American Board of Clinical Psychology

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

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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. With two or more years of professional experience (including an internship year) for individuals completing an APA or CPA accredited or APPIC member postdoctoral residency/fellowship program, or three or more years of professional experience (including an internship year) for individuals not completing an APA or CPA accredited or APPIC member postdoctoral residency/fellowship program, the licensed psychologist is able to qualify for board certification in clinical psychology. 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, 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 20 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
o 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:**

o 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 (CRHSP)*, **OR**

o The applicant holds a current *Certificate of Professional Qualifications in Psychology (CPQ)* from the Association of State and Provincial Psychology Boards (ASPPB), **OR**

o 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**

o 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**

o 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.

o Exceptions to the above are recognized for:

  - 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 ABOP. 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
  - Listed in the Association of Psychology Postdoctoral and Internship Centers (APPIC) Directory for the year the internship was completed

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 in the first year, plus an additional one year of postdoctoral practice. Any variance from this requirement will be decided on a case-by-case basis.

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

AND

- demonstrates self-identification as a Clinical Psychologist and an expected continued identification with the specialty

OR

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

AND

- demonstrates 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 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 the broad scope of factors such as race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religion/spiritual orientation, and other cultural dimensions. 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 atheoretical 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.

A. FOUNDATIONAL COMPETENCIES:

1. RELATIONSHIPS

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

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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**
   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 own individual and cultural diversity characteristics as these influence his/her 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**
   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**
   A successful Candidate demonstrates professional values, attitudes and behaviors that represent integrity, personal responsibility, and adherence to professional 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 (e.g., appropriate use of APA format, attention to editing demands, etc.).

5. **REFLECTIVE PRACTICE/SELF ASSESSMENT/SELF CARE**
A successful Candidate engages in ongoing self-reflection and in 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**
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 clinical practice.

**Behavioral anchors** include demonstration of an advanced level of 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**
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**
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.

B. FUNCTIONAL COMPETENCIES:
1. ASSESSMENT/DIAGNOSIS/CONCEPTUALIZATION
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
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**
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 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 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 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 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 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 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 sent 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 faxed 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 preferred over hard copies. Please submit three sets of materials in the following order of preferred formats: 1) jump (USB) drive, 2) CD/DVD, 3) CD/DVD plus hard copies.**

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. 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 sends it to the ABCP Director/Regional Coordinator (hereafter referred to as Director/Regional Coordinator), who, guided by the Candidate’s Professional Statement, selects a Chair for the Candidate’s Examination Committee. The Chair and Director/Regional Coordinator select two Board Certified Psychologists for the Examination Committee and inform the Candidate. Once appointed, the Examination Committee members are sent 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 Candidate is notified about the reasons and the process is halted. All committee members then return the materials to the Chair, who returns them to the Candidate. The Candidate may submit a new examination fee
to ABPP CO and a new Practice Sample 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 ABPP CO and the Candidate. 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 and in the various projects of the American Academy of Clinical Psychology (AACP) to which he or she may become a Fellow.

V. PRACTICE SAMPLE

The Curriculum Vitae and Professional Statement provides the Candidate with the opportunity to communicate about himself/herself as a Clinical Psychologist and serves 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 video work samples 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. For detailed information on the requirements for the Practice Sample, see Forms C-1 - 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).

CURRICULUM VITAE

All Practice Samples must include an updated Curriculum Vita that details the Candidate’s professional contributions. The Curriculum Vitae must include educational and training background, professional roles and responsibilities, and 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 12 double-spaced, typewritten pages):
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. This 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.

3) If applicable (address all that apply):
   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, supervision, teaching, or administration/management (if applicable).

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 at least one method you used to engage in reflective practice, 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 approximately 50 minutes each in length. 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 work sample should demonstrate two of the following four competency domains: Assessment, Intervention, Consultation, and Supervision (Teaching is not acceptable). 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).

The video-recorded samples should be stored on a single DVD or USB storage device [e.g., thumb drive]. Please make sure that the DVD 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. The DVDs or USB devices 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). **Good audio and video quality is essential.** If a DVD/USB device should have moments of lowered audio quality, the Candidate should submit three copies of 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 written work sample should be 1000-1500 words in length.

- Should the work sample reflect a submission more appropriately examined by one of the other ABPP Specialty Boards, the ABCP Director/Regional Coordinator will return the sample to the Candidate and encourage him/her 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.

- Three copies of the DVD or USB storage device must be submitted by the Candidate.

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.
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 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 case records. Candidates must send a brief attestation that written informed consent was secured. It is suggested that the consent form 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 DVD/USB recording device will be returned to the Candidate for erasure upon completion of the examination. Candidates should take great care to remove all identifiers from all materials, including test protocols. 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.

SENIOR PSYCHOLOGIST OPTION
Psychologists who qualify for the Senior Psychologist Option are evaluated on the 16 competencies as described above (see page 9) 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 who qualify for 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 (see Form C-6). However, Senior Psychologists who engage primarily in clinical care and do not have the portfolio of publications or presentations listed below, can choose to submit clinical work samples that include video recordings consistent with that described in the non-senior work sample descriptions.

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 no less than two of the following as his/her work sample: first or senior author of professional publications related to the practice of clinical psychology; 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); or portfolios demonstrating scholarship, assessments, interventions, consultations, contracted service responsibilities, special grants, special grants,
program development, evaluation, research or policy development, administration, substantive supervision and/or teaching activities related to the practice of clinical psychology, substantive graduate school, internship, or residency program contributions related to the practice of clinical psychology, or organization and pattern of the Candidate’s current clinical practice.

Copies of performance evaluations and awards are insufficient and will not count as acceptable work samples.

Electronic copies of all application materials are preferred over hard copies. Please submit three sets of materials in the following order of preferred formats: 1) jump (USB) drive, 2) CD/DVD, 3) CD/DVD plus hard copies.

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 26 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. At least two committee members 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.

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, 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.

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. The results are electronically submitted by the Chair 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 feedback is sent by the Exam Chair to the ABPP CO and CO sends it directly to the Candidate. CO will also refer the Candidate to the contact person for the AACP 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 October/November in conjunction with meetings of the Board of Directors, at the ABPP Summer Conference, at the APA Annual Convention, and throughout the year within regions overseen by Director/Regional Coordinators who are the 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 p. 23). 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 interwoven 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. It often is useful to utilize hypothetical examples or situations 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 27 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.

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 (see ABPP website www.abpp.org for electronic submission).

In case of a failure, Form G must include the number of the ethics vignette(s) used. If the Candidate fails the Oral Examination, the Chair 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 a mentor through the AACP. This letter must be reviewed by the Director/Regional Coordinator before it is submitted 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 at the Practice Sample stage in the process 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.

ETHICS VIGNETTES

A file of prepared vignettes is maintained for standardization of the Ethics segment of the Oral Examination. One or two vignettes are selected and sent to the Examination Chair by the Director/Regional Coordinator for each Oral Examination. When possible, it is suggested that a vignette(s) 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, they may be selected on a random basis. 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(s). 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.

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 video recordings and reviewed all the written materials **IN ADVANCE.**

<table>
<thead>
<tr>
<th>Team Meets and Organizes</th>
<th>Approximate Time allotted(min.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Team Greets Candidate</strong> – 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.</td>
<td>10</td>
</tr>
<tr>
<td><strong>Examination on Curriculum Vita and Professional Statement</strong> (Explicitly cover each of the following competency domains and the Practice Sample materials: Science, Knowledge and Methods; Assessment; Intervention; Consultation; Supervision(if applicable); Teaching (if applicable); Management/Administration (if applicable); and Research/Evaluation (if applicable))</td>
<td>90</td>
</tr>
<tr>
<td><strong>BREAK – CANDIDATE SHOULD NOT BE ASKED TO WORK</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>Examination on the following competency domains</strong>, again covering each one explicitly: Relationships; Interdisciplinary Systems; Evidence-Based Practice, Individual and Cultural Diversity; Ethical and Legal Standards/ Policy; Professionalism and Reflective Practice; and Advocacy (if applicable) The examination on Ethical and Legal Standards and Policy will include: (a) 10 minutes for the Candidate to review in private 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.</td>
<td>45</td>
</tr>
<tr>
<td><strong>Exam Wrap-up and Discussion</strong> – Additional information the Candidate would like to provide about any competency domain(s) can be offered. Chairs will provide the Candidate with the exam feedback form (Form J) to complete and fax or mail within 72 hours and inform the Candidate that 20 CE credits will be provided upon successful passing of the exam and that he/she will be notified by CO in a timely fashion regarding the outcome.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Team Members Individually Rate Each Competency Domain, Committee Determines Overall Pass/Fail, Committee Chair Completes Forms and Writes Report, if necessary</strong></td>
<td><strong>Total Time: 3-3 1/4 hrs.</strong></td>
</tr>
</tbody>
</table>

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.
At the conclusion of the Oral Examination, all copies of the ethics vignettes are collected by the Chair and destroyed. The use of each vignette will be tracked so if a Candidate fails, a new vignette will be used 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.

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 Chair will inform the Candidate of the choices of members for the Examination Committee. The Candidate has one week from notification to raise any concerns or objections about the proposed Examination Committee to the Chair. If the Candidate does not contact the Chair within one week, it will be assumed the proposed Examination Committee is acceptable.

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 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 Chair of the Examination Committee. It is not appropriate for a Candidate to communicate with the Examiners about the outcome of the examination. If an Examiner receives a written communication from a Candidate, it should be forwarded to ABPP via the Committee Chair.

**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 would consider participating as an Examiner in future examinations if successful in becoming Board Certified. If the Candidate passes the examination and has expressed a willingness to participate in future examinations, he/she is added to the Examiner list and contacted to participate on a future examination committee as a new Examiner. ABCPs who are interested in becoming examiners at any time may also directly contact the ABCP Board of Directors or Director/Regional Coordinator for more information.

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 Director/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 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, Directors/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/Self-Assessment, 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
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” in any competency domain requires a fail decision overall by that Examiner. If an overall competency domain is failed, there needs to 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, to explain the failure rating (see the Oral Exam column of Form F). A FAILURE IN ANY OF THE 16 COMPETENCY DOMAINS, ACCORDING TO TWO OR MORE EXAMINERS, 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 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.

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.
<table>
<thead>
<tr>
<th>Competency</th>
<th>Passing Level Example</th>
<th>Failing Level Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>Demonstrates sensitivity to the welfare, rights, and dignity of others in a manner that enhances the service provided.</td>
<td>Fails to demonstrate a level of self-awareness that permits effective functioning in each competency domain (e.g., inappropriately personalizes, discounts, or misunderstands others).</td>
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<tr>
<td></td>
<td>Develops and maintains productive relationships with a broad array of individuals including clients/patients, colleagues, students, supervisees, allied professionals, etc.</td>
<td>Unable to engage in productive relationships with the broad array of “clients”.</td>
</tr>
<tr>
<td></td>
<td>Effectively negotiates conflictual relationships.</td>
<td>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).</td>
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<tr>
<td></td>
<td>Demonstrates understanding of diverse views in complicated interactions.</td>
<td></td>
</tr>
<tr>
<td>Individual &amp; Cultural Diversity</td>
<td>Conveys knowledge about individual and cultural diversity.</td>
<td>Fails to convey adequate or correct knowledge about individual and cultural diversity.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates sensitivity and responsiveness to individual and cultural diversity in each competency domain.</td>
<td>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).</td>
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<td></td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Ethical &amp; Legal Standards/Policy</td>
<td>Demonstrates awareness of the ethical implications of various situations and can cite an ethical quandary from own practice</td>
<td>Is unaware of important ethical implications or does not comply with ethical guidelines and</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Principles</td>
</tr>
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<tr>
<td>Professionalism</td>
<td>Demonstrates active participation in the profession (belongs to professional organizations, assumes leadership roles in professional organizations). Demonstrates familiarity with current key issues facing the profession and the implication of these issues. Seeks consultation and supervision when needed. Participates in continuing professional education activities. Provides a written submission that demonstrates professionalism and meets professional standards.</td>
<td>Does not actively participate in the profession (does not belong to professional organizations, no active professional involvements outside of specific employment). 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. Fails to provide evidence for seeking consultation or supervision when needed or does not appropriately utilize consultative or supervisory input. Does not participate in continuing professional education activities. 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.).</td>
</tr>
<tr>
<td>Reflective Practice/Self-Assessment, Self-Care</td>
<td>Practices with personal and professional self-awareness. Engages in routine measurement of practice outcomes. Practices within boundaries of competence and is aware of when new training is needed.</td>
<td>Does not engage in self-reflection or self-care. Does not assess effectiveness or measure outcomes in practice. Practices outside of competence and is unaware of need or does not need new training.</td>
</tr>
<tr>
<td>Science, Knowledge, &amp; Methods</td>
<td>Demonstrates ability to critically discuss research relevant to his/her practice and theoretical orientation.</td>
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<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td></td>
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<tr>
<td></td>
<td>Provides a coherent and comprehensive explanation of clinical activities, utilizing research and theory.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Science, Knowledge, &amp; Methods</th>
<th>Provides explanations of client/patient behavior that may be accurate, but lack support and/or omit obviously useful theoretical and research constructs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Presents as largely unaware of current research or theory or has an inaccurate reading of the pertinent literature.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interdisciplinary Systems</th>
<th>Effectively communicates with interdisciplinary and/or multidisciplinary teams, in these contexts, represents clinical psychology competently.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates respectful appreciation and integration of contributions and perspectives of other professions.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Interdisciplinary Systems</th>
<th>Inadequately communicates to or is disrespectful of team members, whether interdisciplinary or multidisciplinary.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unaware of impact as representative of the discipline of clinical psychology in these forums.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence-Based Practice</th>
<th>Articulates how the published evidence-based literature informs clinical interventions and activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Effectively applies empirically supported principles of clinical assessment and intervention.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates integration of current empirically supported clinical principles of practice with patient values, clinical data, culture, and setting demands.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence-Based Practice</th>
<th>Does not use evidence-based practice or cannot provide explanation for assessment or intervention selection and/or application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does not understand the empirical basis for their clinical assessment and intervention activities.</td>
</tr>
<tr>
<td>Competency</td>
<td>Passing Level Example</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| *Assessment/Diagnosis/Conceptualization | Chooses assessment and evaluation procedures that provide data to answer the referral questions and that take into consideration issues of diversity.  
Conducts assessments and evaluations in a competent fashion and in accordance with standardized procedures.  
Interprets assessment and evaluation data in an accurate and complete manner and uses these interpretations to guide case conceptualization.  
Demonstrates the ability to integrate multiple data sources to inform a working differential diagnosis.  
Creates recommendations with relevant findings considered.  
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. | Chooses procedures that limit or are inappropriate for responding to the referral question.  
Does not conduct assessments and evaluations with adequate skill or does not use standardized procedures.  
Scores assessments inaccurately (if applicable).  
Provides interpretations and/or conceptualizations of assessment and evaluation data that are incomplete, do not integrate available data, and/or contain errors.  
Offers interpretations and conclusions that fail to take into account some aspect of the client/patient’s uniqueness (diversity status) and/or fail to take into account the client/patient’s environmental situation.  
Does not provide a clear link between assessment and evaluation findings and subsequent recommendations.  
Communicates assessment results in an unclear, disorganized or ambiguous manner and does not convey findings in a manner associated with useful outcomes. |
| *Intervention                      | 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.  
Demonstrates awareness and/or chooses | Ignores or does not adequately manage the therapeutic framework.  
Selects therapeutic approaches that are not evidence-based and/or are not appropriate to the client/patient |
| **Consultation** | Selects consultation procedures appropriate to the context, informed by research and theory.  
Demonstrates awareness and/or gathers appropriate information as background for consultation.  
Demonstrates awareness and/or conducts consultations with skill and knowledge.  
Communicates clearly findings and recommendations that meet consultee’s goals and bases consultation on evidence-based research. | Selects consultation procedures that are not appropriate to the context.  
Fails to collect and integrate necessary information pertinent to the consultation.  
Consultations are not conducted with adequate knowledge and/or skill.  
Findings are not useful to the consultee, do not meet his/her goals, and/or are not based on evidenced-based research. |
| **Research &/or Evaluation** | Engages in scholarly research using appropriate methods and is aware of importance of using appropriate statistical procedures.  
Demonstrates essential knowledge of the components of the scientific method.  
Demonstrates an ability to evaluate the effectiveness of programs and activities.  
Demonstrates participation in the provision and/or receipt of external peer review (e.g., publications, poster sessions, oral presentations, grants, dissertation committees, etc.). | Does not use appropriate methodology and/or unaware of appropriate statistical procedures in research activities.  
Unaware of essential components of the scientific method.  
Utilizes program evaluation techniques that are not appropriate to the activity and/or not evidence-based.  
Does not engage in and therefore profit from activities which provide external peer review. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>**&amp;**Supervision</td>
<td>Uses existing theory and research to conduct supervision with skill and professionalism.</td>
<td>Fails to use existing theory and research to conduct supervision with skill and professionalism.</td>
</tr>
<tr>
<td></td>
<td>Considers professional developmental stage of supervisee when providing supervision.</td>
<td>Applies the same supervisory approach across supervisees regardless of professional developmental stage.</td>
</tr>
<tr>
<td></td>
<td>Uses existing theory and research specific to subject matter to teach effectively.</td>
<td>Does not assess supervision effectiveness to profit from such feedback.</td>
</tr>
<tr>
<td></td>
<td>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to supervision.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Teaching</strong></td>
<td>Considers professional development stage of students when engaging in teaching activities.</td>
<td>Fails to use existing theory and research as related to subject matter and current strategies to teach effectively.</td>
</tr>
<tr>
<td></td>
<td>Regularly assesses effectiveness of teaching and/or supervision and incorporates feedback.</td>
<td>Does not assess teaching effectiveness to profit from such feedback.</td>
</tr>
<tr>
<td></td>
<td>Uses existing theory and research specific to subject matter to teach effectively.</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Maintains knowledge of and implements current teaching approaches.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to teaching.</td>
<td></td>
</tr>
<tr>
<td><strong>Management/Administration</strong></td>
<td>Uses existing theory and research to conduct administrative and management activities.</td>
<td>Does not use existing theory and research to conduct administrative and management activities.</td>
</tr>
<tr>
<td></td>
<td>Conducts management activity by</td>
<td>Does not complete an appropriate</td>
</tr>
<tr>
<td><strong>Understanding</strong></td>
<td><strong>Advocacy</strong></td>
<td><strong>Organization</strong></td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Understanding systems and taking context into account.</td>
<td>Engages in activities that publically promote positive change based on sound scientific evidence.</td>
<td>Engages in activities that promote self-interest for the purpose of self-gain.</td>
</tr>
<tr>
<td>Understands administrative needs and responds appropriately.</td>
<td>Demonstrates the ability to engage in strategic alliance for a common cause.</td>
<td>Inappropriately utilizes the profession of psychology to publically advance a cause.</td>
</tr>
<tr>
<td>Appropriately manages power differential in unequal/subordinate relationships.</td>
<td><strong>Domain from which video samples may be submitted (see Page 17).</strong></td>
<td></td>
</tr>
<tr>
<td><strong>This competency domain will only be addressed for those Candidates who engage in this professional activity.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 constitute a pass and two failing votes constitute a failure. The Examination Chair submits the results electronically to the ABPP CO, using the interactive form on the ABPP website *(www.abpp.org* in the Reviewer and Examiners section).

**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 20 Continuing Education credits from the APA through ABPP.

**PROCESS FOR PROVIDING FEEDBACK TO CANDIDATES WHO FAIL**

The report 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 sent
electronically to the CO within approximately three weeks following completion of the Oral Exam (see ABPP website www.abpp.org under Specialists for interactive forms and utilize **Form G**). The CO then sends the letter to the unsuccessful Candidate. Any issues the Examination Committee wishes to identify should be stated in a letter to the Director/Regional Coordinator.

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 16 competency areas.

   b. 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.

   c. 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.

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 16 competency domains in the Examination Manual. 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 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 Director/Regional Coordinator.

c. Unsuccessful Candidates have a right to know why they failed. The Chair should be clear in giving examples, but should avoid being overly specific. 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 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 Forms I-2 and I-3.

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 may contact the ABPP CO for 20 Continuing Education credits from APA through ABPP.

Form K is provided to Committee Members to solicit their feedback on the examination.
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 the course of this self-examination, Specialists will survey their professional activities and document their ongoing professional development using the Continuing Professional Development Grid combined with a written Narrative. The Specialist must pass both requirements to maintain board certification (see Forms L, M, and N in the Appendices).

MOC REQUIREMENTS

1) ABCP Continuing Professional Development Grid:
Specialists will record their involvement in the designated categories: Collaborative Consultation, Teaching & Training, Ongoing Education, Development and Application of Research and Innovative Methodologies/Programs, and Professional Leadership. A total of 40 hours/credits of continuing development are required (see Form L).

Specialists are expected to complete the ABCP Continuing Professional Development Grid by indicating the number of continuing professional development credits in the above-referenced categories for the previous two year period. In all categories, a maximum number of allowable credits are designated. To avoid receiving dual or multiple credits for the same activity, the Specialist should document an activity only once and only in one category even though it may fit under several categories.

The total number of credits recorded on the Grid must be equal to or greater than 40 across all categories for the two year time period. While Specialists may apply the maximum number of continuing professional development credits in each category to reach the 40 hours of required continuing professional development, they are also encouraged to include all their activities on the Grid in order to convey a better understanding of their professional activities as they relate to the foundational and functional competencies. Specialists must demonstrate evidence of continued competence in each of the eight foundational competencies as well as in at least two of the ABCP functional competencies in order to be successful in the MOC process. 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.

Specific instructions for filling out the excel grid. Please note, the grid may be filled out directly in the Excel file or may be printed out and filled out by hand.
A. Excel Grid Instructions:

- There are five tabs on the Excel file, one for each professional activity: Collaborative Consultation; Teaching & Training; Ongoing Education; Development and Application of Research and Innovative Methodologies/Programs; and Professional Leadership.

- To complete the grid, you must open each tab and proceed to write in descriptions of your activities, indicate the credit hours in each activity, and check which competency domain they refer to (Foundational or Functional). Please note that some activities may cross several of the competencies. Check all that apply.

<table>
<thead>
<tr>
<th>Research and Methodologies</th>
<th>Foundational</th>
<th>Functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publishing Peer Reviewed Articles</td>
<td>20</td>
<td>X</td>
</tr>
<tr>
<td>Publishing Book Chapters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Engagement in the Development and/or Application of Research and Innovative Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Outcome Monitoring (i.e., strategies for assessing client outcomes involvement in institutional QA monitoring)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing Professional Manuscripts (i.e., books, peer reviewed journals, chapters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publishing Peer Reviewed Articles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

Please describe the specific activities in which you participated to obtain credits in research and Methodologies:

- **Peer Reviewed Publications:**

- See example above, for the Research and Methodologies section. This Specialist has published two peer-reviewed articles worth 10 credit hours each. They entered a total of 20 hours in the cell across from “Publishing Peer Reviewed Articles”. They have checked
one Foundational Competency (Scientific Knowledge and Methods) and one Functional Competencies (Research/Evaluation) for this entry.

- The specific credit amounts per activity are noted in comments which can be accessed by running/hoevering the cursor over the upper right hand section of the cell (red triangle) of each subdomain. For example, in the Collaborative Consultation section, the first subdomain is: Case Consultation (provided or received). For this subdomain-5 hours of consultation equals one credit (see example below).

- Write the number of hours for each subdomain in the yellow cell directly adjacent to it. When you write in a number, the cell will turn white to indicate it has been completed. The Total will be automatically calculated for you and placed in the Total column.

- Remember to click on each of the 5 tabs and fill in your information for each area.

B. Instructions to fill out printable version:
- Click on each tab of the Excel file, one at a time, and print.
- Then fill out the grid per instructions above.
- Refer to Appendix O for a list of activity credit hour values.

2) ABCP Narrative:
The Narrative is 750 words maximum and includes a brief description of:
  a) Current professional practice
  b) An ethical issue the Specialist has considered and how it affected his/her behavior or thinking
  c) How the Specialist evaluates the effectiveness of his/her professional work
d) Activities in which the Specialist has participated in order to maintain competence within the foundational competencies for which he/she did not seek credit on the Grid

e) How the Specialist maintains his/her skills in two of the ABCP functional competencies

If the Specialist has “drifted” from an identity with the Clinical specialty, the Specialist needs to provide a brief description of how he/she is maintaining the specialty-related functional competencies.

Please note, if the Specialist submits a narrative that is too long, all the materials will be returned un-scored and the Specialist will be instructed to shorten the narrative to the allowed 750 words.

SCHEDULING
MOC reviews will be regularly conducted. One year 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.

Specialists boarded before January 1, 2015 may waive their obligation to participate in maintenance of certification. Specialists awarded certificates subsequent to January 1, 2015 must complete maintenance of their certificates at 10 year intervals, unless they seek and obtain a “retired” status from the ABPP Central Office.

REVIEW PROCESS
ABCP will use the following Review Process to evaluate MOC submissions:

1) A trained “MOC Reviewer” will rate the Specialist’s material (Grid and Narrative) by the established ABCP MOC standards. If the MOC Reviewer rates the materials as a pass, then the Specialist is awarded an MOC Certificate.

2) If the Reviewer rates the Specialist’s material as a non-pass, the Reviewer forwards the outcome results to the ABCP Director of MOC, who will designate review by a second MOC Reviewer. The second MOC Reviewer will not be aware of the initial Reviewer’s outcome decision.

   a. If the second Reviewer rates the Specialist’s material a non-pass, the Specialist will be notified that his/her certificate is at risk to not be maintained. The Specialist will then be given the opportunity to remediate the Grid and/or Narrative, re-submit, and begin the MOC evaluation process anew.

   b. If the second Reviewer rates the Specialist’s material as a pass, the Reviewer forwards the materials to a third (blind) Reviewer, designated by the ABCP Director of MOC.
c. If the third Reviewer rates the material as a pass, the Specialist’s certificate is maintained.

d. If the third Reviewer rates the material as a non-pass, the Specialist is given the opportunity to remediate his or her Grid and Narrative, resubmit the Grid and Narrative, and then begin the MOC process again with a new set of Reviewers.

3) The Specialist who does not successfully pass the process as defined above (rated as a “non-pass” by two of the three Reviewers) is allowed one year to resubmit the MOC material (Grid and Narrative) to the ABCP for reconsideration. When the Specialist resubmits the Grid and Narrative, the evaluation follows the same process.

a. If the Specialist’s resubmitted Grid and Narrative passes this second complete submission, the certificate is maintained.

b. If the Specialist’s second submission is reviewed and determined not to meet the foundational and/or functional competencies set by the ABCP, the Specialist does not obtain MOC certification.

c. If the Specialist does not submit a second Grid and Narrative for review within one year of notice of not passing the first submission review, the Specialist does not obtain MOC certification.

SCORING

ABCP will evaluate the Specialists’ Grid and Narrative, using criteria developed by ABCP and approved by the Standards Committee of the Board of Trustees (BOT).

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 to engage in a conversation with the reviewer about the activities documented in the Grid and Narrative.

Specialists completing the MOC process will be provided summary feedback on their MOC effort. Their feedback will consist of a brief letter for pass decisions and a more extensive one for non-pass decisions. For non-pass decisions, feedback will be specific, concise, and relative to MOC criteria. The Executive Officer of ABPP will execute the Pass notification letters.

The ABCP will prepare the notification for Specialists who do not pass and then send it to the Executive Officer of ABPP, who will review, edit, and, if necessary, seek legal counsel for these notifications. In no instance may substantive changes be made to the ABCP decision by the Executive Officer. Although the Central Office of ABPP will send notifications to Specialists who do not pass, the ABCP reviewer will have provided a balanced summary of the non-pass decision regarding MOC that will be attached to the notification.

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.
• Specialists are to be treated in a constructive, respectful, and collegial manner. Feedback to the Specialist concerning MOC is part of the MOC process.
• 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 examination MOC decision appeal, one at the ABCP level, and the other at the 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 in the Examination Manual for details. Additional information regarding appeals can be found in Forms I-2 and I-3.

2) 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 (see: ABPP Policy and Procedures: Sections AC and L).
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**FORM A: STEPS IN THE ABCP BOARD CERTIFICATION PROCESS**

1. Applicant consults the Web site ([www.abpp.org](http://www.abpp.org)) or contacts the ABPP CO (Fax 919-537-8034) to request Examination Manual and Application Form.

2. **Eligibility: Candidacy**  
   Applicant completes online Application Form and submits to ABPP the necessary supporting documentation and application fee of $125.00 (not the Practice Sample). E-mail is preferred, [office@abpp.org](mailto:office@abpp.org) but fax and USPS accepted.

3. 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 new Candidate is notified of candidacy status by the EO/CO and the application is forwarded directly to the Practice Sample Coordinator.

4. 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.

5. **Examination: Practice Sample Review**  
The Candidate prepares the Practice Sample. The Candidate may contact the Director/Regional Coordinator or the American Academy of Clinical Psychology to request a mentor. The Candidate submits 3 copies of the Practice Sample to the National Exam Coordinator within 12 months of candidacy notification. The $250 Practice Sample Fee, 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.

6. Upon acceptance of a completed Practice Sample, the sample is sent to the ABCP Director/Regional Coordinator who selects the Examination Committee Chair. The Chair sends the Practice Sample for review to the two other Committee Members. The decision of this review is electronically submitted to CO.

7. 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 submitted to CO after 6 months and, a new Practice Sample, including new video recordings, submitted after 6 months but within 12 months.

8. **Examination: Oral Examination**  
   Upon Practice Sample acceptance by the Examination Committee, the Candidate sends the Oral Examination Fee of $450.00 to the ABPP CO and works out the details of the Oral Examination with the Examination Chair. The Oral Examination schedule should not be affirmed until the Chair verifies that the fee has been received by CO.

9. If the Oral Examination is passed, the Candidate becomes Board-Certified, may begin to use the title immediately, and receives the diploma within 45 days from the ABPP CO appropriately signed by the ABCP and ABPP. Oral Examination results are electronically submitted to CO typically on the same day of the examination.

10. If there is an Oral Examination failure, Team feedback should be reviewed by the ABCP President or Regional Examination Director/Coordinator before submitted to CO.

11. Decisions made by the ABCP regarding candidacy, the Practice Sample, and the Oral Examination should be electronically submitted on appropriate forms to the ABPP CO (see ABPP website [www.abpp.org](http://www.abpp.org) under Specialists for interactive forms). The EO/CO forwards decision letters reflecting ABCP actions to Candidates within a day or two following receipt of the outcome notifications. Copies of these letters are forwarded to the ABCP President, National Exam Coordinator and Academy President.
**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:

http://www.abpp.org/i4a/pages/index.cfm?pageid=3767

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 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 on-line at:

http://www.abpp.org/i4a/pages/index.cfm?pageid=3297

**Specialty Specific Eligibility Requirements**
To attain board certification in a specialty, an Applicant must meet ABCP’s specialty specific eligibility requirements which are detailed on-line at:

http://www.abpp.org/i4a/pages/index.cfm?pageid=3410
## FORM C-1: PRACTICE SAMPLE CHECKLIST

<table>
<thead>
<tr>
<th>CANDIDATE</th>
<th>REGIONAL COORDINATOR</th>
<th>EXAMINER</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Three copies of the Curriculum Vitae, Professional Statement, and Practice Sample Materials Cover Sheet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Three copies 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).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Three copies of a 50 minute, unedited video recording of the two different clinical samples, where both the Candidate and the Client/Patient are visible and both the Candidate and Client/Patient are clearly audible. BOTH segments are on one DVD or USB storage device (e.g., thumb drive) (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 .</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$250 Practice Sample fee submitted to ABPP Central Office (this is for all individuals, including those who elect the Senior Psychologist Option)</td>
</tr>
</tbody>
</table>
### FORM C-2: WRITTEN ASSESSMENT WORK SAMPLE

<table>
<thead>
<tr>
<th>CHECK WHEN COMPLETE</th>
<th>REQUIRED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contextual Statement: with dates of client/patient contacts, non-identifying descriptive information, presenting problem, brief history</td>
</tr>
<tr>
<td></td>
<td>Rationale for procedures appropriate to referral question, client/patient, and situation</td>
</tr>
<tr>
<td></td>
<td>Copies of all raw testing data (if applicable)</td>
</tr>
<tr>
<td></td>
<td>Accurate interpretation based on multiple data sets with interpretations informing case conceptualization</td>
</tr>
<tr>
<td></td>
<td>Diagnosis (utilizing most current DSM)</td>
</tr>
<tr>
<td></td>
<td>Useful recommendations offered to client/patient based on relevant findings</td>
</tr>
<tr>
<td></td>
<td>Written report communicating findings in a useful and understandable fashion</td>
</tr>
<tr>
<td></td>
<td>Discussion of the individual and cultural diversity and ethical/legal considerations involved</td>
</tr>
<tr>
<td></td>
<td>Reflective comment on the Candidate’s own behavior and the interpersonal interactions in the sample</td>
</tr>
<tr>
<td></td>
<td>Copy of the full professional written report (if applicable)</td>
</tr>
<tr>
<td></td>
<td>Attestation that written informed consent was secured <strong>(DO NOT SEND the signed client/patient informed consent form)</strong></td>
</tr>
<tr>
<td></td>
<td>MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION</td>
</tr>
</tbody>
</table>
### FORM C-3: WRITTEN INTERVENTION WORK SAMPLE

<table>
<thead>
<tr>
<th>CHECK WHEN COMPLETE</th>
<th>REQUIRED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Theoretical and scientific basis for therapeutic approach/interventions, demonstrating knowledge of value of evidence-based practice</td>
</tr>
<tr>
<td></td>
<td>Discussion of management of therapeutic framework</td>
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<td></td>
<td>Formulation and discussion of the intervention in terms of identified theory of practice and relevant research</td>
</tr>
<tr>
<td></td>
<td>Discussion of evaluation of treatment progress and outcome</td>
</tr>
<tr>
<td></td>
<td>Discussion of the individual and cultural diversity and ethical/legal considerations involved</td>
</tr>
<tr>
<td></td>
<td>Reflective comment on the Candidate’s own behavior and the interpersonal interactions in the sample</td>
</tr>
<tr>
<td></td>
<td>Copy of your intervention documentation (e.g., the progress note or encounter note)</td>
</tr>
<tr>
<td></td>
<td>Attestation that written informed consent was secured</td>
</tr>
</tbody>
</table>

(***DO NOT SEND*** the client/patient informed consent form)
<table>
<thead>
<tr>
<th>CHECK WHEN COMPLETE</th>
<th>REQUIRED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION</td>
</tr>
</tbody>
</table>
**FORM C-4: WRITTEN CONSULTATION WORK SAMPLE**

<table>
<thead>
<tr>
<th>CHECK WHEN COMPLETE</th>
<th>REQUIRED INFORMATION</th>
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<tbody>
<tr>
<td></td>
<td>Contextual statement with dates of consultation contacts, non-identifying descriptive information of the consultation context, purpose and goals of consultation, brief history of consultation</td>
</tr>
<tr>
<td></td>
<td>Theoretical and empirical rationale for consultation procedures and goals</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Discussion of the individual and cultural diversity and ethical/legal considerations involved</td>
</tr>
<tr>
<td></td>
<td>Reflective comment on the Candidate’s own behavior and the interpersonal interactions in the sample</td>
</tr>
<tr>
<td></td>
<td>Copy of the full professional written report (if applicable)</td>
</tr>
<tr>
<td></td>
<td>Attestation that written informed consent was secured (DO NOT SEND the signed client/consultee informed consent form)</td>
</tr>
<tr>
<td></td>
<td>MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION</td>
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</tbody>
</table>
### FORM C-5: WRITTEN SUPERVISION WORK SAMPLE

<table>
<thead>
<tr>
<th>CHECK WHEN COMPLETE</th>
<th>REQUIRED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Theoretical and empirical rationale for the activities used, goals for present activity, and recommendations</td>
</tr>
<tr>
<td></td>
<td>Formulation and discussion of the supervision in terms of identified theory of practice and relevant research</td>
</tr>
<tr>
<td></td>
<td>Discussion of the individual and cultural diversity and ethical/legal considerations involved</td>
</tr>
<tr>
<td></td>
<td>Reflective comment on the Candidate’s own behavior and the interpersonal interactions in the sample</td>
</tr>
<tr>
<td></td>
<td>Discussion of the assessment of effectiveness of supervision and how feedback has been incorporated</td>
</tr>
<tr>
<td></td>
<td>Copy of the supervisory encounter documentation if applicable (e.g., supervisory log)</td>
</tr>
<tr>
<td></td>
<td>Attestation that written informed consent was secured <em>(Do not send the signed client/patient informed consent form)</em></td>
</tr>
</tbody>
</table>

**MATERIALS MUST HAVE BEEN COLLECTED WITHIN THE SIX MONTHS PRIOR TO SUBMISSION AND SUBMITTED WITHIN ONE YEAR AFTER SUCCESSFUL CANDIDACY DETERMINATION**

**A teaching work sample is not acceptable**
### FORM C-6: SENIOR PSYCHOLOGIST PRACTICE SAMPLE OPTION
*(See text for details)*

<table>
<thead>
<tr>
<th>Senior Practice Sample Option – Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Vitae (3 copies)</td>
</tr>
<tr>
<td>Professional Statement (3 copies)</td>
</tr>
<tr>
<td>Pertinent Materials as Practice Sample - publications, scholarly presentations, portfolios, etc. (3 copies) <strong>OR</strong></td>
</tr>
<tr>
<td>May choose to submit a non-senior clinical Practice Sample with video recordings (3 copies)</td>
</tr>
<tr>
<td>$250 Practice Sample fee submitted to ABPP Central Office (DO NOT SEND FEE TO THE NATIONAL EXAMCOORDINATOR).</td>
</tr>
</tbody>
</table>
FORM C-7: PRACTICE SAMPLE MATERIALS COVER SHEET

Candidate Name:

Preferred Mailing Address:

Preferred Telephone Number:

Preferred E-Mail Address:

Date Practice Sample submitted: / /20

Practice Sample prepared using Examination Manual dated: / /20___

The following material has been included in this Practice Sample:

☐ Curriculum Vitae ☐ Professional Statement

☐ 2 Video Recordings
  • ☐ Assessment sample - date recorded: / /20 ___
  • ☐ Intervention sample - date recorded: / /20 ___
  • ☐ Supervision Sample - date recorded: / /20 ___
  • ☐ Consultation Sample - date recorded: / /20 ___

I attest that I have not previously submitted the enclosed video samples as part of a Practice Sample.

Signature:

OR

I am _____ years post-licensure and am applying as a Senior Option Candidate.

☐ As a Senior Option Candidate, I have chosen to submit the standard required material as outlined above, including the required video recordings, as my practice sample.

OR

☐ As a Senior Option Candidate I am submitting the following material as my Practice Sample in lieu of the standard material as outlined above.

The following material has been included in this Senior Option Practice Sample:

☐ Curriculum Vitae

☐ Professional Statement

Information reflecting distinctive practice patterns resulting from extended professional experience is required. No less than 2 of the following are being submitted (check items that are being submitted).

☐ First or senior author of professional publications related to the practice of clinical psychology
☐ 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)
☐ Portfolios demonstrating scholarship, assessments, interventions, consultations, contracted service responsibilities, special grants, program development, evaluation, research or policy development, administration, substantive supervision and/or teaching activities related to the practice of clinical psychology, substantive graduate school, internship, or residency program contributions related to the practice of clinical psychology, or organization and pattern of the Candidate’s current clinical practice.

Copies of performance evaluations and awards are insufficient and will not count as acceptable work samples.
FORM D: PROFESSIONAL STATEMENT

The Candidate should answer all questions in approximately 12 double spaced, typewritten pages and submit this material as part of the Practice Sample.

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. This 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 themes in your eclecticism or integrative model.

3) If applicable (address all that apply):
   a. The theoretical and empirical basis for supervision
   b. The theoretical and empirical basis for teaching activities
   c. A description of one’s own research activities
   d. A description of one’s management/administrative activities
   e. A description of systemic advocacy activities

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 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 one method you use to engage in professional self-reflection. 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.

Enclose three copies of your Curriculum Vitae, a copy of the Informed Consent Form you use (NOT the signed client/patient informed consent form) and copies of the Health Insurance Portability and Accountability Act (HIPAA) documents. If doing 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 (DVD/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 DVD/USB device and related documents. The DVD/USB device 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 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: ___________________________ | PRACTICE SAMPLE | ORAL COMPONENT |
| Date Practice Sample: ______________________ | Pass | Fail |
| Date Oral Exam: ___________________________ | Pass | Fail |

*See Section III for Additional Explanation of these Competencies*

### 1. RELATIONSHIPS

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Fail</th>
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<tbody>
<tr>
<td>Demonstrates sensitivity to the welfare, rights, and dignity of others</td>
<td></td>
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<tr>
<td>Develops and maintains productive relationships with a broad array of individuals including clients/patients, colleagues, students, supervisees, allied professionals, etc.</td>
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<tr>
<td>Effectively negotiates conflictual relationships</td>
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<tr>
<td>Demonstrates awareness of one’s own impact on others and maintains a non-defensive posture in the receipt and implementation of feedback</td>
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<tr>
<td>Demonstrates understanding of diverse views in complicated interactions</td>
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### 2. INDIVIDUAL AND CULTURAL DIVERSITY

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Fail</th>
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<tbody>
<tr>
<td>Conveys knowledge about individual and cultural diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates sensitivity and responsiveness to individual and cultural diversity in each competency domain</td>
<td></td>
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<tr>
<td>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</td>
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### 3. ETHICAL AND LEGAL STANDARDS/POLICY

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Fail</th>
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<tbody>
<tr>
<td>Demonstrates knowledge about ethical standards and applies this knowledge to perform in an ethical fashion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge about legal standards and applies this knowledge to perform in a fashion consistent with such standards</td>
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</table>
4. PROFESSIONALISM

| 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 (e.g., use of APA format in references, attention to editing demands, etc.) |

5. REFLECTIVE PRACTICE/SELF-ASSESSMENT, SELF-CARE

| 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

| Uses evidence base and theory to inform activities as a Clinical Psychologist |
| Demonstrates ongoing critical evaluation of research relevant to his or her 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

| 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

<p>| | | | |</p>
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<tbody>
<tr>
<td>Able to articulate a cogent rationale for clinical strategies utilized</td>
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<tr>
<td>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</td>
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<tr>
<td>Provides clinical interventions and engages in clinical activities with demonstrated treatment efficacy (systematic and scientific evidence that the treatment works)</td>
<td></td>
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<tr>
<td>Provides clinical interventions and engages in clinical activities with established clinical utility (e.g., feasibility and usefulness in the specific setting)</td>
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<tr>
<td>Demonstrates ability to recognize strengths and limitations of evidence obtained from various data sources/types of research</td>
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**FUNCTIONAL COMPETENCIES**

1. ASSESSMENT/DIAGNOSIS/CONCEPTUALIZATION

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<tr>
<td>Demonstrates awareness of procedures appropriate for client/patient or program/system evaluation.</td>
<td></td>
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<tr>
<td>Conducts assessments and evaluations with skill and in accordance with standardized procedures</td>
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<tr>
<td>Demonstrates awareness and/or interprets assessment and evaluation findings accurately to inform conceptualization</td>
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<tr>
<td>Demonstrates the ability to integrate multiple data sources to inform a working differential diagnosis</td>
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<tr>
<td>Demonstrates awareness and/or applies assessment and evaluation data to the development of recommendations</td>
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<tr>
<td>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</td>
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<tr>
<td>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment</td>
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2. INTERVENTION COMPETENCE

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<tr>
<td>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</td>
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<tr>
<td>Demonstrates awareness and/or chooses procedures appropriate for client/patient and situation</td>
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<tr>
<td>Demonstrates knowledge of the value of evidence-based practice and the scientific and theoretical basis of the approach/intervention</td>
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<tr>
<td>Demonstrates awareness and/or applies interventions with skill and knowledge</td>
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<tr>
<td>Demonstrates evaluation of treatment progress and outcome</td>
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<td></td>
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</tr>
<tr>
<td>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention</td>
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### 3. CONSULTATION COMPETENCE

- 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
- 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

### 4. RESEARCH AND/OR EVALUATION

- 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.)

### 5. SUPERVISION

- 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

### 6. TEACHING

- 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 |

7. ADMINISTRATION/MANAGEMENT

| 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 |

8. ADVOCACY

| 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

Examiner’s Signature ___________________________  Date __________________

Please be reminded that the level of competence expected 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. Only rate subcomponents if fail the overall competence. 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.
FORM G: CANDIDATE FEEDBACK SUMMARY FOR EXAMINATION FAILURE

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Please complete this form and e-mail it to the ABPP Central Office office@abpp.org no later than three weeks of a no pass decision for either the Practice Sample or Oral Examination component. Please call Central Office for assistance in submitting form 919-537-8034

Candidate Name __________________________ Date of Exam _________________

Specialty Board __________________________ Exam Chair ______________

Committee Members

______________________________________________________________

______________________________________________________________

Vignette(s) # __________

(____ Practice Sample Component Failure; ____ Oral Component Failure)

Feedback: 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 on Candidates Who Fail. (Use as many additional sheets of paper as necessary.) Please consult with your Director/Regional Coordinator before submitting this form.

Suggestion for a Mentor: The Candidate should be encouraged to secure a mentor through the American Academy of Clinical Psychology.

_____________________________________________  ________________
Signature - Exam Chair                      Date
FORM H: CHECKLIST FOR EXAMINATION CHAIRS
BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

- Recruit two other Examiners, with a view towards diversity (race, culture, gender) and professional orientation of the Candidate, by going to the Directory of Clinical ABPPs on the ABPP website – www.abpp.org OR work with the Director/Regional Coordinator to form a committee. A committee should be formed as soon as possible after receipt of the Practice Sample by the Director/Regional Coordinator. Assigned Examiners should have no conflict of interest with the Candidate.
- Contact Candidate and let him/her know that you are the Chair, that you will be in touch with details as they become available, and that you are available to answer any questions. Provide the Candidate with the names of the other Examiners and give them one week to inform you if there are any potential conflicts of interest with any of the Examiners.
- Download a copy of the ABCP Examination Manual from the ABPP website – www.abpp.org and ask all of the Examiners to do the same.
- Send copies of the Candidate’s Practice Sample to the two Examiners once you receive the materials from the Director/Regional Coordinator OR ask the Director/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). Decisions are made independently and documented 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. This should be discussed with the Director/Regional Coordinator.

Use the interactive form found on the ABPP website www.abpp.org under Specialists to communicate the results of the Practice Sample Component to Central Office (call 919 537-8034 for assistance). This communication will verify the Candidate’s status with CO and the need for the Candidate to pay the Oral Examination fee. Also inform the Director/Regional Coordinator of the results of the Practice Sample Component.

If Candidate fails the Examination: Practice Sample Component
- With the committee, write a report regarding the reason for the failure and e-mail Form G to Central Office, who is responsible for sending the letter to the Candidate. Be sure Form G focuses on the competencies, with attention paid to both the Candidate’s strengths and areas in need of improvement.
- Form G should be completed in consultation with the Director/Regional Coordinator.

If Candidate passes the Practice Sample Component of the Examination
- Find potential Oral Examination dates with the Examiners for a 3 1/2 hour time block.
• Let Candidate know he/she passed the Practice Sample Component of the Examination and finalize a location and date for the Oral Examination that will entail a 3 hour time block.
• Inform the Director/Regional Coordinator about the names of the Examiners and the location/date for the Oral Examination.
• Prior to the meeting:
  o review all materials
  o make sure you have copies of Form F: Rating Grid for Examiners
  o have a copy of Form G available
• 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(s) that is likely to pose specific questions for the Candidate. Make sure all ethics vignettes are returned to you and then shred them.
• Return all Practice Sample materials to the Candidate at the completion of the examination.
• Explain that Examiners will complete the requisite forms and submit them to Central Office, and that Central Office 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 Form J to the Candidate to solicit feedback on the examination process.
• Notify the Candidate that if he/she successfully passes, he/she will receive continuing education credits (20 hours) from the American Psychological Association through ABPP
• Provide Form K to committee members to solicit their feedback on the examination.
• Immediately following the examination (must be done on the day of the examination),
  o Use the interactive form found on the ABPP website [www.abpp.org](http://www.abpp.org) under Specialists to communicate the results of the Oral Examination Component to Central Office (call 919 537-8034 for assistance) and inform the Director/Regional Coordinator of the results.
• If fail, complete Form G, in consultation with the Director/Regional Coordinator and e-mail to Central Office ([office@abpp.org](mailto:office@abpp.org)) -
FORM I-1: APPEAL GUIDE

BOARD CERTIFICATION EXAMINATION 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 decision 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).

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 forward 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. With the exception of the Committee Chair, the new committee formed for reexamination will remain blind to the past failure of the Appellant and all members, including the Chair, will remain blind to the reasons for the past failure. 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 with no additional fee assessed to the Appellant. 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 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: EXAMINER GENERAL APPEAL REVIEW FORM

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Appellant name: ________________________________

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

Appellant allegations (list):

1.
2.
3.
4.

Do you believe there is merit to the above allegations? (Elaborate).

Do you believe this appeal should be upheld? Yes ________ No ___

Evaluator/Reviewer Name ________________________________
Evaluator/Reviewer Signature ___________________________ Date: _______
FORM I-3: COMMITTEE SUMMARY OF APPEAL

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

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 ________________

Reviewer Name ________________________________

Reviewer Signature ____________________________ Date ____________
FORM J: CANDIDATE’S EVALUATION OF THE ORAL EXAMINATION PROCESS

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Candidate Name:
Location of Examination:
Date:

The personal appraisal of the Candidate can be of great value in ACP’s efforts to improve the examination process. Therefore, we would appreciate it if you would complete this form on your examination experience. Your responses will in no way influence the outcome of the examination process nor will they be shared with the Examination Team prior to an examination decision being rendered.

1) To what extent was the examination conducted in accord with the Schedule Guidelines for Oral Examination that is presented in the Examination Manual for Board Certification in Clinical Psychology for the American Board of Professional Psychology?

Not at All Consistent       Somewhat Consistent       Consistent

2) To what extent did you feel that all of the competency domains outlined in the Examination Manual for Board Certification in Clinical Psychology for the American Board of Professional Psychology were covered in the Oral Examination process?

Not at All Addressed       Somewhat Addressed       Fully Addressed

3) To what extent did you find the examination team to be collegial, respectful, and fair?

Not at All                Somewhat                  Completely

4) 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
FORM K: COMMITTEE MEMBER EVALUATION OF THE PROCESS

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

The personal appraisal of an Examination Committee member can be of great value in ABCP’s efforts to improve the examination process. The ABCP invites you to comment about any aspect of the content, format or conduct of the examination.

Your comments may be sent 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
FORM L: MOC ABCP CONTINUING PROFESSIONAL DEVELOPMENT GRID

Insert link to grid here
FORM M: MOC NARRATIVE

Name: 
Specialty: 
Date of Certification: 
MOC Materials Due: 
Anticipated MOC Date: 

Narrative Instructions

The Maintenance of Certification narrative is designed to elaborate on the professional activities that you reported on the Specialty Continuing Professional Development (SCPD) Grid. It is intended to help you describe your continued professional development over the past 2 years and may become the basis for discussion of your current professional work with a peer reviewer from your specialty board. Please respond to the following questions, focusing your responses on the provision of information specific to your demonstration of the functional and foundational competencies. In order to pass, you must have answered all the questions in the narrative. Together, the Grid and the Narrative must adequately address all 8 of the foundational competencies and at least 2 of the 8 functional competencies.

1. Kind of Services Delivered: 
   Setting: 
   Nature of Population Served: 

   Provide a synopsis of your current professional work. This may be drawn from a broad range of your professional activities (i.e., assessment, intervention, consultation, teaching, administrative duties, leadership, or other activities central to understanding your professional work). Limit = 200 words.

2. Please describe an ethical/legal issue that you have recently considered including how it affected your behavior or thinking. Limit = 150 words.

3. By what means do you evaluate the effectiveness of your professional activities? Limit = 100 words.

4. Please summarize how you maintain your skills in each of the foundational competencies for which you did not seek credit on the grid (excluding ethics and reflective practice because they are addressed in the questions above). Limit = 150 words.

5. Please summarize how you maintain your skills in two of the functional competencies. Limit = 150 words.
6. In your professional evolution, have you refocused your professional activities from your original area of board certification? If so, describe how you have evolved in such a way that you have maintained your foundational competencies as a Clinical Psychologist. Limit =100 words.
FORM N-1: MOC CONTINUING PROFESSIONAL DEVELOPMENT
GRID SCORING

Specialist __________________________
Specialty __________________________  Board
Rater ______________________________
Date of Review ______________________

SCPĐ Grid Scoring

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1. Did the specialist provide documentation that there were 40</td>
<td></td>
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<td>hours of continuing professional development within the two</td>
<td></td>
<td></td>
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<td>year period reviewed on the SCPĐ Grid?</td>
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<tr>
<td>G2. Did the specialist provide evidence of maintaining all 8 of</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>the foundational competencies on the SCPĐ Grid? If no, please</td>
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<td>review question #4 in the narrative for supplemental</td>
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<tr>
<td>information.</td>
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<td></td>
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<tr>
<td>G3. Did the specialist provide evidence of maintaining a minimum</td>
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<td></td>
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<tr>
<td>of 2 specialty-specific functional competencies on the SCPĐ</td>
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<tr>
<td>Grid?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Yes</td>
<td>No</td>
<td>Comment</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>N1. Does the synopsis provided sufficiently explain the specialist’s current work?</td>
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<tr>
<td>N2. Are there indications of practice that are inconsistent with the <em>APA Ethical Principles of Psychologists and Code of Conduct</em>?</td>
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<td>N3. Does specialist provide evidence of effective outcome monitoring? (Only one method required)</td>
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<tr>
<td>N4. Does the narrative indicate that the specialist maintains 2 functional competencies? (2 of 8)</td>
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</table>

**Evaluation**
- Peer review
- Assessment Instrument
- Client Satisfaction Surveys
- Performance Reviews
- 360° Assessment
- Student Ratings
- Other, Specify:

**Functional Competencies**
- Assessment
- Intervention
- Consultation
- Research/Evaluation
- Supervision
- Teaching
- Management/Administration
- Advocacy
FORM N-3: MOC CONTINUING PROFESSIONAL DEVELOPMENT: OVERALL MOC SCORING

Overall Rating

Scoring Instructions: Use the information obtained above to answer the following question.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the combined Grid and Narrative indicate that the specialist maintains foundational competencies (8 of 8) and no less than 2 functional competencies?</td>
<td>Foundational Competencies</td>
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<tr>
<td>Relationships</td>
<td></td>
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<tr>
<td>Individual and Cultural Diversity</td>
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<tr>
<td>Ethical &amp; Legal Standards/Policy</td>
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<tr>
<td>Professionalism</td>
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<tr>
<td>Reflective Practice/Self-Assessment/Self-Care</td>
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<tr>
<td>Scientific Knowledge &amp; Methods</td>
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<tr>
<td>Interdisciplinary Systems</td>
<td></td>
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<tr>
<td>Evidence-Based Practice</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional Competencies</th>
<th>Yes</th>
<th>No</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intervention</td>
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<td>Consultation</td>
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<td>Research/Evaluation</td>
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<tr>
<td>Advocacy</td>
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</tbody>
</table>

Scoring Criteria:
1. Did Specialist complete the Grid and answer questions N1 to N5 on Narrative (and N6 if applicable)? (circle one) Yes  No

2. Did Specialist responses result in a “Yes” on the “Overall Rating” question? (circle one) Yes  No

Does the reviewer recommend the specialist’s certificate be renewed? (circle one) Yes  No

Please submit your review results to Clinical Board MOC Review Chair at e-mail address: alina.suris@va.gov
FORM O: MOC CONTINUING PROFESSIONAL DEVELOPMENT GRID ACTIVITY VALUES

COLLABORATIVE CONSULTATION

1. Case consultation. (5 consultations as consultant or consultee = 1 credit).

2. Journal clubs. (5 journal clubs as presenter or participant = 1 credit).

3. Research groups. (5 group meetings as presenter or attendee = 1 credit).

4. Mentoring. (5 hours of mentoring as mentor or mentee = 1 credit).

TEACHING AND TRAINING

1. Teaching students and/or trainees, including specific assessment, intervention, as well as professional program development and evaluation. (1 presentation hour = 1 credit; 1 course = 20 credits)

2. Participating in thesis/dissertation committees. (Each dissertation or thesis = 10 credits)

3. Participating as an ABPP mentor, practice sample reviewer, oral examiner, or MOC reviewer. (Each item = 10 credits)

4. Training or presenting to other professionals or staff. (1 presentation hour = 1 credit)

5. Conducting full-day workshops to professional or consumer groups. (1 full day workshop = 10 credits; less than on full day = one unit/hour per hour of workshop).

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 = one credit; 1 program = 20 credits)

8. Professional mentoring in some way not described above.

LEARNING AND ONGOING EDUCATION

1. Attendance at conferences and conventions (not earning CE). (1 day = 1 credit).

2. Completion of continuing education provided by a recognized and approved sponsor. (1 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 a ABPP board certification in another specialty (1 additional ABPP = 20 credits)

5. Reading, hearing, or viewing professional materials. (1 hour = 1 credit)

6. Participating in other self-directed professional activities for which CE credits have not been granted. (1 hour = 1 credit)

DEVELOPMENT AND APPLICATION OF RESEARCH AND INNOVATIVE METHODOLOGIES/PROGRAMS

1. Publishing peer-reviewed articles (1 publication = 10 credits)

2. Publishing book chapters. (1 chapter = 5 credits)

3. 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)

4. Practice outcome monitoring (e.g., strategies for assessing client outcomes or involvement in institutional quality assurance monitoring). (1 hour = 1 credit; 1 QA monitor = 1 credit)

5. Serving as editor, co-editor or reviewer of books or peer-reviewed journals. (10 hours = 10 credits)

PROFESSIONAL LEADERSHIP

1. Management and/or administration of services related to the specialty. (Each year = 10 credits)

2. Activities directed toward the promotion or adoption of evidence-based practice and assurance of quality care. (1 hour = 1 credit)

3. Holding an office or other recognized leadership position within professional psychology. (1 office for one year = 10 credits)

4. Service on professional psychology association boards or committees. (1 office for one year = 10 credits)

5. Participation in grant review. (1 grant = 5 credits)

6. Membership on regulatory or institutional review boards. (1 term = 10 credits)