



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243**

BOARD OF EXAMINERS IN PSYCHOLOGY

**(Local) (615) 532-3202 or (Toll Free) (800) 778-4123
www.tennessee.gov**

Dear Certified Psychological Assistant Applicant:

This packet contains information relative to obtaining a certification as a Certified Psychological Assistant.

The requirements for application are supported by Board rules and Title 63, Chapter 11 which are included in this packet. PLEASE READ THE INSTRUCTIONS, STATUTE, AND RULES CAREFULLY PRIOR TO APPLYING. Application fees are non-refundable and all documents submitted to the Board become part of your file and are not returnable or transferable.

Upon initial review of your application, if your application is incomplete or the supporting materials have not arrived in our office, a letter informing you of any deficiency will be sent to you. If your file is deficient on the Board's deadline date, then processing your application will be delayed until the next scheduled Board meeting. When the application is deemed administratively complete, you will be notified in writing. Please be aware that the review process cannot begin until your file is complete, i.e., all materials have been received.

The following fees went into effect September 1, 2002 and have been changed per Rules and Regulations Governing the Practice of Psychology 1180-4-.02. The fees are as follows:

Application.....	\$175.00
Biennial Renewal Fee.....	\$125.00
Late Renewal Penalty.....	\$100.00
Certificate	\$150.00
Replacement License Fee	\$ 25.00
Endorsement Verification Fee	\$ 25.00
State Regulatory Fee.....	\$ 10.00

FEE: A check or money order is to be made payable to the State of Tennessee in the amount indicated on the application. The fee amount being collected with the

application includes the application fee (\$175), certificate fee (\$150), and state regulatory fee (\$10). Therefore, application for certification should include a check or money order for \$335.00. Additional fees may be required prior to issuance of your certificate.

When your file is administratively complete, reviewed by the Board and approved, your certificate will be processed.

OFFICE VISITS: If it is necessary for you to come to the board office for any reason, an appointment should be scheduled to ensure that the person you need to see is available. You must allow a minimum of 10 working days for material mailed to be filed. You may view your file; however, the administrator cannot critique your file.

NAME/ADDRESS CHANGE: **It is the applicant's responsibility to keep the board notified whenever a change of name or mailing address occurs.** Such notification must be in writing and you must reference your profession and the board in your correspondence. A change of name request must be notarized and state the reason for the change (i.e., marriage, divorce, etc.).

Detailed directions for completing and submitting application and supporting materials are attached.

Every effort is made to keep you informed in writing of the status of your application and to process your application in a timely, efficient manner. Inquiries regarding the status of a file will be responded to in writing.

TO ENSURE TIMELY RECEIPT OF MATERIALS, ALL INFORMATION IS TO BE ADDRESSED AS FOLLOWS:

Board of Examiners in Psychology
227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243

DIRECTIONS FOR APPLICATION FOR CERTIFICATION

1. Application for certification be made to the Board on the application form enclosed (any facsimile of this form must be fully concordant). The application shall be accompanied by a check or postal money order in an appropriate amount (\$335.00) payable to "State of Tennessee". Failure to complete all forms and provide all information required by the Board and by law shall cause an application to be denied by the Board and the file to be closed as set forth in the Rules. The Board may request information directly from various sources. An authorization shall appear on the application form.
2. The application for licensure must be notarized and two (2) recent signed passport type photographs attached to the application.
3. The completed application for certified psychological assistant applicants shall include the forms for Evaluation of Graduate courses indicating the applicant's allocation of course credit to substantive and applied competency areas.

4. It is the applicant's responsibility to request that the institution(s) of higher education submit the transcript(s) of all graduate coursework directly to the Board office. The transcript(s) must show the highest degree(s) granted, coursework and credits and must carry the official seal of the institution. If the thesis or dissertation title is not indicated on the transcript, a copy of the title page must accompany the transcript.

If your final transcript showing your degree, date of graduation and doctoral research is not yet available but all requirements have been completed, you must have the Registrar submit a letter attesting to the date upon which you will graduate, affixed with the seal of the institution. A transcript showing coursework completed must be submitted also. A final transcript must be received before licensure can be granted.

Foreign trained applicants must send their transcripts to World Education Service, P.O. Box 745, Old Chelsea Station, New York, NY 10113-0745, (212) 966-6311 for assessment and their results must be mailed directly to the Board of Examiners in Psychology, 227 French Landing, Suite 300, Heritage Place Metro Center, Nashville, TN 37243. Supporting documents such as course descriptions, syllabi, thesis or dissertation summary must be supplied in order to determine equivalency of education training.

5. A Practicum Documentation form must be submitted.
6. The Board requires a minimum of three (3) letters of recommendation in addition to the practicum documentation. All letters of recommendation must contain a statement specifying the certified psychological assistant level. All letters of endorsement must be on original letterhead and **must be accompanied by the endorser form.**

It is the applicant's responsibility to request references from individuals who have personal knowledge of, and can attest to, the applicant's education, training and performance in the area(s) of competency at the level of certified psychological assistant. Letters lacking these requirements will not be acceptable.

All letters shall be current (attesting to current or recent work), original letters on professional letterhead written specifically for this application and mailed directly to the Board by the person providing the information. Such letters are valid for one year from date of receipt. Additional inquiries may be initiated by the Board as it may require.

The Board requires three (3) letters of recommendation. **Two (2) of the letters must be from psychologists, one of whom must be licensed with designation as a Health Service Provider. One psychologist can be a psychology faculty member who is not licensed. The third letter may be from a licensed psychologist or a licensed psychological examiner.**

CHECKLIST: SENT BY YOU:

- ___ Application signed and notarized
- ___ Two (2) recent signed passport type photographs
- ___ Fee for application \$175.00 (non-refundable)
- ___ Fee for initial certificate (\$150.00)
- ___ State Regulatory Fee (\$10.00) (non-refundable)

REQUESTED BY YOU:

___ Transcripts requested must:

1. Be submitted directly from institution to Board office;
2. Show highest degree(s) granted and coursework and credits;
3. Have official seal of the institution.

___ Three (3) letters of recommendation must be:

1. Accompanied by Licensure Endorsement Form;
2. Current (valid for one year), original and on letterhead;
3. Mailed directly from source to Board.
4. Certified Psychological Assistant level - Two (2) of three (3) letters must be from psychologists; one must be a licensed psychologist with designation as health services provider.

___ Coursework Forms completed

___ Proof of citizenship/copy of birth certificate (original or certified).

___ Criminal Background Check

7. If you hold, or have ever held, a license or certificate to practice psychology, list with your specialty, if any.

State(s) _____

Level of Licensure _____

Specialty (if applicable) _____

License or Certificate No. _____

Date of issue _____

Is this license active _____ Yes _____ No

8. Have you ever taken the Examination for Professional Practice in Psychology? ___ Yes* ___ No

9. Have you ever had a license or certificate for the practice of any profession, including Psychology, revoked, suspended, placed on probation or restrictions, or received a letter of reprimand? _____ Yes* _____ No

10. Have you ever been denied a license or certificate to practice psychology? ___ Yes ___ No

11. Have you ever been convicted of a felony? _____ Yes* _____ No

12. Have you ever been convicted of drunkenness or violation of the narcotic laws? ___ Yes* ___ No

13. Have you ever been convicted for any offense involving moral turpitude? ___ Yes* ___ No

14. Have you ever been charged with an ethics violation by any professional or scientific society? ___ Yes* _____ No

15. Have you ever had your membership in any professional or scientific organization revoked or suspended for any reason other than non-payment of dues? ___ Yes* ___ No

16. Have you ever had clinical or staff privileges revoked or suspended? ___ Yes* ___ No

17. Have you ever had professional liability insurance canceled? _____ Yes* _____ No

* Provide details including dates on separate sheet.

18. Letters of Recommendation:

<u>Full Name</u>	<u>Present Office or Home Address Include Street and Number</u>	<u>State License # Specialty</u>
------------------	---	--------------------------------------

19. GRADUATE EDUCATION:

Name & Location of School and Department: _____

Council for the National Register of Health Service Providers in Psychology/Association of State and Provincial Psychology Boards Designated? Yes No

American Psychological Association Approved? Yes No

Dates of attendance from (month/year) _____ to (month/year) _____

Degree _____ Date _____

Major Professor _____

(If you attended more than one graduate program in psychology, copy this page and supply the information on each graduate institution.)

20. Practicum (including masters level "internships" in Psychology) do not include "practicum laboratory" work connected with academic courses:

Graduate Program & School _____

Practicum course # and title _____

of Graduate Semester Hours Credit _____

Academic Year _____

Semester or Quarter _____

Practicum site name & type of institution or establishment _____

Practicum site address _____

Name of Responsible Clinical Supervisor _____

Supervisor's position _____

Licensed Psychologist - Yes No

Health Services Provider - Yes No

Name of On-Site Clinical Supervisor (if different from above) _____

Licensed Psychologist - Health Services Provider _____

Licensed Psychological Examiner _____

Title of your position _____

Hours of work per week _____

Dates (from/to - month/year) _____

Number of client contact hours and types (Adult ____, Child ____, Adolescent ____, Couples ____, Families, _____ Groups _____) Of clients seen.

Types of services rendered _____

Names and number of cognitive testing _____

Names and number of personality testing _____

Other tests administered and/or interpreted _____

Number of interview based assessments _____

Types of interventions _____

What didactic courses in formal psychological testing/assessment and psychological intervention did you take prior to beginning the practicum in psychological assessment and intervention which prepared you to apply under supervision these assessment techniques and interventions? Course title and #.

21. EMPLOYMENT (List all positions in which you provided psychological services. Begin with your recent position and go backwards. Add more sheets if necessary).

a. Employer _____ Type of institution
or establishment _____

Full Address _____

Name of immediate supervisor _____ Supervisor's
position _____

Supervisor's licensure status _____

Title of your position _____ Hrs. of work
per week _____

Date (from _____ to _____
Mo. Yr.

Your duties _____

Percent of time spent in
Direct Services to Clients _____ Administration _____
Teaching _____ Research & Writing _____

b. Employer _____ Type of institution
or establishment _____

Full Address _____

Name of immediate supervisor _____ Supervisor's position _____

Supervisor's licensure status _____

Title of your position _____ Hrs. of work per week _____

Date (from) _____ (to) _____
Mo. Yr.

Your duties _____

Percent of time spent in
Direct Services to Clients _____ Administration _____
Teaching _____ Research & Writing _____

BOARD OF EXAMINERS IN PSYCHOLOGY APPLICATION

"I authorize, whenever it may be deemed necessary by the Board of Examiners in Psychology, the obtaining of information concerning my candidacy from organizations such as the Committee on Scientific and Professional Ethics and Conduct of the American Psychological Association, the Executive Secretary of the American Psychological Association, and/or any other state psychological association, the officers of any board that grants diplomas, certificates or license in the field of psychology, the officers of any association of psychologists and the faculty of any college or university attended."

THIS APPLICATION MUST BE NOTARIZED.

I, _____, solemnly swear that the statements on this application are true and correct. In signing this affidavit, I am aware that Chapter 9, Public Acts of 1947, provides that a person filing a forged affidavit of identification is subject to punishment prescribed by law for the crime of forgery.

(Seal)

Signature of Applicant

Subscribed and sworn before me this _____ day of _____,

at _____, _____
City State

Notary

My commission expires _____

Graduate Course Evaluation

(TYPE ALL INFORMATION)

These forms are to assist you and the Board of Examiners in the evaluation and allocation of your graduate courses to determine whether your academic preparation meets the course requirements for certification as a certified psychological assistant in Tennessee. Complete course titles and catalogue course descriptions are needed to supplement the ambiguous abbreviations which appear on academic transcripts.

1. Certification as a Certified psychological assistant requires two (2) years of graduate training in Psychology including a master's degree based on a minimum of 33 semester hours of graduate didactic courses exclusive of credit for research, field experience or practicum.
2. Individual studies, correspondence courses, independent studies, thesis and dissertation hours, practice and internship hours shall not count towards educational requirements for licensure.
3. Graduate students currently enrolled in an approved doctoral program in Psychology but who have not earned the master's degree enroute and can document 33 graduate semester hours in Psychology in lieu of the master's degree may be considered.
4. The Graduate Psychology Training program must include a minimum of nine (9) graduate semester hours in the basic substantive areas of psychology and at least three (3) substantive areas must be represented. Substantial areas of psychology are:
 - a. Biological Bases of Behavior - Physiological psychology, comparative psychology, sensation and perception, neuropsychology, psychopharmacology.
 - b. Cognitive-affective bases of Behavior - Learning, cognition, motivation, emotion.
 - c. Social bases of Behavior - Social psychology, group process theory, organizational and systems theory.
 - d. Individual differences - Personality theory, human development, gender rolls, cross-cultural bases for behavior.
 - e. Research skills in psychology statistics, - Experimental, research design, psychometric theory, history and systems.
 - f. Ethics- Required
5. In addition to but not included in the substantive courses, a minimum of 21 graduate didactic semester hours must be related to psychological assessment and intervention and must include at least six (6) semester hours of coursework in formal psychological assessment/testing and six (6) semester hours of course work in psychological intervention. These semester hours must be in addition to and separate from the required practicum credit. Such courses would include abnormal psychology

or psychopathology (required), individual, group or family psychotherapy or behavior therapy, assessment of learning disorders, cognitive or neuropsychological assessment, behavioral assessments, developmental disorders. Abnormal psychology and/or psychopathology, formal cognitive/intellectual assessment, and formal personality testing are required.

6. A course may be applied only once and in only one area (i.e., one course cannot be counted for more than one substantive area and cannot be counted both as an assessment and/or intervention course and/or a substantive course).
7. Applicants for certification as a Certified psychological assistant are required to complete at least one on-site formal supervised practicum for graduate credit in psychological assessment and intervention. This practicum experience must be listed on the application and verified by the practicum supervisor on the Practicum Documentation Form.
8. Applicants shall provide photocopies of course descriptions and program description.

TO BE COMPLETED ONLY BY APPLICANTS FOR CERTIFICATION AS A CERTIFIED PSYCHOLOGICAL ASSISTANT.

NOTE: IF YOU WILL NEED MORE THAN ONE PAGE, MAKE COPIES BEFORE COMPLETING THIS FORM.

FOR COURSE EVALUATION OF SUBSTANTIVE AREAS.

ATTACH COPIES OF CATALOG COURSE DESCRIPTION FOR ALL COURSES LISTED.

NAME:

TYPE ALL INFORMATION

Substantive Area	University	Year	Course Dept & Number	Course Title	Semester Credit Hours Convert qtr. hours to semester hours. (3 qtr. hrs. = 2 semester hrs.)
Ethics					
Statistics/ Research Design					
Biological Bases					
Cognitive					
Social Bases					
Individual Differences					

TO BE COMPLETED ONLY BY APPLICANTS FOR CERTIFICATION AS A CERTIFIED PSYCHOLOGICAL ASSISTANT.

NOTE: IF YOU WILL NEED MORE THAN ONE PAGE, MAKE COPIES BEFORE COMPLETING THIS FORM.

FOR COURSE EVALUATION OF COMPETENCY/APPLIED AREAS.

ATTACH COPIES OF CATALOG COURSE DESCRIPTION FOR ALL COURSES LISTED.

NAME:

TYPE ALL INFORMATION

	University	Year	Course Dept & Number	Course Title	Semester Credit Hours Convert qtr. hours to semester hours (3 qtr. hrs. = 2 semester hrs.)
Cognitive Testing					
Personality Testing					
Psycho-pathology					
Behavioral Assessment					
Group, Couples, Family					
Individual Intervention					
Other					

PRACTICUM DOCUMENTATION FORM

The Board makes no distinction among graduate level predoctoral psychology practice, however titled (e.g., masters or doctoral level psychology practicum, masters level psychology internship).

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee State Board of Examiners in Psychology. Your early attention is appreciated.

Applicant's Signature: _____

Applicant's Name (Print): _____

Complete a separate form for each practicum course taken.

Practicum Course # and Title # Graduate Semester Hours Credit

Semester or Quarter Academic Year

Site: _____

On-Site Supervisor: _____

License Status and #: _____

Health Services Provider designation: Yes _____ No _____

Licensed Psychologist with designation as HSP responsible for practicum if different from on-site supervisor:

Please Print License #

1. TESTING AND ASSESSMENT:

(1) Hours of psychological testing:

Cognitive: _____

Personality: _____

(2) Hours of interview/observation-based assessment: _____

TOTAL HOURS OF DIRECT SERVICE: _____

2. SUPERVISION:

- a. Number of actual hours spent in one-on-one, face-to-face supervision with licensed psychologist designated as a Health Services Provider: _____
- b. Number of actual hours in one-on-one face-to-face supervision with on-site supervisor if different from above: _____
- c. Number of hours spent in group supervision, case conference, team meetings, co therapy, or having reports/tapes reviewed by supervisor: _____

TOTAL HOURS OF SUPERVISION: _____

TOTAL PRACTICUM HOURS: _____

SUPERVISOR'S NAME: _____ HSP: _____ YES _____ NO

Psychology License #: _____

SUPERVISOR'S SIGNATURE: _____

Tennessee Board of Examiners in Psychology
Certification Endorsement

Date of Endorsement: _____

Applicant's Name: _____

Endorser's Name: _____

Endorsers License # and State: _____

Active? Yes _____ No _____

Health Services Provider Designation? Yes _____ No _____

National Register? Yes _____ No _____

If not HSP, subspecialty designation on license: _____

ABPP? Yes _____ No _____ Specialty: _____

In your accompanying letter (on your letterhead), please describe in detail the nature of your relationship with the applicant, the dates of contact with the applicant, the basis of your knowledge of the applicant's suitability to practice psychology such as the quality of the applicant's performance, education and training, experience, ethics and character. As endorser, you will have personal knowledge of and attest to the applicant's competency in the areas above. Mail your letter directly to the Board of Examiners in Psychology.

Recommended without Reservation: _____

Recommended with Reservation: _____

Do not recommend: _____



STATE OF TENNESSEE
BOARD OF EXAMINERS IN PSYCHOLOGY
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TN 37243

VERIFICATION OF LICENSURE/CERTIFICATION

Please complete top portion and forward one to each state in which you had or have held a license to practice psychology. Please make extra copies of this form if needed. This form is considered part of your application; therefore, your file will not be reviewed if you are or have been licensed in another state until this form is in your file.

CERTIFICATION FROM OTHER STATE BOARDS

I am applying to practice as a Certified psychological assistant in Tennessee. I was granted license # _____ on _____ by the State of _____.

The Tennessee State Board of Examiners in Psychology requests that I submit evidence that my license/certification in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee State Board of Examiners in Psychology. Your early attention is appreciated.

Signature: _____

Print Name: _____

EXECUTIVE OFFICE OF STATE BOARD:

Please complete and return form to:

Board of Examiners in Psychology
227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243

Name: _____

License # : _____ Date Issued: _____

Licensed by: National Board Scores _____
State exam _____
Reciprocity _____ (explain)
Other _____

If licensed by EPPP examination, please complete the following:

Raw score _____
Percent _____
Percentile _____
Date of exam _____
Form number _____
National mean _____
Standard dev _____

License current? Yes _____ No _____

If no, explain: _____

Derogatory Information? Yes _____ No _____

If yes, explain: _____

Other information pertinent to licensure: _____

State Board

(Seal)

Authorized Signature

Title

Date