APPLICATION FOR SCHOOL PSYCHOLOGY LICENSURE

PLEASE KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE OR FOR COPYING IN THE EVENT AN APPLICATION IS LOST IN THE MAIL.

Florida provides methods of application which streamline the process for licensure. Basic eligibility requirements are provided below and detailed checklists for applying are also enclosed in this packet to assist you with obtaining licensure in the most efficient manner possible.

GENERAL LICENSURE ELIGIBILITY REQUIREMENTS*

- Completion of a doctorate, specialist, or equivalent degree from a program primarily psychological in nature with 60 semester or 90 quarter hours of graduate study in areas related to school psychology, as defined by the Department; a master's degree in school psychology is acceptable; **AND**
- Successful completion of three years of school psychology experience.
  - One (1) year of experience consists of 1500 hours within twelve (12) consecutive months.
  - Two (2) years of the three (3) year requirement shall consist of supervised experience.
  - All supervised experience shall be performed by a certified or licensed school psychologist in any jurisdiction or a licensed psychologist.
  - The third year can consist of general experience.
  - Doctoral internships may be applied toward the supervision requirement.
  - Non-doctoral internships, which are part of the education requirement, do not count toward the supervised or general experience requirement.; **AND**
- Passage of the PRAXIS II School Psychology exam administered by Educational Testing Service (ETS) as outlined in rule 64B21-500.011, F.A.C.; **OR**
- Qualification by a method of Endorsement as described in Section 490.006, Florida Statutes.

***Note: Requirements may vary depending on the method of application selected. Specific details for all methods are provided in this application packet.**

STATUTE AND RULE REFERENCES

Specific licensure requirements can be found at sections 490.005 and 490.006, Florida Statutes, and Rule 64B21-500, Florida Administrative Code, copies of which may be found at http://www.floridahealth.gov/licensing-and-regulation/school-psychology/resources/index.html.

APPLICATION FEES

$355 TOTAL

($175 non-refundable application processing fee; $175 initial licensure fee; and $5 unlicensed activity fee)

- Make check, cashier's check, or money order payable to the Department of Health. Applicants must submit $355 to the Department of Health/Office of School Psychology regardless of application method.
- Applications will be returned unprocessed when received without the $355.00 fee.
- The application processing fee is non-refundable. If requested in writing, the $180 licensure and unlicensed activity fees may be refunded if your application is withdrawn and/or a license is not issued.

Prefer to apply and pay online instead? Visit our website at http://www.floridahealth.gov/licensing-and-regulation/school-psychology/applications-forms/index.html.

EXAMINATION APPLICANTS

This method means you are applying for licensure based on education, experience and examination in compliance with the laws and rules. This application should not be submitted until the education, experience, and a passing score on the examination have already been completed.

APPLICATION INSTRUCTIONS & CHECKLIST

1. **Request your official graduate level transcript(s) be mailed** to the Florida Department of Health, Office of School Psychology, 4052 Bald Cypress Way, BIN C-05, Tallahassee, FL 32399-3255.

2. **Have the enclosed school psychology experience verification form(s)** accurately completed, signed, dated and mailed to the address above.

3. **Request that your Praxis II examination score be electronically transmitted** to the Florida Office of School Psychology. When requesting your scores, note that the destination code is R7114. The contact number for the Praxis exam vendor, ETS, is (609) 771-7395.

Florida's examination score requirements are available at the following web address: http://www.floridahealth.gov/licensing-and-regulation/school-psychology/licensing/index.html.

APPLICATION CHECKLIST

Use the following checklist to help ensure all necessary documentation for your licensure is submitted.

☐ **APPLICATION FORM AND FEES**

The application must be fully completed by every applicant. The fee is $355 payable in the form of a money order or cashier's check payable to the DOH/Office of School Psychology.

☐ **OFFICIAL GRADUATE LEVEL TRANSCRIPTS**

See instructions in #1. above.

☐ **SCHOOL PSYCHOLOGY EDUCATION COURSEWORK SHEET, if applicable**

This form is required if you did not obtain the minimum of a master's degree in school psychology. Refer to 64B21-500.009, F.A.C., for assistance when completing. Please see course worksheet form on page 11 of this application packet.

☐ **SCHOOL PSYCHOLOGY SUPERVISED EXPERIENCE VERIFICATION FORM**

This form must be used to document the required 2 years of post-graduate supervised experience under a licensed psychologist, licensed school psychologist or certified school psychologist. A doctoral-level internship in this field may be applied toward the supervision requirement. If you completed 3 years of supervised school psychology experience in compliance with the rule, you may use this form to document that all required experience was completed under supervision, in which case you will not need to complete the general experience verification form referenced below. Please see the supervised experience verification form on pp. 12-13 of this application packet, which must be signed by the supervisor and the applicant.

☐ **SCHOOL PSYCHOLOGY GENERAL EXPERIENCE VERIFICATION FORM, if applicable**

This form is used to document the 1 year of school psychology experience that did not require supervision. Only necessary if less than three, but more than two years of supervision have been obtained. Please see the general experience verification form on pp. 14-15 of this application packet, which must be signed by the verifier and the applicant.

☐ **OFFICIAL ETS SCHOOL PSYCHOLOGY EXAM SCORE**

See instructions in #3. above.

☐ **LICENSE/CERTIFICATE VERIFICATION FORM**

Verifications are required for each school psychology or other health-related licenses or certificates currently or ever held. If available online, verifications will be retrieved through the applicable state licensing entity's website, upon receipt of your licensure application in the School Psychology office. If unavailable online, or, if the online verification lacks sufficient detail, you will be responsible for requesting that the verifications be sent to the Board office directly from the applicable state licensing authorities.

ENDORSEMENT APPLICANTS

APPLICATION INFORMATION & CHECKLISTS

Endorsement of 20 Years Of Licensed Psychologist Experience:

To apply for this method of licensure, the statute requires the applicant possess a doctoral degree in psychology as defined in Section 490.003, F.S., and have at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within 25 years preceding the date of application. This method requires a doctoral degree in psychology from an APA accredited program.

Endorsement ofABPP Diplomate Status:

Requires the applicant possess a current diplomate or specialty certification in good standing with the American Board of Professional Psychology, Inc., at the time the application is submitted to Florida. Information regarding requirements to obtain this credential is available on the organization's website at www.abpp.org.

***Endorsement of Other State License:**

Requires the applicant hold an active license or certificate as a school psychologist in the state to be endorsed. This method requires the Department to conduct a strict law-to-law comparison of the school psychology licensure/certification requirements in effect at the time you were licensed in the other state in contrast to the requirements in effect in Florida at that same time. If no Florida law existed when you were licensed in the other state, the comparison would be with the current laws in effect in this state at the time of the submission of your application. Specifically, the Department reviews the education, experience and examination requirements to determine a minimum of substantial equivalence.

***Important Notes regarding this Application Method**

- **The Department cannot consider applicants' personal education and experience backgrounds under this method.**
- **The Department's law-to-law comparison requires each component of the other state's licensure criteria (education, experience and examination) be at least substantially equivalent to Florida's requirements.**
- **The Endorsement of Other State License is typically a lengthier application process. Applicants from other states, who meet the education, experience and examination requirements for licensure, are encouraged to apply by the more streamlined Examination application method or the 20 year endorsement method, if qualified.**

APPLICATION CHECKLIST

Use the following checklist to help ensure all necessary documentation for your licensure is submitted.

☐ **APPLICATION FORM AND FEES**

The application must be fully completed by every applicant. The fee is $355 payable in the form of a money order or cashier's check payable to the DOH/Office of School Psychology.

☐ **LICENSE/CERTIFICATE VERIFICATION FORM**

Verifications are required for each school psychology or other health-related licenses or certificates currently or ever held. If available online, verifications will be retrieved through the applicable state licensing entity's website, upon receipt of your licensure application in the School Psychology office. If unavailable online, or, if the online verification lacks sufficient detail, you will be responsible for requesting that the verifications be sent to the School Psychology office directly from the applicable state licensing authorities. ***Note: Please see below for 20 Year Endorsement verification requirements.***

20 Year Endorsement Applicants Only:

☐ **Official Doctoral Level Transcript:** Request your official doctoral level transcript be mailed to the Florida Department of Health, Office of School Psychology, 4052 Bald Cypress Way, BIN C-05, Tallahassee, FL 32399-3255. Verify program was APA-accredited at the time you were enrolled and graduated by visiting www.apa.org.

☐ **Official Licensure Verification:** For this method, official licensure verification(s) are required to show 20 years of actively licensed psychology experience within 25 years of the application submission date. The official verification(s) should indicate whether there were any gaps or inactive periods of licensure. Please send the form on page 13 of this packet to the applicable state board(s).

ABPP Endorsement Applicants Only:

☐ ABPP Diplomate Verification Form *or* Official ABPP Letter of Good Standing

Form is available at http://floridaspsychology.gov/applications/abpp-diploma-verification-form.pdf.

Endorsement of Other State License Applicants Only:

☐ Verify the license/certificate to be endorsed is active and will remain active for at least 1 year after applying to Florida.

☐ Submit a copy of the laws and rules in effect at the time you were licensed in the other state. Regulations may be sought from the applicable state board or state law library. Ensure the transmitter includes a cover letter indicating the regulations were those in effect at the time you were initially licensed in the other state. Request that the cover letter reference your name and that you are a school psychology applicant.

SUBMIT INITIAL APPLICATION, SUPPORTING DOCUMENTS AND FEES TO:
Department of Health/School Psychology
P. O. Box 6330
Tallahassee, FL 32314-6330

ALL SUBSEQUENT DOCUMENTATION MAY BE SUBMITTED TO:
Department of Health
Office of School Psychology
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255

ADDRESS CHANGES
Please notify the office of school psychology immediately of any address change for either practice location or mailing address. If you do not currently have a practice location, please inform us as soon as you obtain employment. Licenses are printed with the practice location address but are mailed to your home/mailing address. The Internet will display your practice location address only. If none given, your home/mailing address will be displayed. You are strongly encouraged to provide this office of any change in address, as it is a violation to not do so.

WITHDRAWAL OF APPLICATION
If you decide to withdraw your application, you must make the request in writing prior to the granting of licensure. Included in the request should be a request for refund of the appropriate fees. The application fee portion of your payment is non-refundable. Please do not stop payment on your check. This could result in a bad check charge being filed against you.

Medical Quality Assurance

Application for School Psychology Licensure

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Name: _____ **Last** **First** **Middle**	**Social Security Number:** _____

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board, official copies of court records from the clerk of the court, or letters from treating physicians/practitioners. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial.

NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under section 490.009, Florida Statutes, or Rule Chapter 64B21-504, Florida Administrative Code.

1. PERSONAL HISTORY	
A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?	☐ **YES** ☐ **NO**
B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?	☐ **YES** ☐ **NO**
c. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice school psychology within the past five years?	☐ **YES** ☐ **NO**
D. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice school psychology?	☐ **YES** ☐ **NO**
E. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or, if you were previously in such a program, did you suffer a relapse within the last five years?	☐ **YES** ☐ **NO**
F. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice school psychology within the past five	☐ **YES** ☐ **NO**

(client 4101)

DEPARTMENT OF HEALTH
School Psychology

APPLICATION FOR SCHOOL PSYCHOLOGY LICENSURE

http://www.floridahealth.gov/licensing-and-regulation/

Mailing Address for Application and Fees:
P.O. Box 6330
Tallahassee, FL 32314-6330
Mailing Address for Supporting Documents:
4052 Bald Cypress Way. Bin C05, Tallahassee, FL 32399-3255
(850) 245-4373 • Fax (850) 414-6860

ALL INCOMPLETE APPLICATIONS SHALL EXPIRE ONE YEAR AFTER FILING. APPLICATION FEES ARE NON-REFUNDABLE.

2. APPLICATION METHOD Indicate below the type of license and method of qualification you wish to use to qualify for licensure. Consult instructions for eligibility requirements.

(Check one only):

☐ EXAMINATION: **$355 due** = $175 application fee + $175 licensure fee + $5 unlicensed activity fee

ALL ENDORSEMENT APPLICATIONS: **$355 due** = $175 application fee + $175 licensure fee + $5 unlicensed activity fee
☐ Endorsement of other state license, If so, what state? _____
☐ Endorsement of diplomate status with the ABPP
☐ Endorsement of 20 years of licensed psychology experience

Please Type or Print Legibly in Black Ink

3. PROFILE INFORMATION List your full, legal name as it should appear on license (no nicknames or shortened versions)

NAME: Last_____First_____ Middle_____

Please list any other names that you have been known by: _____

MAILING ADDRESS: (Required)_____Apt. No._____
(Mailing address will display on the Internet if you have not provided a practice location):

City_____State_____Zip_____Country_____

PRACTICE ADDRESS: (REQUIRED-If not applicable indicate with n/a) _____

Apt. No._____City_____ State_____ Zip_____

WORK TELEPHONE:_____**HOME TELEPHONE**:_____

FAX Number:_____

DATE OF BIRTH (M/D/Y): _____

EQUAL OPPORTUNITY DATA
We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. Are you a US citizen? ❑ YES ❑ NO If no, give alien/Visa number: _____

RACE: ❑ White ❑ Black ❑ Asian/Pacific Islander ❑ Hispanic ❑ Other_____SEX: ❑ Male ❑ Female

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes ☐ No ☐

4. LICENSURE AND CERTIFICATION DATA A) Do you now or have you ever held licensure or certification to practice school psychology or any health-related profession in any state, including Florida, U.S. territory, or foreign country? School psychology certification from the Florida Department of Education is included. **If "YES", complete the following:**					☐ **YES** ☐ **NO**
State/Country	License Title	License Number	Original Issue Date	Expiration Date	License Status
B) Have you ever previously applied for school psychology licensure in the state of Florida? If so, please provide the date_____					☐ **YES** ☐ **NO**
C) Do you hold diplomate status with the American Board of Professional Psychology (ABPP)? If so, please provide the diploma number, date of diploma and area of specialty.					☐ **YES** ☐ **NO**
D) Do you currently have a licensure or certification application pending in any jurisdiction, including Florida?					☐ **YES** ☐ **NO**
E) Have your ever withdrawn an application for licensure or certification?					☐ **YES** ☐ **NO**
F) Have you ever allowed an application for licensure or certification to lapse?					☐ **YES** ☐ **NO**
G) Have you ever been denied licensure or certification to practice school psychology or any health-related profession in any licensing jurisdiction? Please explain any "yes" answer.					☐ **YES** ☐ **NO**

5. EXAMINATION HISTORY Have you taken and passed the specialty examination in school psychology developed and administered by Educational Testing Service? If yes, please provide the date the examination was passed: _____	☐ **YES** ☐ **NO**

6. GRADUATE-LEVEL EDUCATION

Please provide the following information for graduate education being used to comply with licensure requirements. Please provide dates in mm/dd/yyyy format. **Official graduate transcripts must be sent directly to this office from the institution, or, if sent by the applicant, must be contained in the institution's sealed envelope.**

College, School or University and Location	Name (if different from current legal name)	Major(s)	Degree Received	Date of Graduation (mm/dd/yyyy)

7. CORRESPONDENCE VIA E-MAIL Please print legibly. By checking "yes" you are agreeing to allow the board office to contact you via e-mail with information regarding your application. If you choose this option please check your e-mail account frequently and notify the board office of any change to your e-mail address. **E-MAIL ADDRESS***_____	☐ **YES** ☐ **NO**

*Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

8. CRIMINAL AND DISCIPLINARY HISTORY

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board or official copies of court records from the clerk of the court. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial.
NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under section 490.009, Florida Statutes, or Rule Chapter 64B21-504, Florida Administrative Code.

CRIMINAL HISTORY **A.** Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction, including a military court martial, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.	☐ **YES** ☐ **NO**
DISCIPLINARY HISTORY **B.** Are you now under investigation in any jurisdiction, including Florida, for an offense which would be a violation of Chapter 490, Florida Statutes?	☐ **YES** ☐ **NO**
C. Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, including Florida, U.S. territory or foreign country?	☐ **YES** ☐ **NO**
D. Have you ever been denied licensure to practice school psychology or any health-related profession in any licensing jurisdiction, including Florida or been granted such under restrictions (e.g., probation, other obligations imposed, etc.) of any kind?	☐ **YES** ☐ **NO**

HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

9. IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? ***(If you responded "no", skip to #2.)***	☐ **YES** ☐ **NO**
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation?	☐ **YES** ☐ **NO**
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	☐ **YES** ☐ **NO**
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation?	☐ **YES** ☐ **NO**
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	☐ **YES** ☐ **NO**
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? ***(If you responded "no", skip to #3.)***	☐ **YES** ☐ **NO**
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	☐ **YES** ☐ **NO**
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? ***(If "No", do not answer 3a. and skip to #4.)***	☐ **YES** ☐ **NO**
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	☐ **YES** ☐ **NO**
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? ***(If "No", do not answer 4a or 4b. and skip to #5.)***	☐ **YES** ☐ **NO**
a. Have you been in good standing with a state Medicaid program for the most recent five years?	☐ **YES** ☐ **NO**
b. Did the termination occur at least 20 years before the date of this application?	☐ **YES** ☐ **NO**
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	☐ **YES** ☐ **NO**

10. STATEMENT OF APPLICANT

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to sections 456.067, 775.083 and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Florida Office of School Psychology any information which is material to my application for licensure.

I understand that it is my responsibility to supplement my application as needed to reflect any material changes in any circumstance or condition stated in the application which might affect the decision of the agency and which takes place between the initial filing of the application and the final granting or denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a school psychologist in the State of Florida.

I further state that I have read and understand Chapter 490, Florida Statutes, pertaining to psychological services and Chapter 64B21, Florida Administrative Code, pertaining to school psychology. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

_____ _____

Signature of Applicant (required) Date Signed (required)

LICENSURE/CERTIFICATION VERIFICATION
OFFICE OF SCHOOL PSYCHOLOGY

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Complete this part and submit a copy to each state where you hold or have ever held a license or certificate to practice school psychology or any health-related profession, making copies of this form as necessary. If you do not know your license or certificate number, you may leave this response blank.

Applicant Name _____

Address _____

License/Certification Number_____State of _____

I hereby authorize release of any information regarding my licensure status to the State of Florida, Department of Health, School Psychology office.

Applicant Signature_____ Date _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE LICENSURE/CERTIFICATION BOARD

Please complete the following information and return this form to the address listed below.

LICENSEE NAME:_____PROFESSION: _____

LICENSE/CERTIFICATION NUMBER:_____ISSUE DATE: _____

LICENSE/CERTIFICATION STATUS:_____EXPIRATION DATE: _____

ISSUANCE BASED ON: STATE EXAM_____NATIONAL EXAM _____

RECIPROCITY WITH_____ENDORSEMENT _____

EDUCATION_____EXPERIENCE _____

IS LICENSE/CERTIFICATION IN GOOD STANDING? _____

HAS THE LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? _____

DO YOU HAVE ANY DISCIPLINARY ACTION INFORMATION ON FILE REGARDING THE LICENSEE? _____

REMARKS: _____

_____

_____
Signature of Official

BOARD SEAL

_____
Printed Name and Title

STATE: _____ _____
Date Signed

Department of Health
School Psychology Licensure
4052 Bald Cypress Way, BIN C05
Tallahassee, FL 32399-3255
Telephone: (850) 245-4373

SCHOOL PSYCHOLOGY REQUIRED COURSEWORK SHEET

NAME: _____

Please complete the following form, indicating the courses you have taken in each area listed. Give only one course number per subject, and indicate whether the specified number of hours taken were in quarter or semester hours. ***This form only required if your masters, specialist or doctorate degree was not in school psychology****. See 64B21-500.009, F.A.C., for more information.*

A) PSYCHOLOGICAL FOUNDATIONS. 12 Quarter Hours or 9 Semester Hours from the following concentrations:

	COURSE	#SEM HRS	QTR HRS	SCHOOL
1. Human Development	_____	_____	_____	_____
2. Human Learning	_____	_____	_____	_____
3. Psychology of Personality	_____	_____	_____	_____
4. Child or Adolescent Psychology	_____	_____	_____	_____
5. Educational Psychology	_____	_____	_____	_____
6. Human Exceptionality	_____	_____	_____	_____
7. Abnormal Psychology	_____	_____	_____	_____

OFFICE USE ONLY: ***12 QTR OR 9 SEM HOURS COMPLETED*** ***YES NO***

B) EDUCATIONAL FOUNDATIONS. 9 Quarter Hours or 6 Semester Hours from the following concentrations:

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. The Role and Function of School Psychologists	_____	_____	_____	_____
2. Curriculum in the Schools	_____	_____	_____	_____
3. Purposes and Organization of Schools	_____	_____	_____	_____
4. Educational Administration	_____	_____	_____	_____
5. Remedial Instruction	_____	_____	_____	_____
6. Special Education	_____	_____	_____	_____
7. Social Foundations of Education	_____	_____	_____	_____
8. Social Psychology	_____	_____	_____	_____

OFFICE USE ONLY: ***9 QTR OR 6 SEM HOURS COMPLETED*** ***YES NO***

C) PSYCHO-EDUCATIONAL EVALUATION METHODS. 12 Quarter Hours or 9 Semester Hours from the following concentrations, with at least one course in Individual Intellectual Assessment:

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. Individual Intellectual Assessment (Required)				
2. Psycho-educational Assessment	_____	_____	_____	_____
3. Statistics and Research Design	_____	_____	_____	_____
4. Test and Measurement	_____	_____	_____	_____
	_____	_____	_____	_____

OFFICE USE ONLY: ***12 QTR OR 9 SEM HOURS COMPLETED*** ***YES NO***

D) PSYCHO-EDUCATIONAL INTERVENTIONS. 12 Quarter Hours or 9 Semester Hours from the following concentrations:

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. Consultation	_____	_____	_____	_____
2. Behavior Modification	_____	_____	_____	_____
3. Counseling and Interviewing Techniques	_____	_____	_____	_____
4. Organization and Administration of Pupil Services	_____	_____	_____	_____

OFFICE USE ONLY: ***12 QTR OR 9 SEM HOURS COMPLETED*** ***YES NO***

E) REQUIRED SUPERVISED TRAINING RECEIVED IN A COUNSELING SETTING. Indicate coursework below.

	COURSE #	SEM HRS	QTR HRS	SCHOOL
1. Practicum, Internship, or Fieldwork (Required)	_____	_____	_____	_____

Department of Health
School Psychology Licensure
4052 Bald Cypress Way, BIN C05
Tallahassee, FL 32399-3255
Telephone: (850) 245-4373

SCHOOL PSYCHOLOGIST SUPERVISED EXPERIENCE VERIFICATION

Florida requires a minimum of 3 years of experience in school psychology, 2 years of which must be supervised by an individual who is a licensed school psychologist, certified school psychologist or licensed psychologist. One year of experience is equal to 1500 hours within a 12 month period. This form is used to document hours of supervised experience only. The 1 additional year of general experience should be documented on the General Experience Verification Form. However, if the 3 years were all completed under supervision, you may document on this form and the General Experience Form will not be required.

1. APPLICANT INFORMATION
Name:
Address:

2. SUPERVISOR INFORMATION:
Name:
Mailing Address:
Business Phone:
Employer:

3. SUPERVISOR'S EDUCATION:	
Degree:	
Major:	
School:	
Graduation Date:	
How many years of experience had you completed as a school psychologist prior to supervising the applicant?	
How many of these years were you supervised?	

4. SUPERVISOR'S LICENSURE/CERTIFICATION
Please choose your professional status, at the onset of supervising the applicant, from the selections below. Please select all that apply.

☐ Licensed School Psychologist		☐ Certified School Psychologist		☐ Licensed Psychologist	
State & License No.		State & License No.		State & License No.	

5. APPLICANT EXPERIENCE DATA
Please answer the following questions regarding the applicant's experience while under your supervision. Attach additional pages as necessary for comments, clarification, etc.

a) Entity Name & Address for Supervised Experience Location(s)	**b) Dates of Supervised Experience (mm/dd/yy)**	**c) Weeks of Experience**	**d) Hours per Week**	**e) Total Supervised Experience Hours (multiply *c x d*)**	**f) Face-to-Face Interactive Supervision Hours per Week**
	From:____/____/_____ To: _____/____/_____				
	From:____/____/_____ To: _____/____/_____				
	From:____/____/_____ To: _____/____/_____				

g) Did your supervision focus on raw data from the applicant's clinical work, which was made available to you through such means as written clinical materials, direct observation and video and audio recordings?	☐ **YES** ☐ **NO**
h) Was your supervision of the applicant a process clearly distinguishable from personal psychotherapy or didactic instruction?	☐ **YES** ☐ **NO**

i) DUTIES AND RESPONSIBILITIES Please list the percentage of the applicant's work hours spent in the following duties:	
Evaluation, measurement, and assessment of intellectual ability, aptitudes, or achievement that directly relates to learning or behavioral problems in an educational setting in order to determine appropriate recommendations.	
Psycho-educational or vocational consultation or direct psycho-educational service to schools, agencies, organizations, or psychological professionals, which is directly related to learning problems.	
Development of programs to facilitate the learning process of clients.	
Please specify other duties, if applicable, and percentage of time spent in those areas below:	

j) COMPLAINTS Have you ever received any complaints about this applicant or have any reason to suspect that the applicant is less than fully ethical, professional or qualified for licensure? If yes, please provide details:	☐ **YES** ☐ **NO**

6. RECOMMENDATION Based upon your supervision and knowledge of the applicant's character, education, training and experience, are you of the opinion that the applicant, if licensed, will practice the profession of school psychology in an ethical and professional manner? If no, please explain:	☐ **YES** ☐ **NO**

7. STATEMENT OF SUPERVISOR AND APPLICANT **We hereby certify that the above information is true and correct to the best of our knowledge.**	
Supervisor's Signature:	**Date:**
Applicant's Signature:	**Date:**

***Please return this form to*: Florida Department of Health, Office of School Psychology, 4052 Bald Cypress Way, BIN C05, Tallahassee, Florida 32399-3255**

SCHOOL PSYCHOLOGIST GENERAL EXPERIENCE VERIFICATION

Do not use this form to verify experience to be used toward the supervised experience requirement.

APPLICANT – Complete the applicant information section and forward the form to the person verifying your general school psychology experience for completion of the remainder of the form.

1. APPLICANT INFORMATION

Applicant's Name_____
Address: _____

2. INFORMATION ON INDIVIDUAL VERIFYING EXPERIENCE

Your relationship to the applicant (Please check all that apply):

_____ EMPLOYER _____CO-WORKER _____SUPERVISOR_____PERSONNEL OFFICE REPRESENTATIVE
Other _____

Name _____

Mailing Address _____

Business Phone_____Home Phone _____

3. APPLICANT EXPERIENCE DATA

Name and address of entity where experience took place
_____
_____
_____

a) Dates of experience: From_____To_____

b) How many **hours per week** did the applicant practice? _____

c) How many **weeks of experience** did the applicant practice? _____

d) What was the **total number of hours of experience** the applicant practiced for the time period above? _____
Note: *The total number of hours of experience is generally calculated as the product of 3.b) and 3.c).*

e) What position did the applicant hold? _____

f) Please list the percentage of the applicant's work hours spent in the following duties:

_____Evaluation, measurement, and assessment of intellectual ability, aptitudes, or achievement that directly relates to learning or behavioral problems in an educational setting in order to determine appropriate recommendations.

_____Psycho-educational or vocational consultation or direct psycho-educational service to schools, agencies, organizations, or psychological professionals, directly related to learning problems.

_____Development of programs to facilitate the learning process of clients.

Please specify other duties and percentage of time spent in those areas.

_____
_____
_____
_____

RECOMMENDATION

Based upon your knowledge of the applicant's character, education, training and experience, are you of the opinion that the applicant, if licensed, will practice the profession of school psychology in an ethical and professional manner? D Yes D No

If "no", please explain: _____
_____

_____

4.CERTIFICATION

We hereby certify that the above information is true and correct to the best of our knowledge.

_____ _____
Signature of Individual Verifying General Experience (Date)

_____ _____
Applicant's Signature (Date)

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