



## **Psychology License Application Packet**

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### **Important Social Security Number Information:**

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### **In order to process your request:**

**Mail your application with initial documentation and your check or money order payable to:**

Department of Health  
PO Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent with initial application to:**

Board of Psychology Credentialing  
PO Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360.236.4700

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## Application Instructions Checklist

**Important background check Information:** Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in ink. It is your responsibility to submit the forms required.

**Application Fee.** This fee is non-refundable. You can check the [fee page](#) for current fees.

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

**Legal Name:** List your full name, first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide the month, day, and year of your birth.

**Birth place:** Provide the city, state and country where you were born.

**Address:** List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax and Cell Numbers:** Enter your phone, fax and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Other License, Certification, or Registration:**

List all jurisdictions, including Washington State, in which you hold or have held a credential. Verification is required on the form provided.

**4. Education:**

List in date order, the name and location of each college, university, or professional school attended, the time spent in each, and if a graduate, the year of graduation.

**5. Previous Application:**

Check yes or no whether you have taken a written or oral examination in psychology in the state of Washington or have ever been denied a license as a psychologist in the state of Washington.

**6. Supervised Experience:**

In order to qualify for licensure, an applicant must demonstrate completion of 3,300 hours of supervised experience.

The 1,500 hours of supervised experience required in addition to the 1,500 hours of qualifying Internship may be completed by any combination of the following supervised experience components:

Any hours in excess of the 300 Practicum hours obtained prior to the internship provided that the additional Practicum hours meet the Preinternship requirements defined in [WAC 246-924-053](#).

Preinternship hours meeting the requirements defined in [WAC 246-924-053](#).

Any hours in excess of the 1,500 qualifying internship hours under [WAC 246-924-056](#) provided that the additional hours meet the defined Internship requirements and provided that these additional hours are obtained while the applicant was still in the doctoral program.

Post-doctoral Supervised Experience meeting the requirement defined in as defined in [WAC 246-924-059](#).

If your supervisor for any claimed supervised experience hours is deceased or cannot be located, you should report that information on your application and obtain a reference to document your experience from a representative at the facility or institution where you obtained the experience.

**7. Documentation of Non-APA Approved Educational Requirements:**

List your course work, course number and transcript title, year, credits, and put a check mark if you have attached necessary documents.

- 8. Non-APA Approved Doctoral Programs (Internship):**  
Provide information and documentation regarding the completed internship. This section is required if your internship was not accredited by the American Psychology Association (APA) or a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).
- 9. AIDS Education and Training Attestation:**  
Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of seven hours is required. Course content can be found in [WAC 246-12-270](#).
- 10. Applicant's Attestation:**  
You must sign and date this for us to process the application.

## **Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington**

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at <http://www.doh.wa.gov/hsqa/professions/military/> and include supporting documentation with your application.

## **Jurisprudence Examination Information**

The jurisprudence examination is administered after the applicant has passed the Examination of Professional Practice in Psychology (EPPP), completed their experience hours, and has met all requirements to be licensed. The examination consists of 25 multiple-choice questions. The exam is open book, administered monthly at the Department of Health.

## **Jurisprudence Examination Topics:**

You should know and understand each of the following Washington statues and rules and how they relate to the practice of psychology in the state of Washington.

[RCW 18.83 Psychology Law](#)

[RCW 18.130 Uniforms Disciplinary Act](#)

[RCW 70.02 Health Care Information Act](#)

[RCW 26.44 Abuse of Children](#)

[RCW 71.05 Mental Illness Act](#)

[RCW 74.34 Abuse of Vulnerable Adults](#)

[WAC 246-15 Whistleblower Complaints](#)

[WAC 246-12 Administrative Procedures & Requirements for Credentialed Health Care Providers](#)

[WAC 246-924 Psychology Rules](#)

[WAC 246-16 Standards of Professional Conduct](#)

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## Psychologist License Application

**Application for (check one):**

- National Written Examination and State Jurisprudence Examination (Must have completed doctoral program).
- Transfer of National Written Examination and State Jurisprudence Examination (Must have already taken and passed the EPPP. For more information on this visit ASPPB Web page at: [www.asppb.org](http://www.asppb.org)).

**Note:** APA stands for American Psychological Association. CPA stands for Canadian Psychological Association.  
 APPIC stands for Association of Psychology Postdoctoral and Internship Centers.

### 1. Demographic Information

**Social Security Number** (If you do not have a social security number, see instructions)

- Male
- Female

Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)

**Place of birth**

City	State	Country
------	-------	---------

Address

City	State	Zip	County
------	-------	-----	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address:

Mailing address if different from above address of record

City	State	Zip	County
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Country

**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?  Yes  No

If yes, list name(s):

Will documents be received in another name?  Yes  No

If yes, list name(s):

**For Office Use Only**

License # \_\_\_\_\_ Issue Date \_\_\_\_\_

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ..

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction? .....

**Note: If you answered “yes” to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.**

- b. If you answered “yes” to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? .....

6. Have you ever been found in any civil, administrative or criminal proceeding to have:

- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
- b. Diverted controlled substances or legend drugs?.....
- c. Violated any drug law? .....
- d. Prescribed controlled substances for yourself? .....

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? .....

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....

## 3. Other License, Certification, or Registration

List all jurisdictions, including Washington State, in which you hold or have held a credential. Verification is required on form provided.

State or Jurisdiction	Permanent or Temporary	License by Written and/or Oral Examination	License		Currently Active?
			Year Issued	Number	





## 6. Supervised Experience [WAC 246-924-043 \(Cont.\)](#)

### Preinternship ([WAC 246-924-053](#))

The preinternship occurs between the practicum and internship. This experience may account for up to 1,500 hours of the supervised experience. A preinternship is not required. Attach additional explanation if necessary. At least 60 percent of the preinternship experience must be direct client contact providing assessment and intervention services.

Dates		Total number of hours				Name and title of supervisor	Description of supervised work activities, and nature and extent of supervision
		For every 20 hours experience, at least 2 must be in Column A and 2 must be in Column B		Column C. Direct client contact providing assessment and intervention services. Must be at least 60% of the experience	Total supervised hours completed A+B+C		
		Column A. Regularly scheduled, formal, face-to-face individual supervision addressing direct psychological services provided	Column B. Other learning activities				
From (mm/yy)	To (mm/yy)						

## 6. Supervised Experience [WAC 246-924-043 \(Cont.\)](#)

### Internship ([WAC 246-924-056](#))

Applicants must complete an organized internship as part of the doctoral programs. The internship must include 1,500 hours of supervised experience completed within 24 months. Attach additional explanation if necessary.

Dates		Total number of hours				Name and title of supervisor	Description of supervised work activities, and nature and extent of supervision
		Column A. Direct client contact	Column B. Direct face to face psychological services supervised	Column C. Other learning activities	Total hours A+B+C		
From (mm/yy)	To (mm/yy)						

### Post-Doctoral Supervised Experience ([WAC 246-924-059](#))

If 3,000 supervised experience hours (in addition to the 300 Practicum hours) have not been completed during the doctoral program, up to 1,500 hours may be acquired through qualifying post-doctoral supervised experience. Attach additional explanation if necessary.

Dates		Total number of hours				Name and title of supervisor	Description of supervised work activities, and nature and extent of supervision
		Column A. Supervised experience	Column B. Individual services supervised	Column C. Other learning activities	Total hours A+B+C		
From (mm/yy)	To (mm/yy)						

## 7. Documentation of Non-APA Approved Educational Requirements

Applicants for a psychology license must have psychological coursework as specified in WAC 246-924-046.

Enter the indicated information below. This information is reviewed by the Board together with the transcript from your doctoral institution. Attach additional explanation if necessary. For example, if a course title on your transcript does not clarify whether the course fulfills one of the required courses, you may need to include a copy or summary of an official syllabus or statement from the professor describing the course content.

You must have completed three or more semester hours, or five or more quarter hours, of core study in each of the following content area:

### **Biological bases of behavior for example: Physiological psychology, comparative psychology, neural bases of behavior, sensation and perception, and biological bases of development**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

### **Cognitive-affective bases of behavior for example: Learning, thinking, motivation, emotion, and cognitive development**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

### **Social bases of behavior for example: Social psychology, organizational theory, community psychology, and social development**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

### **Individual differences for example: Personality theory and psychopathology**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

## 7. Documentation of Non-APA Approved Educational Requirements (cont.)

### Scientific and professional ethics

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

### History and systems of psychology

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

### Statistics and psychometrics

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

### Research design and methodology

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

### Techniques of data analysis

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

**7. Documentation of Non-APA Approved Educational Requirements (cont.)**

**Human development (developmental psychology, child development, adult development, and aging)**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

**Cultural and individual differences and diversity**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

**Psychopathology and dysfunctional behaviors**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

**Theories and methods of assessment and diagnosis-minimum of two courses**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

**Effective psychological intervention and evaluation of the efficacy of interventions-minimum of three courses**

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

## 7. Documentation of Non-APA Approved Educational Requirements (cont.)

### Psychopharmacology

Course number and transcript title	Credit type S=semester Q=quarter	Year	# of Credits	Check if documents are attached

## 8. Internship (WAC 246-924-056)

It is the applicant's responsibility to provide sufficient and clear documentation regarding the internship completed.

- A. Was your internship APA accredited or an APPIC member listed?.....  Yes  No

If **yes**, do not complete this form, instead, provide certificate of completion or letter from the internship director.

If **no**, please use the following as a check list to document the internship completed meets the requirements of WAC 246-924-056.

- B. Did your internship provide a planned programmed sequence of training experience to assure breadth and quality of training?.....  Yes  No

**Provide the following information for the psychologist responsible for the internship program.**

- C. Was there a psychologist licensed by the appropriate state or provincial licensing authority clearly designated as responsible for the integrity and quality of the internship program?.....  Yes  No

**Please indicate the name and license number of the director.**

Name \_\_\_\_\_ License number \_\_\_\_\_ State Credentialed \_\_\_\_\_

- D. Did your internship have two or more psychologists available as supervisors, at least one of whom was licensed as a psychologist? .....  Yes  No

Please indicate the names of at least two supervisors, (and license numbers if applicable).

Name \_\_\_\_\_ License number \_\_\_\_\_

Name \_\_\_\_\_ License number \_\_\_\_\_

- E. Was your internship supervision provided by the person who was responsible for the cases being supervised?.....  Yes  No

**Please document by brochure or letter from the director/supervisor the relationship between the supervisor and the internship program.**

- F. Was at least 75% of your internship supervision provided by a licensed psychologist with two years post-license experience?.....  Yes  No

**Please document in a brochure or letter from your internship director/supervisor.**

## 8. Internship (WAC 246-924-056) (Cont.)

- G. Was at least 25% of your time or internship spent in direct client contact assessment and intervention? .....  Yes  No

**Please submit a brochure or letter from your internship director/supervisor indicating that the requirements of WAC 246-925-056 were met in the internship experience.**

- H. Was there a minimum of two hours for every 40 hours of internship experience of regularly scheduled, formal, face to face individual supervision that addressed the direct psychological services rendered by the intern? .....  Yes  No

**Please document in a brochure or letter from your internship director/supervisor.**

- I. Was there at least two hours of other learning activities for every 40 hours of internship experience, (such as case conferences, seminars on applied issues, conducting cotherapy with a staff person, including discussion of the case, and group supervision)?.....  Yes  No

**Please document in a brochure or letter from your internship director/supervisor.**

- J. If more than 75% but less than 100% of the internship was supervised by a licensed psychologist with two years post-license experience, was the remaining percent of your internship (up to 25%) supervised by one or more health professionals in the following categories? .....  Yes  No

- A psychiatrist with three years experience beyond residency;
- A licensed mental counselor with at least five years post-license experience;
- A licensed advanced social worker or licensed independent clinical social worker with five years post-license experience; or
- A doctoral level psychologist with three years post-doctoral experience who is exempt from licensing under RCW 18.130.200(1), (2), (3), or (4) if the supervision occurred in Washington State, or an equivalent exemption under state or provincial licensing laws if the supervision occurred in another state or province.

- K. Did trainees in your internship program have titles such as "intern", "resident", "fellow", or other designation of trainee status? .....  Yes  No

**Please document in a brochure or letter from your internship director/supervisor.**

- L. Did your internship (at the time you were enrolled) have a written statement or brochure describing the goals and content of the internship, stating clear expectations regarding quality of trainee's work and made available to prospective interns? .....  Yes  No

**Please provide a copy of the brochure.**

- M. Did your internship consist of at least 1500 hours completed within 24 months? .....  Yes  No

**Please provide documentation in brochure or letter from supervisor.**

## 9. Aids Education and Training Attestation

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested.

**I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.**

- School curriculum  
 Employer/Other

Applicants Initials	Date

## 10. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the state of  
Name of applicant

Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW [18.130.170](#) and RCW [18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_  
mm/dd/yyyy City, state

by: \_\_\_\_\_  
Original signature of applicant

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Washington State Department of  
**Health**  
 Board of Psychology Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360.236.4700

## Professional Reference Request

### Type or Print Clearly

**Note:** Please be advised upon receipt of written request, this form may be released to the applicant. You may choose to provide the applicant with a copy of your completed form. However addresses and telephone numbers will not be released. This form may be duplicated. Qualifying supervised experience in a human subject research setting is only allowed for hours providing and obtaining supervision for those clinical services defined as the “practice of psychology” under RCW 18.83.010(1). All other research-related hours do not qualify for supervised experience.

The person asking you to complete this form is applying for licensure as a psychologist in Washington State. Applicants must provide documentation from supervisors that they have met the supervised experience requirements for licensure. This form identifies several categories of supervised experience. These categories are defined in rules adopted by the Examining Board of Psychology. These rules are found in the Washington Administrative Code (WAC) which can be searched on the following site: <http://apps.leg.wa.gov/wac/default.aspx?cite=246.924>. The rules for the four categories of supervised experience are as follows: WAC 246-924-049, “Practicum”; WAC 246-924-053, “Preinternship”; WAC 246-24-056, “Internship”; and, WAC 246-924-059, “Post-doctoral supervised experience.”

If you are being asked to complete this form for an applicant because his/her original supervisor is deceased or cannot be located, please document that information below under Item 1., “Other.” Provide as much of the requested information as appropriate given your position based on the information and records available to you at your facility or institution, including any personal knowledge of the applicant’s supervised experience.

For each response below please attach any additional explanation if necessary.

\_\_\_\_\_ has applied for a license as a psychologist in the State of Washington and has given your name as a reference. Please return directly to the address listed above.

Name of Applicant

Your Name

Organization	Position		
Address	City	State	Zip

1. Supervision Relationship to Candidate:

Practicum    Preinternship    Internship    Post-doctoral    Professional Colleague

Other (specify) \_\_\_\_\_

Title of applicant’s position and name of organization: \_\_\_\_\_

## Professional Reference Request (Cont.)

2. Describe briefly the applicant's duties as you knew them in the position listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If you were a supervisor of the applicant's **practicum**, please complete the following:
- A. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
  - B. Total number of hours of practicum experience you supervised: \_\_\_\_\_ (300 hours are required.)
  - C. Were at least 100 hours of the 300 Practicum hours spent in supervision (see WAC 246-924-049 for the definition of "supervision" in the Practicum)?  Yes  No Number of hours: \_\_\_\_\_
4. If you were a supervisor of the applicant's **preinternship** experience, please complete the following:
- A. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
  - B. Total number of hours of preinternship experience you supervised: \_\_\_\_\_
  - C. For every 20 hours of **preinternship** experience was the following completed?
    - a. Was there at least two hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant?  Yes  No
    - b. At least two hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supervision?  
 Yes  No
5. If you were a supervisor of the applicant's **internship** experience, please complete the following:
- A. Was the internship site APA accredited or approved by APPIC?  Yes  No
  - B. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
  - C. Total number of hours of internship experience you supervised: \_\_\_\_\_ (At least 1,500 hours are required.)
  - D. For every 40 hours of internship experience was the following completed?
    - a. At least two hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant?  Yes  No
    - b. At least two hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of the case, and group supervision?  
 Yes  No
6. If you were a supervisor of the applicant's **post-doctoral** or other experience, please complete the following:
- A. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
  - B. Total number of hours of post-doctoral psychological work you supervised: \_\_\_\_\_
  - C. Total number of hours of face-to-face supervision you provided: \_\_\_\_\_
  - D. Was there one hour of supervision for every 20 hours of experience?  Yes  No

## Professional Reference Request (Cont.)

7. Do you have any concerns in recommending this applicant for a license in the state of Washington for independent practice?  Yes  No If yes, please comment specifically. Include any other information you consider relevant.

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8. Is there any other information about this candidate which you believe should be provided to the Examining Board of Psychology?  Yes  No If yes, please explain. \_\_\_\_\_

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Select which category(ies) apply to you and mark the appropriate box(es):

- A. If you provided supervision for the applicant for his/her Preinternship, Internship, or Post-doctoral supervised experience, identify with the category of credentialing that applied to you at the time you provided the supervision. If you select "Other," identify your credential status under the applicable laws in your state or province.

- Psychologist with two years post-licensure experience.
- Psychiatrist with three years of experience beyond residency.
- Social worker, Mental Health, or Marriage and Family Therapist with five years post-licensure experience.
- Doctoral level psychologist with three years post-doctoral experience who is exempt from licensure under RCW 18.83.200.
- Other \_\_\_\_\_
- 
- 
- 

License Number: \_\_\_\_\_ Date of Original License: \_\_\_\_\_

- B. If you provided supervision for the applicant for his/her Practicum, enter the following information about your position in that facility or institution where the Practicum occurred and any health profession credential you held at that time.

Position Title \_\_\_\_\_

## Professional Reference Request (Cont.)

Health Profession Credential \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- C. If you have provided information because the applicant's supervisor is deceased or cannot be located, provide the following information.

Current position/title \_\_\_\_\_

Name of facility/institution where applicant obtained supervised experience \_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Board of Psychology Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360.236.4700

## **Examining Board of Psychology License Verification**

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have held a license/registration/certification. Instruct them to return the form directly to the address listed above. Make a copy of this form if you are licensed in more than one state and/or jurisdiction. Licensing agencies normally charge a fee to verify a license. Please check in advance to help expedite this process.

If you have a license with the Department of Health, you do not need to complete a verification form.

This form is not required of those credentials issued by Washington State.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Any other names used: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have the licensing agency return this completed form to the address above.

# License Verification

## (To be Completed by the State Psychology Board)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of licensed psychologist: \_\_\_\_\_

Authority providing verification: \_\_\_\_\_

Applicant was licensed by:

Written Examination: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Examination: \_\_\_\_\_

Other Examination: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Examination: \_\_\_\_\_

Is license current?  Yes  No Expiration Date: \_\_\_\_\_

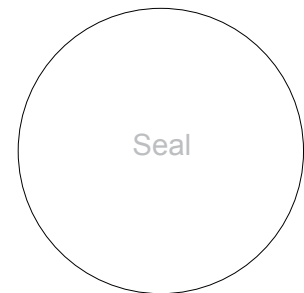
Is this licensee considered to be in good standing in your state?  Yes  No

If "No," please attach explanation.

Has this license ever been:

Yes No

- |                          |                          |             |
|--------------------------|--------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Denied      |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspended   |
| <input type="checkbox"/> | <input type="checkbox"/> | Revoked     |
| <input type="checkbox"/> | <input type="checkbox"/> | Surrendered |
| <input type="checkbox"/> | <input type="checkbox"/> | Reinstated  |



If this licensee has been disciplined, has he/she successfully completed all requirements and is currently in good standing?  Yes  No

If yes, please provide a copy of the Final Order or other documentation of action taken.

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

Title: \_\_\_\_\_

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



## **RCW/WAC and Online Web Site Links**

### **RCW/WAC Links**

Uniform Disciplinary Act.....	<a href="#"><u>RCW 18.130</u></a>
Administrative Procedure Act .....	<a href="#"><u>RCW 34.05</u></a>
Administrative procedures and requirements .....	<a href="#"><u>WAC 246-12</u></a>
Psychology RCW.....	<a href="#"><u>RCW 18.83</u></a>
Psychology WAC.....	<a href="#"><u>WAC 246-924</u></a>

### **On-Line**

AIDS Training Resources .....	<a href="#"><u>Reference Page</u></a>
Board of Psychology.....	<a href="#"><u>Web Page</u></a>