Clinical-Psychology/Document-Library.aspx>

The form is to be completed in two parts: 1) complete the Specialty Specific Form (Step 1) and save it to your computer, and 2) complete the Online ABPP Application (Step 2) and upload the saved Specialty Specific Form when directed. Both steps must be completed in order for the application to be complete.

There are two exceptions to this procedure: 1) Unlicensed students, interns and residents should use the Early Application Form if they currently have a file as an Early Entry Applicant. They will also need to submit a Specialty Specific Form (Step 1); applicants who are currently ABPP Board Certified Specialist in another area use the Application on the ABPP Specialists' Portal.

Prior to applying, review the *ABPP Generic Requirements*. Also review the *Specialty Specific Requirements* (and Senior Option, if applicable) for Clinical Psychology. These are located on the ABPP website under Specialty Specific Requirements.

Following the application review, Applicants are notified of the review results. Applicants who meet generic and specialty requirements become Candidates and move on to the specialty examination process.

Interested applicants are encouraged to go to [abpp.org](http://abpp.org) and review directions at the “Instructions for Applicants” link.

### General Eligibility Requirements

To attain board certification in a specialty, an Applicant must meet ABPP's common eligibility requirements which are detailed online at: <https://abpp.org/Applicant-Information/Degree-Requirements.aspx>

### Specialty Specific Eligibility Requirements

To attain board certification in a specialty, an Applicant must meet ABCP's specialty specific eligibility requirements which are detailed online at: <https://www.abpp.org/Applicant-Information/Specialty-Boards/Clinical-Psychology/Application,-Specialty-Specific-Fees.aspx>

### FORM C-1: PRACTICE SAMPLE CHECKLIST

\*All materials must be included on three separate USB drives

CANDIDATE	REGIONAL COORDINATOR	EXAMINER	MATERIALS
			Three copies (one per USB) or one electronic copy of the Curriculum Vitae, Professional Statement, and Practice Sample Materials Cover Sheet (per ABPP website instructions at time of submission).
			Copy (as above) of the Practice Sample details and supplemental materials if applicable (e.g., testing raw materials and protocols, with any answer sheets, profiles, and computer printouts if formal assessment is conducted) for the two different work samples (i.e., assessment, intervention, consultation, or supervision) (not required for Senior Psychologist Option).
			Submission (as above) of a 30-50 minute, unedited video recording of <b>two different</b> clinical samples, where <b>both</b> the Candidate and the client/patient are visible and <b>both</b> the Candidate and client/patient are clearly audible (not required for Senior Psychologist Option). Both work samples are collected within 6 months of submission. Dates recorded must be included in the contextual statements and on the Practice Sample Materials Cover Sheet .
			\$250 Practice Sample fee submitted to ABPP Central Office (this is for all individuals, including those who elect the Senior Psychologist Option)

**FORM C-2: WRITTEN ASSESSMENT WORK SAMPLE**

<b>CHECK WHEN COMPLETE</b>	<b>REQUIRED INFORMATION</b>
	Contextual Statement: with dates of client/patient contacts, non-identifying descriptive information, presenting problem, brief history
	Rationale for procedures appropriate to referral question, client/patient, and situation
	Copies of all raw testing data (if applicable)
	Accurate interpretation based on multiple data sets with interpretations informing case conceptualization
	Diagnosis (utilizing most current DSM)
	Useful recommendations offered to client/patient based on relevant findings
	Written report communicating findings in a useful and understandable fashion
	Discussion of the individual and cultural diversity and ethical/legal considerations involved
	Reflective comment on the Candidate's own behavior and the interpersonal interactions in the sample
	Copy of the full professional written report (if applicable)
	Attestation that written informed consent was secured ( <b><u>DO NOT SEND</u> the signed client/patient informed consent form</b> )
	<b>MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION</b>

**FORM C-3: WRITTEN INTERVENTION WORK SAMPLE**

<b>CHECK WHEN COMPLETE</b>	<b>REQUIRED INFORMATION</b>
	Contextual statement with dates of client/patient contacts, current session number in total sequence, non-identifying descriptive information and history, presenting problem, course of treatment, DSM diagnosis
	Theoretical and scientific basis for therapeutic approach/interventions, demonstrating knowledge of value of evidence-based practice
	Discussion of management of therapeutic framework
	Formulation and discussion of the intervention in terms of identified theory of practice and relevant research
	Discussion of evaluation of treatment progress and outcome
	Discussion of the individual and cultural diversity and ethical/legal considerations involved
	Reflective comment on the Candidate's own behavior and the interpersonal interactions in the sample
	Copy of the Candidate's intervention documentation (e.g., the progress note or encounter note)
	Attestation that written informed consent was secured  <b>(DO NOT SEND the client/patient informed consent form)</b>

**FORM C-3: WRITTEN INTERVENTION WORK SAMPLE**

(Continued)

<b>CHECK WHEN COMPLETE</b>	<b>REQUIRED INFORMATION</b>
	Contextual statement with dates of client/patient contacts, current session number in total sequence, non-identifying descriptive information and history, presenting problem, course of treatment, DSM diagnosis
	MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION

**FORM C-4: WRITTEN CONSULTATION WORK SAMPLE**

<b>CHECK WHEN COMPLETE</b>	<b>REQUIRED INFORMATION</b>
	Contextual statement with dates of consultation contacts, non-identifying descriptive information of the consultation context, purpose and goals of consultation, brief history of consultation
	Theoretical and empirical rationale for consultation procedures and goals
	Formulation and discussion of the consultation in terms of identified theory of practice and evidence-based practice Recommendations are clearly communicated and consistent with consultee's goals
	Discussion of the individual and cultural diversity and ethical/legal considerations involved
	Reflective comment on the Candidate's own behavior and the interpersonal interactions in the sample
	Copy of the full professional written report (if applicable)
	Attestation that written informed consent was secured <b>(DO NOT SEND the signed client/consultee informed consent form)</b>
	<b>MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION</b>

**FORM C-5: WRITTEN SUPERVISION WORK SAMPLE**

<b>CHECK WHEN COMPLETE</b>	<b>REQUIRED INFORMATION</b>
	Contextual statement with dates of supervision, non-identifying descriptive information of the context, purpose and goals of the activity, brief history of the supervisory relationship
	Theoretical and empirical rationale for the activities used, goals for present activity, and recommendations
	Formulation and discussion of the supervision in terms of identified theory of practice and relevant research
	Discussion of the individual and cultural diversity and ethical/legal considerations involved
	Reflective comment on the Candidate's own behavior and the interpersonal interactions in the sample
	Discussion of the assessment of effectiveness of supervision and how feedback has been incorporated
	Copy of the supervisory encounter documentation if applicable (e.g., supervisory log)
	Attestation that written informed consent was secured <b>(Do not send the signed client/patient informed consent form)</b>
	<b>MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION</b>
	<b>A Teaching work sample is not acceptable</b>

**FORM C-6: SENIOR PSYCHOLOGIST PRACTICE SAMPLE OPTION***(See Manual discussion for details)*

Complete sets of materials must be submitted either electronically or on 3 USB drives, *according to current ABPP website instructions*. If submitting USB drives, each drive should contain all of the submitted materials.

	Senior Practice Sample Option – Title Practice Sample Materials Cover Sheet
	Curriculum Vitae
	Professional Statement
	Pertinent Materials as Practice Sample - publications, scholarly presentations, portfolios, etc. <b><u>OR</u></b>
	May choose to submit a non-senior clinical Practice Sample with video recordings (2 different recordings) – Identify on Cover Sheet if this option is being utilized
	\$250 Practice Sample fee submitted to ABPP Central Office (DO <b>NOT</b> SEND FEE TO THE NATIONAL EXAM COORDINATOR).



## FORM D: PROFESSIONAL STATEMENT

*The Candidate should answer all questions in approximately 15 double spaced (significantly longer submissions may be returned), typewritten pages and submit this material as part of the Practice Sample, in current requested format described on ABPP website). See Professional Statement in manual for additional details. Please **initial** the line in front of each section below to indicate that you have included this information.*

\_\_\_\_\_ #1 Provide a description of the professional work you are engaged in at this time. Be sure to focus on your current employment and professional activities at the local, state, and national level; continuing professional education activities; long-term plans in psychology, and reasons for board certification.

\_\_\_\_\_ #2 Discuss the evidence base that informs your practice. Pay specific attention to the scientific knowledge and methods that inform your assessment, intervention, and consultation activities. Describe your professional theoretical framework and a discussion of how researchers and theorists in the field have influenced you. If you consider yourself eclectic/integrative, describe at least 3 major themes in your eclecticism or integrative model. **Use the check-list below to ensure you cover competency areas adequately (initial inclusion of each area on the line preceding each statement):**

\_\_\_\_\_ **Scientific Knowledge:** Demonstrate critical thinking about research relevant to your practice and theoretical orientation. Provide a comprehensive explanation of clinical activities, utilizing research and theory.

\_\_\_\_\_ **Evidence-based Practice (EBP):** Articulate how published evidence-based literature informs your clinical interventions and activities. Provide in-depth analysis of how you understand and apply EBP in daily practice. Identify strengths and limitations of particular evidence-based approaches to demonstrate your critical thinking as a clinical psychologist.

\_\_\_\_\_ **Assessment:** Explain your approach and how you choose assessment and evaluation procedures that provide data to answer referral questions and take consider issues of diversity. Address how you integrate multiple data sources, reconcile disparate data, and how you make a differential diagnosis and functional assessment of a patient.

\_\_\_\_\_ **Intervention:** Demonstrate how you apply EBP with patients, touching on therapeutic context, decision-making for choosing interventions, strengths and limitations of chosen interventions, and how you evaluate treatment progress and outcomes.

\_\_\_\_\_ **Consultation:** Provide a substantial description of your approach to consultation, how your consultation procedures are appropriate to the context, and informed by research and theory. Describe how you integrate multiple data sources and your approach to reconcile disparate clinical data from those sources.

\_\_\_\_\_ #3 If applicable (address all OPTIONAL Competency Domains that apply; **initial** each applicable domain you included in your statement):

\_\_\_\_\_ **Supervision** \_\_\_\_\_ **Teaching** \_\_\_\_\_ **Research** \_\_\_\_\_ **Admin/ Management** \_\_\_\_\_ **Advocacy**

\_\_\_\_\_ #4 Provide an example of a difficult or complex relationship/interaction in the professional setting that required effective negotiation or conflict resolution with an individual or group whose viewpoint differed significantly from your own.

\_\_\_\_\_ #5 Provide a specific example of awareness of individual and cultural diversity as pertinent to one's scholarship, assessments, interventions, consultations, or supervision/teaching/management (if applicable).

\_\_\_\_\_ #6 Describe a meaningful and challenging ethical dilemma, beyond normal ethical practice, personally encountered in your work as a Clinical Psychologist. Address what aspects of the *APA Ethical Principles of Psychologists and Code of Conduct* are pertinent to the dilemma, and how the dilemma was managed.

\_\_\_\_\_ #7 Describe at least one method you use to engage in **professional** self-reflection (more than just personal self-care or work/life balance). Ensure that you address how you have used this method to improve your professional activities.

\_\_\_\_\_ #8 Provide an example of interdisciplinary collaboration and team planning that included effective communication across professions and/or an organization.

\_\_\_\_\_ #9 Verify that no ethical/legal action has been taken against you since acceptance into candidacy.

**Include your Curriculum Vitae, the Informed Consent Form you use (NOT the signed client/patient informed consent form) and the Health Insurance Portability and Accountability Act (HIPAA) documents (submitted according to current ABPP website instructions). If choosing the Senior Psychologist Option without recordings, copies of the Informed Consent Form and HIPAA documents are generally not relevant.**

## FORM E: VOLUNTARY CONSENT AGREEMENT

### BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

I/(We), \_\_\_\_\_, agree to participate in a psychological service, which includes the VIDEO RECORDING of an assessment, intervention, consultation, or supervision activity (If more than one service recipient, as in the case of couples therapy or group supervision, please have each participant sign below)

Date: \_\_\_\_\_ Participant: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(signature) (self/guardian/parent)

Date: \_\_\_\_\_ Participant: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(signature) (self/guardian/parent)

I (We) am aware that the assessment, intervention, consultation, supervision activity will be recorded (USB device) for the purpose of being observed by psychologists who will be evaluating Dr. \_\_\_\_\_, a licensed psychologist applying for Board Certification by the American Board of Clinical Psychology (ABCP), a Specialty Board of the American Board of Professional Psychology (ABPP). No one other than those involved in the examination process will be allowed to observe the video recording on the USB device and related documents. If materials are submitted on USB devices, these devices and related documents will be returned to Dr. \_\_\_\_\_ immediately upon completion of the examination.

I (We) recognize that my (our) participation in this process is entirely voluntary and not a requirement to receive psychological services. I (We) have been told that I (We) will receive a copy of this consent form.

Date: \_\_\_\_\_ Participant: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(signature) (self/guardian/parent)

Date: \_\_\_\_\_ Participant: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(signature) (self/guardian/parent)

Date: \_\_\_\_\_ Psychologist: \_\_\_\_\_  
(signature)

***Candidate will keep the original of this consent agreement for her/his/their records and will NOT mail it or copies of it with the Practice Sample. Submitting a signed copy is a breach of confidentiality that will result in failure of the Practice Sample.***

**FORM F: RATING GRID FOR THE EXAMINATION**

*Only rate subcomponents if fail overall competency*

*A failure in any given competency domain is defined by: (a) failure in two or more subcomponents within the domain, or (b) serious failure in one subcomponent*

CANDIDATE NAME: \_\_\_\_\_

Date Practice Sample: \_\_\_\_\_

Date Oral Exam: \_\_\_\_\_

PRACTICE

SAMPLE

ORAL  
COMPONENT

<i>See Section III for Additional Explanation of these Competencies</i>	<b>Pass</b>	<b>Fail</b>	<b>Pass</b>	<b>Fail</b>
<b>FOUNDATIONAL COMPETENCIES</b>				
<b>1. *RELATIONSHIPS <i>Mandatory domain</i></b>				
Demonstrates sensitivity to the welfare, rights, and dignity of others				
Develops and maintains productive relationships with a broad array of individuals including clients/patients, colleagues, students, supervisees, allied professionals, etc.				
Effectively negotiates conflictual relationships				
Demonstrates awareness of one's own impact on others and maintains a non-defensive posture in the receipt and implementation of feedback				
Demonstrates understanding of diverse views in complicated interactions				
<b>2. *INDIVIDUAL AND CULTURAL DIVERSITY <i>Mandatory domain</i></b>				
Conveys knowledge about individual and cultural diversity.				
Demonstrates sensitivity and responsiveness to individual and cultural diversity in each competency domain				
Conveys an awareness of the interaction between one's own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Psychologist				
<b>3. *ETHICAL AND LEGAL STANDARDS/POLICY <i>Mandatory domain</i></b>				
Demonstrates knowledge about ethical standards and applies this knowledge to perform in an ethical fashion				
Demonstrates knowledge about legal standards and applies this knowledge to perform in a fashion consistent with such standards				

4. *PROFESSIONALISM <i>Mandatory domain</i>				
Demonstrates active participation in the profession				
Demonstrates a familiarity with current significant issues facing the profession and the implication of these issues				
Seeks consultation and supervision when needed				
Obtains ongoing training and education				
Demonstrates professionalism and awareness of professional standards in presentation of the written submission (including use of APA format in references, attention to editing demands, etc.)				
5. *REFLECTIVE PRACTICE/PROFESSIONAL SELF-ASSESSMENT AND SELF-CARE <i>Mandatory domain</i>				
Practices with personal and professional self-awareness				
Practices within boundaries of professional competence				
Routinely assesses strengths, weaknesses and competency in practice				
Recognizes new competencies and engages in improving personal competencies as appropriate				
Engages in appropriate self-care				
6. *SCIENCE, KNOWLEDGE, AND METHODS <i>Mandatory domain</i>				
Uses evidence base and theory to inform activities as a Clinical Psychologist				
Demonstrates ongoing critical evaluation of research relevant to his/her/their practice and theoretical orientation				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, as related to the application of scientific knowledge and methods				
7. *INTERDISCIPLINARY SYSTEMS <i>Mandatory domain</i>				
Effectively communicates across professions and/or organizations				
Demonstrates respectful appreciation and integration of contributions and perspectives of other professions				
Demonstrates the ability to share unique contributions that clinical psychology can make to the issue at hand				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identity related to interdisciplinary functioning				

8. *EVIDENCE-BASED PRACTICE <i>Mandatory domain</i>				
Able to articulate a cogent rationale for clinical strategies utilized				
Demonstrates the ability to integrate relevant research and stated theoretical orientation in a meaningful way that justifies why the interventions used should attain outcome desired				
Provides clinical interventions and engages in clinical activities with demonstrated treatment efficacy (systematic and scientific evidence that the treatment works)				
Provides clinical interventions and engages in clinical activities with established clinical utility (e.g., feasibility and usefulness in the specific setting)				
Demonstrates ability to recognize strengths and limitations of evidence obtained from various data sources/types of research				
<b>FUNCTIONAL COMPETENCIES</b>				
1. * ASSESSMENT/DIAGNOSIS/CONCEPTUALIZATION <i>Mandatory domain</i>				
Demonstrates awareness of procedures appropriate for client/patient or program/system evaluation.				
Conducts assessments and evaluations with skill and in accordance with standardized procedures				
Demonstrates awareness and/or interprets assessment and evaluation findings accurately to inform conceptualization				
Demonstrates the ability to integrate multiple data sources to inform a working differential diagnosis				
Demonstrates awareness and/or applies assessment and evaluation data to the development of recommendations				
Communicates both orally and in writing findings from assessments and evaluations to the client/patient and other relevant parties in an understandable and useful fashion				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment				
2. *INTERVENTION COMPETENCE <i>Mandatory domain</i>				
Demonstrates awareness and/or manages issues responsibly related to the therapeutic framework, such as limits of confidentiality, boundaries of services, payment, and other such issues				
Demonstrates awareness and/or chooses procedures appropriate for client/patient and situation				
Demonstrates knowledge of the value of evidence-based practice and the scientific and theoretical basis of the approach/intervention				
Demonstrates awareness and/or applies interventions with skill and knowledge				

Demonstrates evaluation of treatment progress and outcome				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention				
<b>3. * CONSULTATION COMPETENCE (Provision of Consultation)</b> <i>Mandatory domain</i>				
Demonstrates awareness and/or uses procedures appropriate for the context, informed by research and theory				
Demonstrates awareness and/or gathers appropriate information as background for the consultation being provided				
Demonstrates awareness and/or conducts consultations with skill and knowledge				
Clearly communicates findings and recommendations that meet the consultee's goals				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to consultation				
<b>4. **RESEARCH AND/OR EVALUATION (Optional; if applicable)</b>				
Engages in scholarly research using appropriate methods and is aware of the importance of using appropriate statistical procedures				
Demonstrates essential knowledge of components of the scientific method				
Demonstrates the ability to evaluate the effectiveness of programs and activities				
Demonstrates participation in the provision and/or receipt of external peer review (publications, poster sessions, oral presentations, grant reviewer, dissertation committees, etc.)				
<b>5. **SUPERVISION (Optional; if applicable)</b>				
Uses existing theory and research to conduct supervision with skill and professionalism				
Considers professional developmental stage of supervisee when providing supervision				
Considers professional developmental stage of students when engaging in supervision activities				
Regularly assesses effectiveness of supervision and incorporates feedback				
Maintains knowledge and implementation of current supervision approaches				
<b>6. **TEACHING (Optional; if applicable)</b>				
Uses existing theory and research to teach effectively				

Considers professional developmental stage of students when engaging in teaching activities				
Regularly assesses effectiveness of teaching and incorporates feedback				
Maintains knowledge and implementation of current teaching approaches				
<b>7. **ADMINISTRATION/MANAGEMENT (Optional; if applicable)</b>				
Uses existing theory and research in leadership to conduct administrative and management activities				
Conducts administrative and management activity taking context into account				
Understands administrative and systems needs and responds appropriately				
Appropriately manages power differential in subordinate relationships				
<b>8. **ADVOCACY (Optional; if applicable)</b>				
Engages in activities that publicly promote positive change based on sound scientific evidence				
Demonstrates the ability to engage in strategic alliances for a common cause				

**Circle One**      PASS      FAIL      PASS      FAIL

\* Score for all Candidates (*Mandatory element*)

\*\* Score only if applicable for Candidate (*Optional element*)

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please be reminded that the level of competence expected to pass each competency domain (for both Standard Option and Senior Option) is that expected of individuals with two or more years of professional experience (including an internship year) if they completed a formal postdoctoral residency/fellowship program, or (b) persons with three or more years of professional experience (including an internship year) if they did not complete a formalized postdoctoral residency/fellowship program.**

**Only rate subcomponents if there is a fail in the specific competency domain.**

**A failure by an Examiner in any given competency domain is defined by: (a) failure in two or more subcomponents within the domain, or (b) a serious failure in one subcomponent, as judged by the Examiner.**

**Note: Overall pass/failure of each component requires agreement of two or more Examiners in each specific domain. One agreed-upon component failure results in failure overall.**

**FORM G: PASS/FAIL EXAMINATION DECISION SUMMARY  
(TO BE SENT TO REGIONAL COORDINATOR)**

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY  
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

*This information is required by the Regional Coordinator for all examination decisions.*

The Examination Chair will complete this form and provide it to the Regional Coordinator at the time of the examination. Feedback letter for no-pass decisions should be composed in coordination with the Regional Coordinator and completed no more than three weeks after the decision for either the Practice Sample or Oral Examination component. The Regional Coordinator will provide information contained on this form, together with the completed feedback letter, to ABPP Central Office.

Regional Coordinator \_\_\_\_\_ Date of communication \_\_\_\_\_

Candidate Name \_\_\_\_\_

Date of Exam \_\_\_\_\_ Location of Exam \_\_\_\_\_

Specialty Board \_\_\_\_\_ Examination Chair \_\_\_\_\_

Committee Members:

\_\_\_\_\_  
\_\_\_\_\_

Oral Examination: Vignette (s) # \_\_\_\_\_

Practice Sample Pass: \_\_\_\_\_

Oral Examination Pass: \_\_\_\_\_

Practice Sample Fail: \_\_\_\_\_

Oral Examination Fail: \_\_\_\_\_

If fail: in Feedback Letter, summarize the specific reasons for a no-pass decision and suggestions for possible re-examination. Note positive aspects of the Practice Sample and/or Oral Examination components if applicable. This feedback must be based on the competencies as delineated in the manual and each competency must be covered (see Section IX on Process for Providing Feedback for Candidates Who Fail).

Please consult with your **Regional Coordinator** as described above and in Section IX. The Regional Coordinator will communicate the pass/fail decision electronically to ABPP Central Office.

## FORM H: CHECKLIST FOR EXAMINATION CHAIRS

### BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

- Coordinate with the Committee Members who have been designated by the Regional Coordinator. A committee will have been formed after receipt of the Practice Sample by the Regional Coordinator. Confirm that assigned Examiners have no conflict of interest with the Candidate.
- Contact Candidate and let him/her/them know that you are the Chair, that you will be in touch regarding details as they become available, and that you are available to answer any questions. Confirm that the Candidate has no conflict of interest with the Examiners (this will have been already established by the Regional Coordinator so it is just a final confirmation).
- Download a copy of the ABCP Examination Manual used by the Candidate from the ABPP website ([www.abpp.org](http://www.abpp.org)) and ask all of the Examiners to do the same.
- Send drives or give access to the Candidate's Practice Sample to the two Examiners once you receive the materials from the Regional Coordinator OR ask the Regional Coordinator to send out the materials to each committee member.
- Poll the committee members to ascertain if Candidate passes the Practice Sample Component of the Examination (at least 2 members must vote for a Pass in each component). Decisions are made independently and documented by each Examiner on **Form F**. If the committee requires more information from the Candidate to make a decision, you may request this directly from the Candidate, review the additional material, and then make a final determination. Any questions from the Committee regarding scoring should be discussed with the Regional Coordinator.

**Decisions will be communicated to the Regional Coordinator, who will submit the decision electronically. This communication will verify the Candidate's status with CO and the need for the Candidate to pay the Oral Examination fee.**

#### If Candidate fails the Examination: Practice Sample Component

- With the committee, write a detailed letter regarding the reason for the failure. Be sure the letter focuses on the competencies, with attention paid to both the Candidate's strengths and areas in need of improvement.

Communicate the **Form G** information to the Regional Coordinator, who will also review the letter detailing the decision. The Regional Coordinator will submit the Form G information and the decision letter electronically to ABPP CO, who will communicate the decision to the Candidate.

#### If Candidate passes the Practice Sample Component of the Examination

- Communicate decision to the Regional Coordinator, for submission to ABPP CO.
- Find potential Oral Examination dates with the Examiners for a 3 1/2 hour time block.

- Let Candidate know he/she/they passed the Practice Sample Component of the Examination and determine a location and date for the Oral Examination that will entail a 3 hour examination time block.
- Prior to the meeting:
  - review all materials
  - make sure you have copies of **Form F**: Rating Grid for Examiners
  - have a copy of **Form G** available for recording information for submission to the Regional Coordinator. Complete this form at the conclusion of the Oral Exam.
  - Be prepared to have **Form K** ready for completion by the Candidate, should there be a last-minute, emergency loss of one examiner. In such a case, the Candidate will be asked to make and document an informed consent to the consequences of choosing to proceed with a committee of only two examiners. Form K must be completed **prior** to beginning the two-examiner examination and should be sent to the Regional Coordinator, who will scan it and save it in the ABCP SharePoint site.
- Review the evaluation criteria with the Examiners prior to the examination.
- Follow the Examination Manual and be sure the exam is competency-based.
- Conduct the examination in accord with the Schedule Guidelines for Examination – Oral Component, as outlined in the manual.
- Choose an ethics vignette that is likely to pose specific questions relevant for the Candidate’s practice. Candidate should be given time *away from the committee* to review the vignette. Candidate should be asked to leave phone in the examination room during the review period. \*Make sure the used ethics vignette and written materials are returned to you and subsequently shredded.
- If Practice Sample materials were submitted on USB drives, return all USB devices to the Candidate at the completion of the examination.
- Explain that Examiners will complete the requisite forms, which will be submitted by the Regional Coordinator to Central Office and that CO will typically notify the Candidate within approximately three weeks (let them know that if they do not hear in 21 days, they should contact you).
- Provide the ABPP website link for **Form J** to the Candidate to solicit feedback on the examination process. <https://abpp.org/Applicant-Information/Specialty-Boards/Clinical-Psychology/Document-Library/FormJ-Clinical-OE-Evaluation.aspx>. The printed copy of Form J on page 75 of this manual can be provided as an alternative.
- Notify the Candidate that if he/she/they successfully passes, he/she/they will receive continuing education credits (40 hours) from the American Psychological Association through ABPP immediately following the examination (must be done on the day of the examination).
  - **Communicate the results of the Oral Examination Component and Form G information to the Regional Coordinator.**
- **If pass**, the Regional Coordinator will submit the information electronically to ABPP CO.
- **If fail**, consult with the Regional Coordinator on the Committee’s feedback letter. The Regional Coordinator will electronically submit the feedback letter and Form G information to ABPP CO.

## FORM I-1: APPEAL GUIDE

### BOARD CERTIFICATION IN CLINICAL PSYCHOLOGY AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

A. **Specialty Board Appeals Committee:** The ABCP President appoints one member of the Board of Clinical Psychology to coordinate appeals. For each appeal an *ad hoc* committee is appointed to review the merits of the appeal.

B. **Appealable Decisions:**

The following decisions of the Specialty Board may be appealed:

1. Denial of meeting specialty specific qualifications (Candidacy Determination).
2. Failure of the Practice Sample (Examination: Practice Sample Component).
3. Failure of the Oral Examination (Examination: Oral Component).
4. Failure of Maintenance of Certification (MOC).

Note: An appealable decision shall not be final until the appeal process has been completed.

**Filing an Appeal:** The Appellant may challenge an appealable decision within 30 days of the receipt of written notice of that decision. The Appellant must specify the grounds on which the appeal is made. The alleged grounds must be numbered and must be a violation of the Specialty Board's **procedures**.

The appeal should be addressed to the President of the Specialty Board who, in turn, shall refer it to the Coordinator of Appeals who will appoint an *ad hoc* Appeals Committee. The Appeals Committee reviewing the appeal must complete its review within 60 days after receipt of the request for appeal letter.

Appeals related to the denial of meeting general requirements for candidacy shall be forwarded to the Executive Officer for resolution by the ABPP Standards Committee, whose decision on these requirements is final.

C. **Score and Conduct of Appeal.** The procedural issues addressed by the Appeals Committee shall be limited to those stated in the appeal request letter and which meet the requirement of an appealable procedural issue. If legal issues appear to be involved, the Appeals Committee may consult with the ABPP legal counsel.

The Appeals Committee shall implement a process of review primarily based upon information before the Specialty Board at the time of the decision. The Appeals Committee may seek further information from the Chair and members of the Examination Committee, the Credentials Review Committee, the Maintenance

of Certification Director, the Appellant, or others as appropriate to the issues raised. The process is not a *de novo* review, but a review of the challenge to the Specialty Board decision.

The Appeals Committee shall confer as soon as possible upon the Specialty Board's receipt of the Appellant's letter requesting an appeal and shall complete its review and decision addressing each issue(s) raised by the Appellant, within 60 days. Failure to complete the review in the 60-day period shall move the appeal to the Board of Trustees for resolution.

- D. **Decision and Report of Appeals Committee.** The decision of the Specialty Board should be affirmed unless there was a failure by the Specialty Board to adhere to its procedures. In any case, the procedural error would have to be such that it may substantially affect the decision.

If the Appellant demonstrates by clear and convincing evidence that there was a procedural error that harmed the Appellant in a material way, the Committee shall provide a remedy.

The remedy of the ABCP Board will depend on what is being appealed. For example, if an appeal is upheld regarding a Practice Sample or Oral Examination, the outcome will be voided and a new Practice Sample or Oral Examination will be offered with no additional fee assessed to the Appellant. It is also possible to refer the matter back to the Examination Committee. The new committee formed for reexamination will remain blind to the past failure of the Appellant. From the time the new committee is established, there will be 60 days for the exam to be held, which will be stated in the letter from CO.

If an appeal is upheld regarding Maintenance of Certification, the remedy will be to allow the Appellant to resubmit MOC materials. A new MOC Reviewer will be appointed to review the Appellant's materials, and that individual will be unaware of the previous failure decision. The review process will begin anew. From the time the new Reviewer is identified, he/she/they will have 60 days to complete the new review and this will be stated in the letter from CO.

In extraordinary circumstances, another remedy may be provided. The Appeals Committee, however, may not "pass" an Appellant or re-grade an examination or MOC materials.

The report of the Appeals Committee shall address each issue raised by the Appellant and its decision related thereto and the basis for that decision. The

report shall be forwarded to the Executive Officer through the Specialty Board President. The report shall then be forwarded to the Appellant under the Executive Officer's signature on the ABPP stationary. Editing for format and for legal considerations on advice of the ABPP legal counsel may be undertaken by the Executive Officer if necessary.

**FORM I-2: COMMITTEE SUMMARY OF APPEAL REVIEW****BOARD CERTIFICATION IN CLINICAL PSYCHOLOGY  
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY**

PAGE 1 of 2

Appellant Name: \_\_\_\_\_ Region: \_\_\_\_\_

Date of Examination/MOC: \_\_\_\_\_ Location of Examination/MOC: \_\_\_\_\_

List of Appellant's Examiners (if applicable):

- 1.
- 2.
- 3.

Appeal refers to allegations regarding: (check) Application: Candidacy Determination (  ),  
Examination: Practice Sample Component (  ), Examination: Oral Component (  ), MOC (  ).

Relevant grounds for appeal raised by Appellant:

- 1.
- 2.
- 3.

Decision and rationale for each allegation:

- 1.
- 2.
- 3.

Final decision and rationale

Sustain Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_

Appeal Primary Reviewer Name:

Date:

Reviewer Signature:

Appeal Committee Members:

- 1.
- 2.

**FORM J: CANDIDATE'S EVALUATION OF THE ORAL EXAMINATION PROCESS**

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY  
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

**Candidate Name:****Examination Location:****Date:**

We would appreciate it if you would give us feedback on your examination experience. We use this feedback to improve the examination process. Your responses will in no way influence the outcome of the examination nor will they be shared with the Examination Team prior to an examination decision being rendered.

Please rate the examination process on the following characteristics on a scale of 1 (strongly disagree) to 5: (strongly agree):

	Disagree				Agree
Followed ABCP Manual guidelines	1	2	3	4	5
All relevant competencies covered	1	2	3	4	5
Exam team was well prepared	1	2	3	4	5
Thoughtful questions and feedback	1	2	3	4	5
Collegial, respectful atmosphere	1	2	3	4	5

In the space below and continued on a separate page, if needed, we encourage you to comment about any aspect of the content, format, or conduct of the examination. We welcome both positive feedback and suggestions for improvement.

Please send your comments within the next **72 hours** to:  
American Board of Professional Psychology, Executive Officer, 600 MARKET STREET,  
SUITE 201, CHAPEL HILL, NC 27516; PHONE: 919-537-8031;  
FAX: 919-537-8034; email: [office@abpp.org](mailto:office@abpp.org)

**FORM K: AGREEMENT TO TWO-PERSON  
ORAL EXAMINATION COMMITTEE**

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY  
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Under rare extraordinary circumstances, one member of the examination committee may be unable to attend the oral examination, due to weather, illness, or other unplanned events.

Reason for loss of examiner:     Weather     Illness     Other: please specify:

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If this examiner was chairing the committee, who is the alternate qualified chairperson?

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Informed consent includes the following conditions:

\*The decision to continue with a two-person committee rests entirely with the Candidate, with no requirement to do so. Because of the loss of a committee member, the examination may be rescheduled at a later date with no penalty to the Candidate.

\*In the case of a two-person examination committee, a **split decision** (1 to pass, 1 to fail) will be considered a **failure** of the examination.

I, \_\_\_\_\_, agree to an Oral Examination with two examiners  
Candidate

only. This decision is made with awareness of the conditions above.

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Candidate's Signature

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Date

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Date of Examination

Examination Chair will forward signed Form K to the  
Regional Coordinator for filing on SharePoint site

## FORM L: MOC CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITY VALUES

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### COLLABORATIVE CONSULTATION

1. Case consultation. (5 consultations as consultant or consultee = 1 credit).
  2. Multidisciplinary consultation. (5 team meetings = 1 credit).
  3. Journal club. (5 journal clubs as presenter or participant = 1 credit).
  4. Research group meetings. (5 group meetings as presenter or attendee = 1 credit).
  5. Mentorship. (5 hours of mentoring as mentor or mentee = 1 credit).
- 

### TEACHING AND TRAINING

1. Teaching/supervising students/trainees, including specific assessment, intervention, as well as professional program development and evaluation. (1 hour = 1 credit; 1 semester course = 20 credits)
  2. Thesis/dissertation committee participation. (Committee Chair = 15 credits; Committee Member = 10 credits)
  3. Board Preparation Mentorship. Participating as an ABPP mentor, practice sample reviewer, oral examiner, or MOC reviewer. (Each item = 10 credits)
  4. Training, in-service, or presentation to other professionals or staff. (1 hour = 1 credit)
  5. Workshop presentations to professional or consumer audiences. (1 hour = 1 credit; Full day workshop = 10 credits).
  6. Instructing in an educational training program series. (1 presentation hour = 1 credit; 1 course = 20 credits)
  7. Professional training program development. (1 preparation hour = 1 credit; 1 program = 20 credits)
-

## ONGOING EDUCATION

1. Attending conference presentations or programs where CE is not offered. (1 attendance day = 1 credit).
  2. Attending conference presentations or programs where CE is offered. (1 CE hour = 1 credit)
  3. Completion of a graduate-level academic course related to psychology from a regionally accredited academic institution. (1 course = 20 credits)
  4. Completion of ABPP board certification in another specialty (Each additional ABPP certification = 20 credits)
  5. Reading, hearing, or viewing professional materials. (1 hour = 1 credit)
  6. Self-Directed Learning. Participating in other self-directed professional activities (e.g., reading professional literature, journal-based CE programs, online professional tutorials, etc. (1 hour of self-directed learning = 1 credit; 1 journal article = 1 credit)
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## RESEARCH AND METHODOLOGIES

1. Publishing peer-reviewed articles. (1 publication = 10 credits)
  2. Book chapter authorship. (1 chapter = 5 credits)
  3. Publishing. Book chapters (1 chapter = 5 credits)
  4. Other engagement in the development and/or application of research and innovative programs (i.e., development and implementation of grant proposals). (1 hour = 1 credit)
  5. Practice outcome monitoring. (e.g., strategies for assessing client outcomes or involvement in institutional quality assurance monitoring). (1 hour of outcome assessment activity = 1 credit; 1 QA monitor = 1 credit)
  6. Editorial Responsibilities. Serving as editor, co-editor or reviewer of books or peer-reviewed journals. (10 hours = 10 credits)
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## PROFESSIONAL LEADERSHIP

1. Management and/or administration of services related to the specialty. (Each year of service = 10 credits)
2. Activities directed toward the promotion or adoption of evidence-based practice and assurance of quality care. (1 hour = 1 credit)
3. Leadership. Holding an office or other recognized leadership position within professional psychology. (Each year of service = 10 credits)
4. Leadership in professional organizations, boards, etc. (Each year of service = 10 credits per office)
5. Grant Review. Participation in grant review. (1 review session = 5 credits)
6. Membership on regulatory or institutional review boards. (1 term = 10 credits)