

Board of Psychology
PLUS Meeting

#1

The purpose of this meeting is to introduce the universal application, explain the process, provide some examples, and get input from board members and staff about what is needed from ASPPB. In order to better serve the Board's needs, ASPPB needs information about the Board's application procedures, and choices to be made during application procedure, and the Board's preferences for setting up the universal application process.

1. Overview of the Universal Application (UA)

2. Universal Application vs. Your Application

2.1.1. "one size fits all"

2.1.2. Applicant is encouraged to complete all data fields

2.2. Some jurisdictions have very specific forms that they need filled out

3. How would it work?

3.1. Applicant contacts the Board to apply

3.1.1. Applicant fills out a short application form for the Board and pays fee to Board

3.1.2. Once fee is received by the Board, and approved for application by the Board, the Board contacts ASPPB with applicant's name and email address, and a copy of the short application form and ASPPB contacts the applicant to open a Universal Application File

3.2. Applicant is given a unique identifier and password and begins to complete the universal application on-line, and arrange for submission of original documents/transcripts, etc., to ASPPB

3.3. ASPPB ensures all information is accurate and COMPLETE

3.4. ASPPB verifies all information with primary source

3.5. When, and only when, all information required for the application is complete, the application package and all primary source verified (PSV) documents/credentials will be forwarded to the licensing board in the form of a completed electronic package which will contain:

3.5.1. All demographics

3.5.2. Education history

3.5.3. Supervision history (all verified directly with supervisors/institutions)

3.5.3.1. Practicum

3.5.3.2. Internship

3.5.3.3. Postdoc

3.5.4. Work history

3.5.5. Declaration

3.5.6. Professional Conduct Verification

3.5.7. All supporting documents and credentials (e.g. transcripts) all PSV

3.5.8. Checklist with any exceptions listed

Everything will be electronic (in a form that can be transferred directly to your Board's database) and documents/credentials will be scanned, organized and ready for your review.

4. In future:

- 4.1. Applicants may have already deposited information during internship, etc.
- 4.2. Common data collection forms for internship and ASPPB

5. Questions for you...If a board is interested in utilizing the PLUS, ASPPB needs additional information:

- 5.1. In what form does the Board want the data? What kind of software is being used?
 - 5.2. How does the Board handle EPPP applications (do applicants have to be approved? Do they have to complete the full application for licensure? How would this work?)
 - 5.3. At what points during the licensure process, does the board need information sent for approvals?
 - 5.4. Supplemental forms?
 - 5.5. Reference Forms?
 - 5.6. Can ASPPB send out and collect supplemental and references?
 - 5.7. Is there a time limit for completing an application?
 - 5.8. Does the Board have to make changes to regulations/statute to be able to take application materials from ASPPB?
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ASPPB Psychology Licensure Universal System (PLUS)

As of July 2011, the PLUS system is being implemented in participating jurisdictions. If you are applying for licensure in one of those jurisdictions, you will need to contact that jurisdiction first before signing up with ASPPB for any service.

The Psychology Licensure Universal System or "PLUS" is an online system designed to allow individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada currently participating in the PLUS program. The PLUS also enables concurrent application for the ASPPB Certificate of Professional Qualification in Psychology (CPQ) and the ASPPB Interjurisdictional Practice Certificate (IPC). All information collected as part of your application is deposited and saved in the ASPPB Credentials Bank: a Credentials Verification & Storage Program (The Bank) where it can be accessed by you or forwarded to any other licensing board, organization, entity, or individual, upon request at any time in the future (transfer fees may apply).

In addition to forwarding your application to the requested licensing board or college, some forms and information will be forwarded to institutions, organizations and/or individuals where you completed your education, training, and experience, for verification. All information provided is also subject to primary source verification by ASPPB.

When you submit a PLUS application for licensure to a specific jurisdiction, all of the information that you provide is forwarded to that jurisdiction by ASPPB, where the licensing board/college will determine your eligibility for licensure. **ASPPB does not determine your eligibility for licensure.**

Current Participating Jurisdictions

- Mississippi Board of Psychology
- State of Nevada Board of Psychological Examiners
- North Dakota State Board of Psychologist Examiners
- Oklahoma Board of Examiners of Psychologists

Coming Soon

- Georgia Board of Examiners of Psychologists



Association of State and Provincial Psychology Boards

Psychology Licensure Universal System Application Form

DEMOGRAPHICS			
PERSONAL INFORMATION			
Email Address:	Login Password:		
Last Name*:	First Name*:		
Middle Name:	Maiden Name:		
Suffix:			
Gender*:	Citizenship:	<input type="checkbox"/> US <input type="checkbox"/> Canada <input type="checkbox"/> Other (Specify):	
Professional Name:			
Other Current Names:			
Other Names:			
Place of Birth (City, State/Province):	Date of Birth*:		
SSN/SIN*:			
Languages:	Disability Accommodations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS ADDRESS (Required for CPO/IPC/Licensure Applications)			
Business Name:			
Address 1:			
Address 2:			
City:	State/Province:	Zip:	
<input type="checkbox"/> Check for Preferred Mailing Address			
HOME ADDRESS			
Address 1:			
Address 2:			
City:	State/Province:	Zip:	
<input type="checkbox"/> Check for Preferred Mailing Address			
PERMANENT ADDRESS			
Address 1:			
Address 2:			
City:	State/Province:	Zip:	
<input type="checkbox"/> Check for Preferred Mailing Address			
PHONES AND FAX			
Business Phone:	Ext.:	Fax:	
Home Phone*:	Cell Phone:		

*indicates a required field



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

CREDENTIALS	
STANDARD CREDENTIALS	
American Board of Professional Psychology (ABPP)	Date Granted: _____
	Specialty: _____
ASPPB Certificate of Professional Qualification in Psychology (CPQ)	Date Granted: _____
Canadian Register of Health Service Providers in Psychology (CRHSPP)	Date Granted: _____
National Register of Health Service Providers in Psychology (NRHSPP)	Date Granted: _____
OTHER CREDENTIALS	
Other	Date Granted: _____

Provide information on any professional psychology credential (ABPP, CPQ, National Register, etc.) that you currently hold or have held in the past. Applicants must make request that the issuing organization send verification of status of the credential directly to ASPPB.



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

LICENSURE/REGISTRATION HISTORY

LICENSES FOR PSYCHOLOGIST/MENTAL HEALTH PRACTITIONER

Are you or have you ever been licensed as a psychologist? Yes No

If yes, list all state/provinces/territories in which you have now or have ever held a license or certificate to practice as a Psychologist. Complete Section I of the Licensure/Certification/Registration Verification Form and return to the ASPPB via fax or email.

Jurisdiction:

Issue Date:

Licensure #:

License Type:

LICENSES FOR MENTAL OR NON-MENTAL HEALTH FIELD/PROFESSION

Are you or have you ever been licensed/registered in any other mental or non-mental health field or profession? Yes No

If yes, list all jurisdiction(s) and field and/or profession.

Jurisdiction:

Issue Date:

Licensure #:

Profession:

Status:

Active

Inactive

LICENSES FOR PSYCHOLOGIST/MENTAL HEALTH PRACTITIONER

Are you or have you ever been licensed/certified by any state or government agency other than a board of psychology or other mental health board such as Department of Public Instruction or Department of Education? Yes No

If yes, provide details below.

Provide information regarding all psychology or other mental health licenses/certificates/registrations that you currently hold or have previously held regardless of current status (i.e., active, inactive, lapsed, probationary, restricted, suspended, revoked, delinquent, etc.). Complete Section I of the Licensure/Certification/Registration Verification Form for each licensing entity listed and return the completed signed form to ASPPB by mail, fax, or email. ASPPB will verify all information directly with the licensing entity by utilizing the information provided in this section and on the Licensure/Certification/Registration Verification Form. Failure to provide accurate information will result in a delay in processing your application.



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

EDUCATION

INFORMATION ABOUT GRADUATE DEGREE PROGRAM

List all graduate education. An official transcript must be submitted directly to ASPPB by all institutions listed. If you completed respecialization training at another institution, submit official transcripts from both degree granting and respecialization training institutions. All doctoral level applicants must have their doctoral program verified. Please complete the applicable sections of the Verification of the Doctoral Education Program Form and return to ASPPB.

Institution*:

City:

State/Province:

Regional Accrediting Body:

Regional Accreditation Year:

Department*:

Program of Study*:

Degree*:

Date Degree Conferred*:

ASPPB Designation Year:

Year APA/CPA Approved:

Notes:

*indicates a required field

An official transcript(s) must be sent directly to ASPPB from all institutions of higher education granting credit for graduate study used to satisfy requirements for all graduate degrees obtained.

NOTE:

1. If you have completed your degree requirements but have not officially graduated at the time of this application, a letter of completion from faculty or equivalent of graduate studies can be submitted directly to ASPPB along with a transcript of credits earned. Letters from Program Directors and/or Professors are not acceptable. This letter may not be accepted by licensing boards.
2. An official transcript showing the date the degree was conferred and the degree earned must be received before your application will be deemed complete.



Association of State and Provincial Psychology Boards

Psychology Licensure Universal System Application Form

COURSES			
SCIENTIFIC & PROFESSIONAL ETHICS AND STANDARDS (Includes such courses as Professional Issues, Scientific & Professional Ethics in Psychology, Clinical Ethical Issues)			
Course Title:			
Institution:			
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:	
Course Number:	Number of Credits:	Hours of Instruction:	
Brief Description of Course Content:			
RESEARCH DESIGN AND METHODOLOGY (Includes such courses as Research Design, Research Proposal Design)			
Course Title:			
Institution:			
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:	
Course Number:	Number of Credits:	Hours of Instruction:	
Brief Description of Course Content:			
STATISTICS (Includes such courses as Statistics, Data Analysis, Quantitative Methods, Evaluation and Measurement)			
Course Title:			
Institution:			
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:	
Course Number:	Number of Credits:	Hours of Instruction:	
Brief Description of Course Content:			
PSYCHOMETRIC THEORY (Includes such courses as Test Construction, Measurement, Psychological Assessment)			
Course Title:			
Institution:			
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:	
Course Number:	Number of Credits:	Hours of Instruction:	
Brief Description of Course Content:			
BIOLOGICAL BASES OF BEHAVIOR (Includes such courses as Physiological Psychology, Comparative Psychology, Neuropsychology, Sensation and Perception, Psychopharmacology, Behavioral Neuroscience)			
Course Title:			
Institution:			



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:
Course Number:	Number of Credits:	Hours of Instruction:
Brief Description of Course Content:		
COGNITIVE-AFFECTIVE BASES OF BEHAVIOR (includes such courses as Learning, Thinking, Motivation, Emotion, Sensation, Perception, Cognition, Cognitive Psychology)		
Course Title:		
Institution:		
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:
Course Number:	Number of Credits:	Hours of Instruction:
Brief Description of Course Content:		
SOCIAL BASES OF BEHAVIOR (Includes such courses as Social Psychology, Group Processes, Organizational and Systems Theory, Introduction to Community Psychology, Social Foundations of Psychology)		
Course Title:		
Institution:		
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:
Course Number:	Number of Credits:	Hours of Instruction:
Brief Description of Course Content:		
INDIVIDUAL DIFFERENCES (includes such courses as Personality Theory, Human Development, Abnormal Psychology)		
Course Title:		
Institution:		
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:
Course Number:	Number of Credits:	Hours of Instruction:
Brief Description of Course Content:		
ASSESSMENT/EVALUATION (includes such courses as Psychological Assessment Techniques, Psychodiagnostic Assessment, Neuropsychological Assessment, Program Evaluation, IQ Testing, Projective Testing, Organizational Assessment)		
Course Title:		
Institution:		
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:
Course Number:	Number of Credits:	Hours of Instruction:
Brief Description of Course Content:		



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TREATMENT/INTERVENTION		
(Includes such courses as Psychotherapy, Counseling, Behavior Modification, Intervention Techniques, Career Counseling, Psychological Consulting, Organizational Consulting, Group Therapy Techniques, Organizational Change)		
Course Title:		
Institution:		
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:
Course Number:	Number of Credits:	Hours of Instruction:
Brief Description of Course Content:		
SUPERVISED PRACTICAL EXPERIENCE IN RENDERING PSYCHOLOGICAL SERVICES		
(Includes such courses as Practica, Field Work, Internship, etc.; as part of the doctoral program of studies)		
Course Title:		
Institution:		
Year Taken:	Academic Term: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	Semester/Quarter:
Course Number:	Number of Credits:	Hours of Instruction:
Brief Description of Course Content:		

When documenting graduate coursework in the core areas, submit catalog pages for the period of enrollment in the doctoral program. For any non-psychology courses on your transcript, you may also submit any back-up documentation, such as:

- 1) Course descriptions in a graduate catalog,
 - 2) Copies of course syllabi, or
 - 3) Letters from professors or department chairs. Note: You may be asked to provide additional information to verify that coursework meets the core area requirement. A course may be used to satisfy each core area requirement only once and, therefore, may not be repeated in any of the other areas.
- In regard to a typical semester course, three (3) credit hours is usually 45 instruction hours. Five (5) quarter hours is equivalent to three (3) semester hours. Fifteen (15) hours of classroom instruction is equal to one (1) semester credit.



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

EXAMINATION		
THE EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)		
Have you taken the Examination for Professional Practice in Psychology (EPPP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisdiction Exam Taken for:		
Name Registered for Exam:		
Date Exam Taken:	Form ID:	
Candidate ID:	Score:	
Exam Administration: <input type="checkbox"/> Computer <input type="checkbox"/> Paper		
STATE/PROVINCE/TERRITORY BOARD EXAMINATION		
Have you taken any State/Province/Territory Board Examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Exam:		
Jurisdiction Exam Taken for:		
Date Exam Taken:		
Format/Context:		
Exam Result: <input type="checkbox"/> Passed <input type="checkbox"/> Failed		
BOARD CERTIFICATION EXAMINATIONS		
Have you passed the Board Certified Behavior Analyst Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date Passed:
Have you passed the Board Certified Assistant Behavior Analyst Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date Passed:

Provide all information regarding the Examination for Professional Practice in Psychology (EPPP) if you have already taken it. If you have not previously taken the EPPP, approval and/or eligibility to sit for the exam from a licensing board is required before testing. After you have submitted a completed application for licensure with all supporting documentation, the licensing board will determine if you meet the eligibility requirements to be allowed to take the EPPP. ASPPB does not make this determination.

Provide information regarding any other exams you have taken while obtaining licensure/registration in the State/Province/Territory Board Exam section.



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

PRACTICUM TRAINING INFORMATION

I. AGENCY INFORMATION			
Title/Position*:			
Agency*:			
Address*:			
City*:	State/Province*:	Zip*:	
II. ATTESTING SUPERVISOR INFORMATION			
Name*:	Title:		
Email*:	Phone*:		
III. PRACTICUM SUPERVISION HOURS			
Total number of practicum hours (excluding all leave):			
Total number of face-to-face patient/client contact hours:			
Total number of hours of individual supervision by a Licensed Psychologist:			
Total number of hours of group supervision by a Licensed Psychologist:			
IV. PRACTICUM INFORMATION			
Practicum Course Title & Course Number*:			
Title/Position of Student*:		Term & Year (i.e. Spring, 2010)*:	
Practicum from Date*:		Practicum to Date*:	
Total Number of Weeks of Practicum*:		Average Hours Per Week of Practicum*:	
A. Total Number of Hours of Practicum:			
B. Total Number of Hours of Practicum in Service-Related Activities* ¹ :			
Description of Duties/Responsibilities*:			
C. Total Number of Hours of Individual Supervision by a Licensed Psychologist*:			
D. Total Number of Hours of Group Supervision by a Licensed Psychologist*:			
E. Total Number of Hours of Individual Supervision by a Non-licensed Psychologist or Other Mental Health Professional:			
F. Total Number of Hours of Group Supervision by a Non-licensed Psychologist or Other Mental Health Professional:			
G. Total Number of Hours of Supervision (C+D+E+F):			
H. Total Number of Hours of Supervision by a Licensed Psychologist (individual and group) (C+D):			
I. Total Number of Hours of Supervision by a Non-licensed Psychologist or Other Mental Health Professional (individual and group) (E+F):			
J. Percentage of Total Supervision by Licensed Psychologist (H/G*100):			
K. Percentage of Total Supervision by a Non-Licensed Psychologist or Other Mental Health Professional (I/G*100):			
<input type="checkbox"/> Ready for attestation (Check if this form is ready for attestation by supervisor)			

*indicates a required field

¹ Service-Related Activities are defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations.

Note: ASPPB will send verification form directly to your supervisor by email based on the information above. Provide information on all practicum settings.



Association of State and Provincial Psychology Boards

Psychology Licensure Universal System Application Form

PRE-DOCTORAL INTERNSHIP TRAINING INFORMATION

I. TRAINING AGENCY INFORMATION

Agency*:		
Address*:		
City*:	State/Province*:	Zip*:
Was this a formal internship required as part of your training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the internship APA accredited when the applicant completed training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the internship CPA accredited when the applicant completed training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the internship a member of APPIC when the applicant completed training? <input type="checkbox"/> Yes <input type="checkbox"/> No		

II. DIRECTOR OF INTERNSHIP INFORMATION

Name*:	Title:
Email*:	Phone*:

III. INTERNSHIP INFORMATION

Applicant's Title/Position*:	
Date Began*:	Date Ended*:
Number of interns in the program during the same period of your internship:	
Specialty Area:	
Duties and Responsibilities:	
Describe the clientele served:	
Remarks (optional):	

IV. INDIVIDUAL SUPERVISION

Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Individual Supervision A	Hours per Week of Individual Supervision B	Total Hours of Supervision (A x B)	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No				From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					

IV. GROUP SUPERVISION

Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Supervision A	Hours per Week of Supervision B	Total Hours of Supervision (A x B)	Number of Interns in Group	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						



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		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					

VI. INTERNSHIP SUPERVISION HOURS	
1. Total number of weeks of internship (excluding all leave)*:	
2. Average number of hours per week of internship*:	
3. Total number of hours of internship:	
4. Number of hours per week of individual supervision from all licensed psychologists*:	
5. Total number of hours of individual supervision from all licensed psychologists (#4 * #1):	
6. Number of hours per week of group supervision from all licensed psychologists*:	
7. Number of hours per week of individual and group supervision from all other licensed professionals*:	
8. Number of hours per week of supervision (individual & group) from licensed psychologists (#4 + #6):	
9. Total number of hours of supervision (individual & group) from licensed psychologists (#8 * #1):	
10. Number of hours in face-to-face patient/client contact per week*:	
11. Number of hours per week in psychological service-related activities, excluding face-to-face contact provided in question 10 above but includes report writing, scoring and analysis and documentation of treatment services*:	
12. Total number of hours of direct psychological services completed during this internship*:	
13. Total number of hours of general psychological services completed during this internship (General service may include such activities of applied research, program evaluation, program/personal consultation, teaching in areas pertinent to clinical practice, assessing public options, activities not included in Question 10 or 11 above, etc.)*:	
14. Percentage of the applicant's supervision provided by licensed psychologist(s)*:	

IX. SUPERVISION FROM OTHER HEALTH CARE PROFESSIONALS	
Professionals	Descriptions (Supervisor Names and Hours per Week etc.)
Psychiatrists	
Physicians	
Social Workers	
Nurses	
Others	
<input type="checkbox"/> Ready for attestation (Check if this form is ready for attestation by internship director)	

*indicates a required field

Provide all information regarding your internship experience.

Your official transcript should document credit hours awarded for internship. If the internship is not documented on your transcript, you must also submit verification from the head of your Department or Graduate School which includes the location, the nature and the length of your internship. If your program did not require an internship, you should note that information.

NOTE: Information in this section will be used by ASPPB to send the Internship Verification Form directly to the internship site training director. If complete contact information is not provided, your application will be delayed.



Association of State and Provincial Psychology Boards

Psychology Licensure Universal System Application Form

POSTDOCTORAL EXPERIENCE INFORMATION

I. TRAINING AGENCY INFORMATION

Agency*:		
Address*:		
City*:	State/Province*:	Zip*:

II. ATTESTING SUPERVISOR INFORMATION

Supervisor Name*:	Title:
Email*:	Phone*:

III. SUPERVISED EXPERIENCE INFORMATION

Title/Position*:	
Date Began*:	Date Ended*:
Training Type*:	
Specialty Area:	
Describe the clientele served:	
Your duties and responsibilities:	
Remarks (optional):	

IV. INDIVIDUAL SUPERVISION

Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Individual Supervision A	Hours per Week of Individual Supervision B	Total Hours of Supervision (A x B)	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No				From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					

V. GROUP SUPERVISION

Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Supervision A	Hours per Week of Supervision B	Total Hours of Supervision (A x B)	Number of Interns in Group	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						

VI. EXPERIENCE SUPERVISION HOURS

1. Total number of weeks of experience (excluding all leave)*:	
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Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

2. Average number of hours per week of experience*:	
3. Total number of hours of experience:	
4. Number of hours per week of individual supervision from all licensed psychologists*:	
5. Total number of hours of individual supervision from all licensed psychologists (#4 * #1):	
6. Number of hours per week of group supervision from all licensed psychologists*:	
7. Number of hours per week of individual and group supervision from all other licensed professionals*:	
8. Number of hours per week of supervision received (individual & group) from licensed psychologists (#4 + #6):	
9. Total number of hours of supervision (individual & group) from licensed psychologists (#8 * #1):	
10. Number of hours in face-to-face patient/client contact per week*:	
11. Number of hours per week in psychological service-related activities, excluding face-to-face contact provided in the question 10 above but includes report writing, scoring and analysis and documentation of treatment services*:	
12. Total number of hours of direct psychological services completed during this experience*:	
13. Total number of hours of general psychological services completed during this supervision (General service may include such activities of applied research, program evaluation, program/personal consultation, teaching in areas pertinent to clinical practice, assessing public options, services not included in questions 10 or 11 above, etc.)*:	
14. Percentage of the applicant's supervision provided by licensed psychologist(s)*:	
VII. SUPERVISION FROM OTHER HEALTH CARE PROFESSIONALS	
Professionals	Descriptions (Supervisor Names and Hours per Week etc.)
Psychiatrists	
Physicians	
Social Workers	
Nurses	
Others	
<input type="checkbox"/> Ready for attestation (Check if this form is ready for attestation by supervisor)	

*indicates a required field

This section would include any formal postdoctoral training, supervised experience (that is, in addition to internship or practicum), other experience not yet documented, and/or pre-doctoral supervised training. Provide all information regarding your supervised experience, if applicable.

NOTE: Information in this section will be used by ASPPB to send the Supervised Experience Verification Form directly to the identified supervisor. If complete contact information is not provided, your application will be delayed.



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

POST LICENSURE WORK EXPERIENCE HISTORY			
INFORMATION ON EMPLOYMENT			
*Title/Position:			
Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fulltime: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Begun:	Date Ended:	Hours per Week:	
Duties and Responsibilities:			
INFORMATION ABOUT THE EMPLOYER			
Employer:			
Address:			
City:	State/Province:	Zip:	
ATTESTER CONTACT INFORMATION			
Name*:	Title:		
Email*:	Phone*:		
<input type="checkbox"/> Ready of attestation			

*indicates a required field

Provide all information regarding your professional work experience starting with your most recent employer. DO NOT provide information regarding internship or postdoctoral supervised experience in this section.

Note: ASPPB will contact the attester directly for employment verification based on the information provided above.



Association of State and Provincial Psychology Boards Psychology Licensure Universal System Application Form

CONDUCT					
PERSONAL/PROFESSIONAL CONDUCT HISTORY QUESTIONNAIRE					
1. Has any jurisdiction (e.g., state, province, the District of Columbia, or U.S. possession or territory) rejected or denied your application for licensure/certification/registration as a psychologist or any other profession?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been disciplined (i.e., revocation, suspension, reprimand, censure, or any other publicly reported disciplinary action) by a psychology licensing body?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has any jurisdiction limited your practice in any way or by any other action?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been disciplined while holding any other professional license/registration/certificate?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been convicted of or entered a plea of guilty or <i>nolo contendere</i> to a criminal offense, felony, or misdemeanor (other than a minor traffic violation)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:		Place of Conviction (City, State/Province):			
Offense:					
Imprisonment	From:	To:	Probation	From:	To:
6. Have you ever voluntarily surrendered or restricted your professional license/registration/certificate in any jurisdiction?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been censured, reprimanded, dismissed, suspended, terminated or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been refused renewal of any professional license/registration/certificate for any reason in any jurisdiction?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you the subject of a current proceeding or outstanding/unresolved complaint or investigation in relation to the profession of psychology or any other profession?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever aided or abetted another individual in practicing psychology without a license or an exemption in any jurisdiction?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever practiced psychology without a license or exemption in any other jurisdiction?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you registered in any jurisdiction as a sex offender?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you physically or mentally incapable to render psychological services with reasonable skill, safety and competency at present?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you use drugs and/or alcohol to an extent that affects your professional competency?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Have you ever been party to a malpractice action or had a malpractice action brought against you or entered into a malpractice settlement?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you ever been subject to an action by an ethics committee of any professional organization in any jurisdiction?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended, or subjected to restrictions or been requested to withdraw or resign?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Has any third party payor (including Medicare and Medicaid), terminated, suspended, restricted or revoked your status as a provider for reasons related to your professional practice?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Have you ever had professional liability insurance cancelled?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Has any government agency ever substantiated allegations made against you for physical, mental, emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer "yes" to any of the questions above, provide brief explanation in corresponding comment area and complete the Personal/Professional Conduct History Information Form. Fax and email the completed form to ASPPB.



Association of State and Provincial Psychology Boards

Psychology Licensure Universal System Application Form

DECLARATION

A. INTENDED PSYCHOLOGICAL PRACTICE

Check the appropriate area(s) of intended psychological practice below.

1. Clinical Psychology	<input type="checkbox"/>	11. Rehabilitation Psychology	<input type="checkbox"/>
2. Counseling Psychology	<input type="checkbox"/>	12. Psychoanalysis Psychology	<input type="checkbox"/>
3. School Psychology	<input type="checkbox"/>	13. Research	<input type="checkbox"/>
4. Forensic Psychology	<input type="checkbox"/>	14. Clinical/Assessment Evaluation	<input type="checkbox"/>
5. Cognitive & Behavior Psychology	<input type="checkbox"/>	15. Consultation	<input type="checkbox"/>
6. Clinical Health Psychology	<input type="checkbox"/>	16. Treatment Services	<input type="checkbox"/>
7. Correctional	<input type="checkbox"/>	17. Applied Behavior Analysis Services	<input type="checkbox"/>
8. Academic (teaching psychology) ¹	<input type="checkbox"/>	18. Remote Services	<input type="checkbox"/>
9. Industrial/Organizational	<input type="checkbox"/>	19. Other (specify)	<input type="checkbox"/>
10. Clinical Neuropsychology	<input type="checkbox"/>		

B. ACTIVITIES AND SERVICES

Once you have indicated your area(s) of practice, use the corresponding numbers above to identify the activities and services you intend to provide and the clients to whom you will provide these services.

Client	Administration	Consultation	Assessment/Evaluation ²	Intervention/Treatment ³	Research	Other Service
Infants						
Children						
Adolescents						
Adults						
Elderly						
Families						
Groups						
Organizations						
Other Client						

C. LANGUAGES

You declare you are competent to provide services in the following languages:

- English
- Spanish
- French
- Others (specify)

¹ May not be considered an area of psychological practice in some jurisdictions

² Includes interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning

³ The theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders

All applicants are asked to state their areas on intended practice in psychology. The declaration will be considered in the context of the competencies identified in the educational preparation and experience of the applicant.



Association of State and Provincial Psychology Boards Licensure/Certification/Registration Verification Form

SECTION 1: Instructions for Applicant – Print your name and information of the jurisdictional agency to which you are requesting verification. Duplicate as needed. Return document(s), along with any fees required by the licensing agency (check payable directly to individual licensing entity) to the ASPPB.

Last Name:		First Name:		M.I.:
Social Security/Insurance Number:			Date of Birth:	
Type of License/Certification/Registration Held:			License/Certification/Registration #:	
Jurisdiction and address of licensing entity:				
<p>I hereby waive all right to confidentiality to the jurisdiction reporting herein, for the purpose of reporting to the Association of State and Provincial Psychology Boards (ASPPB), the information requested below including any and all complaints adjudicated, stipulated, or pending against me including participation in any program to which I have acknowledged impairment (physical, mental or substance).</p>				
Signature:			Date:	
Please complete Section 1 only and return form to: ASPPB Mobility Program P.O. Box 3079 Peachtree City, GA 3269				



Association of State and Provincial Psychology Boards Licensure/Certification/Registration Verification Form

SECTION 2: TO BE COMPLETED BY THE JURISDICTIONAL LICENSING AGENCY

Licensing Agency: _____	
Licensee: _____	License Number: _____
Issue Date: _____	Expiration Date: _____
Did your jurisdiction issue the original license/registration/certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Licensed by (check one): <input type="checkbox"/> Examination for Professional Practice in Psychology (EPPP) <input type="checkbox"/> Certification of Professional Qualification in Psychology (CPQ) <input type="checkbox"/> Professional Endorsement (specify): _____ <input type="checkbox"/> Reciprocity between jurisdictions (specify jurisdictions): _____ <input type="checkbox"/> Other (specify): _____	
Is the license current? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain: _____	
Has license/certification/registration been continuous since date of original license/registration/certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain: _____	
Has this individual ever acknowledged any impairment (physical, mental or substance) or participated in any impaired psychologist agreement/procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach any public record or details.	
Highest degree in psychology on which current license/registration/certificate is based: _____	
Does the applicant have any: a. current or previous restrictions, terms or limitations on his/her practice <input type="checkbox"/> Yes <input type="checkbox"/> No b. unresolved complaints <input type="checkbox"/> Yes <input type="checkbox"/> No c. complaints referred to discipline hearing or alternate resolution <input type="checkbox"/> Yes <input type="checkbox"/> No d. sanctions or censures <input type="checkbox"/> Yes <input type="checkbox"/> No e. past or current revocations or suspensions of licensure/registration <input type="checkbox"/> Yes <input type="checkbox"/> No f. other past disciplinary actions not covered above <input type="checkbox"/> Yes <input type="checkbox"/> No If answering "Yes" to any above, please provide details on a separate page and attach copies of any relevant documentation.	
Is there any other information pertinent to this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide a written explanation below: _____ _____	



Association of State and Provincial Psychology Boards Licensure/Certification/Registration Verification Form

SECTION 3: CERTIFICATION

Licensing Agency:

Person Completing Form:

Title:

Signature:

Date:

Please Affix Board Seal Here:

Mail completed form to:
ASPPB Mobility Program
P.O. Box 3079
Peachtree City, GA 3269



Association of State and Provincial Psychology Boards Verification of Doctoral Program Form

Please complete Sections I & II only and return form to:
ASPPB Mobility Program
P.O. Box 3079
Peachtree City, GA 3269

SECTION I: Contact Information – Please provide the contact information for the Head of the Doctoral Program. This form will be mailed based on the information provided.

Name of the Head/Chair of the Program/Director of Program/Major Advisor:

University:

Mailing Address:

Telephone Number:

Fax Number:

Email (if known):

SECTION II: Authorization to Release Information

Last Name:

First Name:

M.I.:

SSI/SSN:

Date of Birth:

Date of Graduation:

I am currently registering my credentials with the Association of State and Provincial Psychology Boards (ASPPB). As you may know, ASPPB acts as an agent to collect and verify credentials.

To facilitate this process, I hereby request:

- The Head of the Doctoral Program, or an authorized representative, to complete Section III of this form.

Please send this information directly to ASPPB in the enclosed postage-page self-addressed envelope. If you have any questions about this process, please contact ASPPB toll-free at 1-800-678-216-1175.

Signature:

Date:



Association of State and Provincial Psychology Boards Verification of Doctoral Program Form

SECTION III: TO BE COMPLETED BY THE HEAD OF THE DOCTORAL PROGRAM:

I confirm that _____
graduated from the _____ program (Official Major Program of Study)
housed in the _____ Academic Department (Official University Title) at
_____. Date degree was awarded: _____

The above named applicant requests your cooperation in verifying the following components of his/her program. Please respond to the following based upon the doctoral degree program requirements during the time when the applicant was enrolled.

A. The program completed by the above named applicant was, at the time of the individual's graduation:

- Accredited by the American Psychological Association (APA) Yes No
- Accredited by the Canadian Psychological Association (CPA) Yes No
- Designated by the Association of State and Provincial Psychology Boards/National Register Yes No

B. Answer E1 – E9, regardless of accreditation/designation status of the program.

E1. Was the above graduate degree in psychology received from an institution of higher education that was regionally accredited by an institution of higher education that was regionally accredited by bodies approved by the Commission on Recognition of Postsecondary Accreditation or its successor or a member of the Association of Universities and Colleges of Canada to grant doctoral degrees at the time the applicant received his/her degree? Yes No

E2. Was the program publicly identified and clearly labeled as a psychology program, specifying in pertinent institutional catalogs its intent to educate and train individuals to engage in the activities which constitute the practice of psychology? Yes No

State the title: _____

E3. Was the program an integrated, organized sequence of study as demonstrated by an identifiable curriculum track or tracks wherein course sequences were outlined? Yes No

E4. Did the program:

a. Require three years of full-time academic study or equivalent? Yes No

b. Require each student to complete at least two of the three years at the institution from which the degree was granted? Yes No

c. Require each student to compete at least one year in full-time residence on campus at the institution from which the degree was granted? (Residence means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction; Models that use face-to-face contact for shorter durations throughout a year or models that use video teleconferencing or other electronic means to meet the residency requirement are not acceptable as applies to the Mobility Program requirements) Yes No

From: _____ To: _____

E5. Was there an identifiable full-time psychology faculty in residence at the institution, and employed by and providing instruction at the home campus of the institution? Yes No

State the number of full-time psychology faculty in residence at the institution: _____

E6. Was there a psychologist responsible for the graduate program either as the administrative head, or as the advisor, major professor, or committee for chair the above applicant? Yes No

If yes, provide the psychologist's name and role: _____

E7. Did the program maintain clear authority and primary responsibility for the core and specialty areas whether or not the program crossed administrative lines? Yes No

E8. Did the program have an identifiable body of students in residence at the institution who were matriculated in the program for a degree? Yes No

E9. Did the doctoral program include supervised practicum, internship, field experience or laboratory training appropriate to the area of psychology practice that was supervised by a psychologist? Yes No



Association of State and Provincial Psychology Boards Verification of Doctoral Program Form

C. If you answered "no" to at least one question listed in Section B above, the following documentation must be submitted:

- A. Attach pages from institutional catalog(s) for the year the applicant entered the program which include a listing of the curriculum track or course of study for the program and course descriptions, and which document the following:
1. That the program of study provided the education and training appropriate for the practice of psychology;
 2. That the program stood as a recognized entity in the administrative unit in which it is located having responsibility for core and specialty areas;
 3. That the program of study provided a description of the residency requirement.
- B. Name of the faculty member(s) responsible for the applicant's graduate program in psychology and a list of the faculty who taught core and specialty courses in the program.

I certify that I have personal knowledge of the program evaluated above, in which the applicant received his/her graduate degree and that all answers marked on this form and any other information attached hereto are true and correct to the best of my knowledge.

Name of the Head of the Program/Director of the Program/Major Advisor

Name and Title of the person completing this form

Telephone Number

Signature of person completing this form

Date

Additional Information about the Reference

Are you a licensed as a psychologist?

State(s)/Provinces:

Are you certified as a Health Service Provider?

State(s)/Provinces:

What is your specialty area?

Return this signed and completed form to:

ASPPB PLUS
P.O. Box 3079
Peachtree City, GA 3269



Association of State and Provincial Psychology Boards

Practicum Verification Form

Practicum Verification Form

(Sections I through IV to be filled out by applicant, except for highlighted items in Section II)

I. AGENCY INFORMATION

Applicant Name:		
Title/Position:		
Agency:		
Address:		
City:	State/Province:	Zip:

II. ATTESTING SUPERVISOR INFORMATION

Name:	Title:	
Email:	Phone:	
Address:		
City:	State/Province:	Zip:
Degree:	Year Conferred:	Specialty Area:

III. PRACTICUM SUPERVISION HOURS

Total number of practicum hours (excluding all leave):	
Total number of face-to-face patient/client contact hours:	
Total number of hours of individual supervision by a Licensed Psychologist:	
Total number of hours of group supervision by a Licensed Psychologist:	

IV. PRACTICUM INFORMATION

Practicum Course Title & Course Number:			
Title/Position of Student:		Term & Year (i.e. Spring, 2010):	
Practicum from Date:		Practicum to Date:	
Total Number of Weeks of Practicum:		Average Hours Per Week of Practicum:	
A. Total Number of Hours of Practicum:			
B. Total Number of Hours of Practicum in Service-Related Activities:			
Description of Duties/Responsibilities:			
C. Total Number of Hours of Individual Supervision by a Licensed Psychologist:			
D. Total Number of Hours of Group Supervision by a Licensed Psychologist:			
E. Total Number of Hours of Individual Supervision by a Non-licensed Psychologist or Other Mental Health Professional:			
F. Total Number of Hours of Group Supervision by a Non-licensed Psychologist or Other Mental Health Professional:			
G. Total Number of Hours of Supervision (C+D+E+F):			
H. Total Number of Hours of Supervision by a Licensed Psychologist (individual and group) (C+D):			
I. Total Number of Hours of Supervision by a Non-licensed Psychologist or Other Mental Health Professional (individual and group) (E+F):			



Association of State and Provincial Psychology Boards Practicum Verification Form

J. Percentage of Total Supervision by Licensed Psychologist (H/G*100):	
K. Percentage of Total Supervision by a Non-Licensed Psychologist or Other Mental Health Professional (I/G*100):	
V. ATTESTATION INFORMATION (SECTION V TO BE FILLED OUT BY ATTESTER)	
A. Is the above information provided by the applicant correct? If "No", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Did this setting have, as part of its organizational mission, a goal of training professional psychologists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Did this setting have a licensed/registered psychologist identified as the person responsible for maintaining the integrity and quality of the experience of the practicum student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Did the applicant's graduate training program provide oversight for this practicum experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Was the practicum experience based on appropriate academic preparation of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Was the practicum part of an organized, sequential series of supervised experiences of increasing complexity for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Was there a written training plan between the student, the practicum training site, and the graduate training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Was the practicum training an extension of the applicant's academic coursework?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Did the student successfully complete the practicum?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Association of State and Provincial Psychology Boards

Internship Verification Form

Internship Verification Form

(Sections I through VI and IX to be filled out by applicant)

I. TRAINING AGENCY INFORMATION

Applicant Name:		
Agency:		
Address:		
City:	State/Province:	Zip:
Was this a formal internship required as part of your training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the internship APA accredited when the applicant completed training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the internship CPA accredited when the applicant completed training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the internship a member of APPIC when the applicant completed training? <input type="checkbox"/> Yes <input type="checkbox"/> No		

II. DIRECTOR OF INTERNSHIP INFORMATION

Name:	Title:
Email:	Phone:

III. INTERNSHIP INFORMATION

Applicant's Title/Position:	
Date Began:	Date Ended:
Number of interns in the program during the same period of your internship:	
Specialty Area:	
Duties and Responsibilities:	
Describe the clientele served:	
Remarks (optional):	

IV. INDIVIDUAL SUPERVISION

Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Individual Supervision A	Hours per Week of Individual Supervision B	Total Hours of Supervision (A x B)	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No				From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					



Association of State and Provincial Psychology Boards Internship Verification Form

IV. GROUP SUPERVISION									
Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Supervision A	Hours per Week of Supervision B	Total Hours of Supervision (A x B)	Number of Interns in Group	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						

VI. INTERNSHIP SUPERVISION HOURS	
1. Total number of weeks of internship (excluding all leave):	
2. Average number of hours per week of internship:	
3. Total number of hours of internship:	
4. Number of hours per week of individual supervision from all licensed psychologists:	
5. Total number of hours of individual supervision from all licensed psychologists (#4 * #1):	
6. Number of hours per week of group supervision from all licensed psychologists:	
7. Number of hours per week of individual and group supervision from all other licensed professionals:	
8. Number of hours per week of supervision (individual & group) from licensed psychologists (#4 + #6):	
9. Total number of hours of supervision (individual & group) from licensed psychologists (#8 * #1):	
10. Number of hours in face-to-face patient/client contact per week:	
11. Number of hours per week in psychological service-related activities, excluding face-to-face contact provided in question 10 above but includes report writing, scoring and analysis and documentation of treatment services:	
12. Total number of hours of direct psychological services completed during this internship:	
13. Total number of hours of general psychological services completed during this internship (General service may include such activities of applied research, program evaluation, program/personal consultation, teaching in areas pertinent to clinical practice, assessing public options, activities not included in Question 10 or 11 above, etc.):	
14. Percentage of the applicant's supervision provided by licensed psychologist(s):	

IX. SUPERVISION FROM OTHER HEALTH CARE PROFESSIONALS	
Professionals	Descriptions (Supervisor Names and Hours per Week etc.)
Psychiatrists	
Physicians	
Social Workers	
Nurses	
Others	

VII. OPTIONAL COMMENTS REGARDING SECTIONS IV, V, AND VI



Association of State and Provincial Psychology Boards Internship Verification Form

VIII. QUESTIONNAIRE	
Applicant's Title/Position:	
1. Is the information provided by the applicant correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", explain:	
2. Was all coursework (except dissertation) completed prior to internship beginning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was the internship a planned, programmed sequence of training experiences with a primary focus assuring both breadth and quality of training in contrast to simply supervised experience or on-the-job training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the internship provide training in a range of assessment and treatment activities conducted directly with patients or clients seeking psychological services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Was this experience completed on a full-time basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Were there any periods of extended leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", explain:	
7. Was at least 25 percent of the trainee's time in direct patient or client content?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Was the internship at the post-clerkship, post-practicum, and post-externship level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Was a written statement and brochure describing the goals and content of the internship, and stating clear expectations for the quality and quantity of the trainee's work furnished to all prospective interns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Was a licensed and clearly designated staff psychologist of the internship agency responsible for the integrity and quality of the training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Was at least half of all the supervision in regularly scheduled, formal, face-to-face individual meetings with licensed psychologist supervisors with the intent of dealing with psychological services rendered directly by the intern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. How many licensed psychologist supervisors were there for this applicant during this internship?	
13. How many interns were in the program at the doctoral level during the entire period of training?	
14. Did the internship take place in a health service setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did the internship take place in a private practice setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Did this applicant successfully complete the internship at a satisfactory level of performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", explain:	
17. Prior to, or during the training, did any of this applicant's supervisors have a familial or financial relationship with this applicant or was the applicant the employee or employer of a supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", explain:	
18. Was any credit given to this applicant for activities completed before the starting date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", explain:	
19. Was any credit given to this applicant for activities performed which were not directly under the supervision and control by your organization or facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", explain:	



Association of State and Provincial Psychology Boards

Supervised Experience Verification Form

Supervised Experience Verification Form

(Sections I through VII to be filled out by applicant)

I. TRAINING AGENCY INFORMATION

Applicant Name:

Agency:

Address:

City:

State/Province:

Zip:

II. ATTESTING SUPERVISOR INFORMATION

Supervisor Name:

Title:

Email:

Daytime Phone:

III. SUPERVISED EXPERIENCE INFORMATION

Applicant's Title/Position:

Date Began:

Date Ended:

Training Type:

Specialty Area:

Describe the clientele served:

Your duties and responsibilities:

Remarks (optional):

IV. INDIVIDUAL SUPERVISION

Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Individual Supervision A	Hours per Week of Individual Supervision B	Total Hours of Supervision (A x B)	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No				From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					

V. GROUP SUPERVISION

Supervisor's Name (List Primary First)	Supervisor Degree	Was Supervisor Licensed?		Weeks of Supervision A	Hours per Week of Supervision B	Total Hours of Supervision (A x B)	Number of Interns in Group	Period of Supervision	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No					From MM/YY	To MM/YY
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No						



Association of State and Provincial Psychology Boards Supervised Experience Verification Form

VI. EXPERIENCE SUPERVISION HOURS	
1. Total number of weeks of experience (excluding all leave):	
2. Average number of hours per week of experience:	
3. Total number of hours of experience:	
4. Number of hours per week of individual supervision from all licensed psychologists:	
5. Total number of hours of individual supervision from all licensed psychologists (#4 * #1)	
6. Number of hours per week of group supervision from all licensed psychologists:	
7. Number of hours per week of individual and group supervision from all other licensed professionals:	
8. Number of hours per week of supervision received (individual & group) from licensed psychologists (#4 + #6):	
9. Total number of hours of supervision (individual & group) from licensed psychologists (#8 * #1):	
10. Number of hours in face-to-face patient/client contact per week:	
11. Number of hours per week in psychological service-related activities, excluding face-to-face contact provided in the question 10 above but includes report writing, scoring and analysis and documentation of treatment services:	
12. Total number of hours of direct psychological services completed during this experience:	
13. Total number of hours of general psychological services completed during this supervision (General service may include such activities of applied research, program evaluation, program/personal consultation, teaching in areas pertinent to clinical practice, assessing public options, services not included in questions 10 or 11 above, etc.):	
14. Percentage of the applicant's supervision provided by licensed psychologist(s):	
VII. SUPERVISION FROM OTHER HEALTH CARE PROFESSIONALS	
Professionals	Descriptions (Supervisor Names and Hours per Week etc.)
Psychiatrists	
Physicians	
Social Workers	
Nurses	
Others	
VIII. EXPERIENCE ATTESTATION (SECTION VIII TO BE FILLED OUT BY ATTESTER)	
1. Is the information provided by the applicant correct? If "No", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was this experience completed on a full-time basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were there any periods of extended leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the experience take place in a health service setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the experience take place in a private practice setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did this applicant successfully complete the supervised experience at a satisfactory level of performance? If "No", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Prior to, or during the training, did any of this applicant's supervisors have a familial or financial relationship with this applicant or was the applicant the employee or employer of a supervisor? If "Yes", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Was any credit given to this applicant for activities completed before the starting date? If "Yes", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No



Association of State and Provincial Psychology Boards Supervised Experience Verification Form

9. Was any credit given to this applicant for activities which were not directly under the supervision and control by your organization or facility? Yes No

If "Yes", explain:

10. Do you recommend this applicant for licensure? Yes No

If "No", explain:



Association of State and Provincial Psychology Boards Personal/Professional Conduct History Information Form

Personal/Professional Conduct History Information Form					
<p>If you responded "yes" to any question in the PERSONAL/PROFESSIONAL CONDUCT HISTORY section on the Demographic Application Form, you must complete this form. The information requested on this form may be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form may be considered a false statement on an application. I also understand that the jurisdiction to which I am applying may require additional information regarding any offense listed below.</p>					
Last Name:		First Name:		M.I.:	
Home Address:					
City:		State/Province:		Zip:	
Home Phone:			Date of Birth:		
Email Address:					
SSN/SSI:					
CONVICTIONS AND PENDING CHARGES					
Date:		Place of Conviction (City, State/Province):			
Offense:					
Imprisonment	From:	To:	Probation	From:	To:
ADDITIONAL INFORMATION FOR QUESTIONS ON DEMOGRAPHIC FORM					
Question #	Comments				
<p>I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, and/or revocation of any credential granted me based on this information.</p>					
Signature:				Date:	



Association of State and Provincial Psychology Boards Application and/or Documentation Deposit Form

Declaration of Intended Psychological Practice

Applicant Name (Last, First, M.I.):

All applicants are asked to state their areas of intended practice in psychology. The declaration will be considered in the context of the competencies identified in the educational preparation and experience of the applicant.

A. Check the appropriate area(s) of intended psychological practice below:

1. Clinical Psychology	<input type="checkbox"/>	11. Rehabilitation Psychology	<input type="checkbox"/>
2. Counseling Psychology	<input type="checkbox"/>	12. Psychoanalysis Psychology	<input type="checkbox"/>
3. School Psychology	<input type="checkbox"/>	13. Research	<input type="checkbox"/>
4. Forensic Psychology	<input type="checkbox"/>	14. Clinical/Assessment Evaluation	<input type="checkbox"/>
5. Cognitive & Behavior Psychology	<input type="checkbox"/>	15. Consultation	<input type="checkbox"/>
6. Clinical Health Psychology	<input type="checkbox"/>	16. Treatment Services	<input type="checkbox"/>
7. Correctional	<input type="checkbox"/>	17. Applied Behavior Analysis Services	<input type="checkbox"/>
8. Academic (teaching psychology) ¹	<input type="checkbox"/>	18. Remote Services	<input type="checkbox"/>
9. Industrial/Organizational	<input type="checkbox"/>	19. Other (specify)	<input type="checkbox"/>
10. Clinical Neuropsychology	<input type="checkbox"/>		

¹ May not be considered an area of psychological practice in some jurisdictions

B. Once you have indicated your area(s) of practice, use the corresponding numbers above to identify the activities and services you intend to provide and the clients to whom you will provide these services.

Client	Administration	Consultation	Assessment/Evaluation ²	Intervention/Treatment ³	Research	Other (specify)
Infants						
Children						
Adolescents						
Adults						
Elderly						
Families						
Groups						
Organizations						
Other (specify)						

² Includes interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning

³ The theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders

C. You declare you are competent to provide services in the following languages:

- English
- Spanish
- French
- Others (specify)

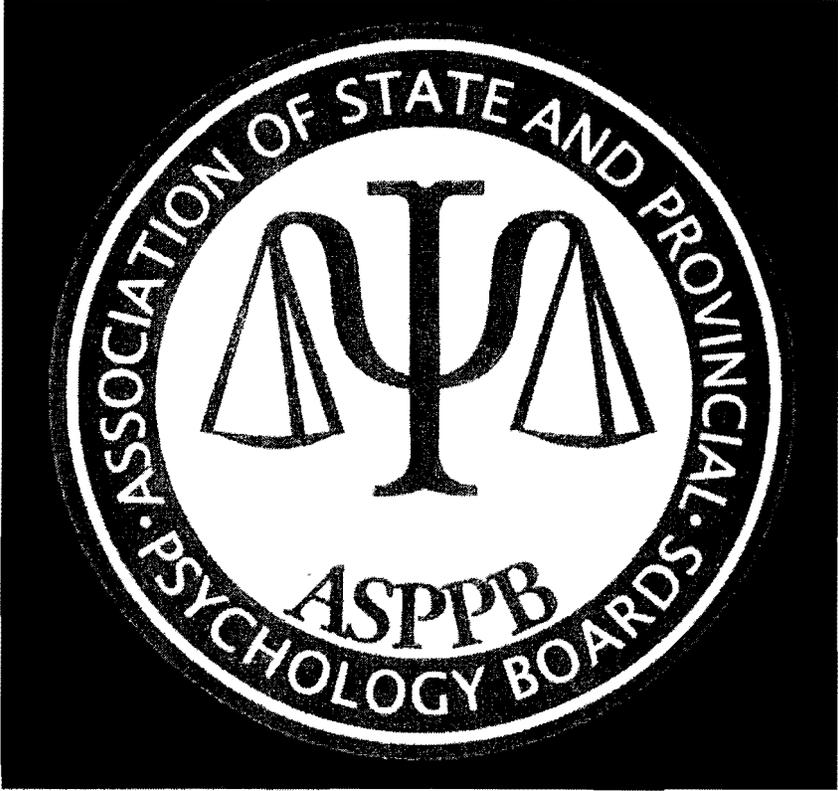


Association of State and Provincial Psychology Boards Application and/or Documentation Deposit Form

D. Describe the areas in which you believe you are competent to offer psychological services by virtue of your education and training. Specify each area by using descriptive phrases such as: "Individual diagnostic evaluations using objective and projective techniques;" "Play therapy with young children;" "Group validation of personnel selection instruments." Briefly support each area of competence with relevant coursework, training, supervision or continuing professional education. You may list as many competencies as you wish. Any area of competence may be selected and used as a part of your oral examination. Duplicate if necessary.

Declared Competency:			
Course Number and Title:			
Content as described in official catalog or syllabus:			
Supervised Experience Site:		Dates From:	To:
Supervisor:		Total Hours:	
Supervised Experience Site:		Dates From:	To:
Supervisor:		Total Hours:	
Applicant's Signature:		Date:	
Mail completed form to: ASPPB Mobility Program P.O. Box 3079 Peachtree City, GA 3269			





State of Nevada Board of Psychological Examiners
APPLICATION CHECKLIST
(Items Needed from ASPPB for Review in Nevada)

APPLICANT NAME: _____

DATE: 04/22/2013

References	<u>1 of 3</u>	
Demographics	<u>yes</u>	
Credentials	<u>n/a</u>	Verification if yes: <u>n/a</u>
Licensure	<u>yes</u>	Verification form if yes: <u>yes</u>
Education	<u>yes</u>	Doctoral verification form: <u>yes</u>
Courses	<u>yes</u>	Checked to Transcript: <u>yes</u>
Doctoral Transcript:	<u>yes</u>	
Examination:	<u>yes</u>	Verification if yes: <u>yes</u>
Internship: (Minimum)	<u>yes</u>	Attested <u>yes</u>
Experience (Minimum)	<u>yes</u>	Attested <u>yes</u>
Conduct	<u>n/a</u>	Explanation if yes: <u>n/a</u>
Declaration:	<u>yes</u>	

DEMOGRAPHICS

Demographics

PERSONAL INFORMATION

Email Address:	
Last Name:	
First Name:	
Middle Name:	
Maiden Name:	
Suffix:	
Gender:	Female
Citizenship:	USA
Professional Name:	
Other Current Names:	
Other Names:	
Place of Birth:	Santa Fe, New Mexico
Date of Birth:	
SSN/SIN:	
Languages:	English
Disability Accommodations:	No

BUSINESS ADDRESS

Business Name:					
Address 1:					
Address 2:					
City:	Santa Ana	State/Province:	CA	Zip:	92701

HOME ADDRESS

†Address 1:					
Address 2:					
City:	Placentia	State/Province:	CA	Zip:	92870

PERMANENT ADDRESS

Address 1:					
Address 2:					
City:	Placentia	State/Province:	CA	Zip:	92870

† Checked for Preferred Mailing Address

PHONES AND FAX

Business Phone:		Fax:	
Home Phone:		Cell Phone:	

DECLARATION OF INTENDED PRACTICE

RECEIVED APR 11 2013



ASPPB Psychology Licensure Universal System Application and/or Documentation Deposit

Applicant Name (Last, First, M.I.):

Declaration of Intended Psychological Practice

All applicants are asked to state their areas of intended practice in psychology. The declaration will be considered in the context of the competencies identified in the educational preparation and experience of the applicant.

A. Check the appropriate area(s) of intended psychological practice below:

1. Clinical Psychology	<input checked="" type="checkbox"/>	8. Academic (teaching psychology)*	<input checked="" type="checkbox"/>
2. Counseling Psychology	<input type="checkbox"/>	9. Industrial/Organizational	<input type="checkbox"/>
3. School Psychology	<input type="checkbox"/>	10. Clinical Neuropsychology	<input type="checkbox"/>
4. Forensic Psychology	<input type="checkbox"/>	11. Rehabilitation Psychology	<input type="checkbox"/>
5. Cognitive & Behavior Psychology	<input type="checkbox"/>	12. Psychoanalysis Psychology	<input type="checkbox"/>
6. Clinical Health Psychology	<input type="checkbox"/>	13. Research	<input type="checkbox"/>
7. Correctional	<input type="checkbox"/>	14. Other (specify)	<input type="checkbox"/>

*May not be considered an area of psychological practice in some jurisdictions

B. Once you have indicated your area(s) of practice, use the corresponding numbers above to identify the activities and services you intend to provide and the clients to whom you will provide these services.

Clients	Administration	Consultation	Assessment/ Evaluation**	Intervention/ Treatment***	Research	Other (specify)
Infants						
Children						
Adolescents	1	1	1	1		
Adults	1, 8	1	1	1		8
Elderly			1			
Families			1			
Groups			.	2		
Organizations						
Other (specify)						

** Includes interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning

*** Includes the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders

LICENSURE VERIFICATION FORM

LICENSURE/CERTIFICATION/REGISTRATION VERIFICATION FORM

SECTION 1: Instructions for Applicant: Print your name and information for the jurisdictional agency to which you are requesting verification. Forward this document along with any applicable fees for every jurisdiction where you have ever held a professional license to ASPPB. Please check directly with the jurisdiction to ascertain applicable fees.

Last Name: _____		First Name: _____		Middle Initial: <i>0</i>
Jurisdiction: <i>CALIFORNIA</i>		Type of License/Certification/Registration held: <i>CL 2240</i>		
License/Certification/Registration #: <i>PSY</i>		<i>PS, 2710213157</i>		
Social Security/Insurance Number: _____		Date of Birth: <i>07/14/73</i>		

I hereby waive all right to confidentiality to the jurisdiction reporting herein, for the purpose of reporting to the Association of State and Provincial Psychology Boards (ASPPB), the information requested below including any and all complaints adjudicated, stipulated, or pending against me including participation in any program to which I have acknowledged impairment (physical, mental or substance).

Signature: _____ Date: *2/19/03*

Please complete Section 2 only and return form to: **ASPPB Mobility Program**
P. O. Box 3079
Peachtree City, GA 30269

SECTION 2: TO BE COMPLETED BY THE JURISDICTIONAL LICENSING AGENCY

Licensing Agency: _____

Licensee: _____

License Number: _____ Issue Date: _____ Expiration Date: _____
 yes no

Did your jurisdiction issue the original license/registration/certification? _____

- Licensed by (check one):
- Examination for Professional Practice in Psychology (EPPP)
 - Certification of Professional Qualification in Psychology (CPQ)
 - Professional Endorsement (specify): _____
 - Reciprocity between jurisdictions (specify jurisdictions) _____
 - Other (specify): _____

EDUCATIONAL INFORMATION

Education

INFORMATION ABOUT GRADUATE DEGREE PROGRAM				
Degree	Date Conferred	Institution	Department	Program
Ph.D.	06/14/1996	California School of Professional Psychology - San Diego	Psychology	Clinical Psychology
INFORMATION ABOUT DOCTORAL PROGRAM				
Training Director for Doctoral Program (this information has been verified):				
*Name:				
*Address: Alliant International University San Diego 10455 Pomerado Road				
*City: San Diego		*State/Province: CA		*Zip: 92131
*Email:			*Phone:	
1. Was your doctoral degree in psychology obtained from an institution of higher education that was regionally accredited by bodies recognized by the U.S. Department of Education and/or the Council of Higher Education Accreditation (CHEA) or holds a membership in the Association of Universities and Colleges of Canada to grant graduate degrees at the time you received your degree?				Yes
2. Was your program accredited by the American Psychological Association or the Canadian Psychological Association at the time your doctoral degree was conferred?				Yes
3. Was your program listed as a Designated Doctoral Program in Psychology by ASPPB/National Register at the time your doctoral degree was conferred?				Unknown
4. Did your program require three (3) years of full-time (or equivalent) graduate study, not including internship or postdoctoral supervised experience, one year of which was in continuous residence on campus?				Yes
5. Was your program clearly labeled and publicly identified as a psychology program (i.e., transcript, university catalog, etc.)?				Yes
6. Did your program have an integrated, organized sequence of study?				Yes
7. Did your program include at least one year of full-time continuous residency at the institution granting the doctoral degree? Dates of Residency: From 07/01/1989 To 06/01/1996				Yes
8. Did your program have an identifiable full-time psychology faculty and a psychologist responsible for the program in residence at the institution, in size and breadth sufficient to carry out its responsibilities, employed by and providing instruction at the home campus of the institution?				Yes
9. Did your program have supervised practicum, internship, field experience or laboratory training appropriate to the area of psychology practice and specialty with such experiences supervised by a psychologist?				Yes
10. Did your program have an identifiable body of students in residence at the institution who were matriculated in that program for a degree?				Yes

COGNITIVE-AFFECTIVE BASES OF BEHAVIOR

Includes such courses as Learning, Thinking, Motivation, Emotion, Sensation, Perception, Cognition, Cognitive Psychology

Course Title	Institution	Year	Term	Course Number	Credit	Hours
Psychology of Learning	University of Nevada at Las Vegas	1988	Fall	PSY 420	3	45
Advanced Psychology of Cognition and Emotion	Alliant International University - CSPP San Diego	1990	Spring	T721a	2	30

SOCIAL BASES OF BEHAVIOR

Includes such courses as Social Psychology, Group Processes, Organizational and Systems Theory, Introduction to Community Psychology, Social Foundations of Psychology

Course Title	Institution	Year	Term	Course Number	Credit	Hours
Proseminar II: Social Psychology	Alliant International University - CSPP San Diego	1991	Spring	T721b	3	45

INDIVIDUAL DIFFERENCES

Includes such courses as Personality Theory, Human Development, Abnormal Psychology

Course Title	Institution	Year	Term	Course Number	Credit	Hours
Personality	University of Nevada at Las Vegas	1989	Spring	PSY 430	3	45
Theories of Personality, Pathology and Psychotherapy I: Psychoanalytic	Alliant International University - CSPP San Diego	1989	Fall	T501	3	45
Advanced Developmental Psychology	Alliant International University - CSPP San Diego	1990	Spring	T698	3	45
Theories of Personality, Pathology and Psychotherapy II: Existential	Alliant International University - CSPP San Diego	1990	Spring	T539	3	45
Humanities Forum: New Paradigm	Alliant International University - CSPP San Diego	1990	Spring	H480	2	30
Descriptive Psychopathology: DSM III-R	Alliant International University - CSPP San Diego	1990	Summer	T506	2	30
Theories of Personality, Pathology and Psychotherapy III: Behavioral/Social Learning	Alliant International University - CSPP San Diego	1991	Spring	T532	3	45
Creativity and Creative Writing	Alliant International University - CSPP San Diego	1991	Spring	H321	2	30
Individual Project in the Humanities (Independent Study)	Alliant International University - CSPP San Diego	1991	Summer	H200	2	30
Myth and Archetype	Alliant International University - CSPP San Diego	1991	Fall	H271	2	30
Advanced Psychopathology	Alliant International University - CSPP San Diego	1991	Fall	T801	3	45
Comparative Cultures: Ritual and Healing	Alliant International University - CSPP San Diego	1991	Winter	H471	2	30
Trickster Motif in Myth and Analysis	Alliant International University - CSPP San Diego	1993	Winter	H217	2	30

ASSESSMENT/EVALUATION

Includes such courses as Psychological Assessment Techniques, Psychodiagnostic Assessment, Neuropsychological Assessment, Program Evaluation, IQ Testing, Projective Testing, Organizational Assessment

Course Title	Institution	Year	Term	Course Number	Credit	Hours
Psychodiagnostic Assessment: Assessment of Intelligence	Alliant International University - CSPP San Diego	1990	Spring	P516	4	60
Psychodiagnostic Assessment IV: Objective Testing	Alliant International University - CSPP San Diego	1990	Fall	P516d	3	45
Psychodiagnostic Assessment V:	Alliant International University -	1991	Fall	P516e	3	45

Official Transcript

Student ID: _____

Name: _____

02/19/2013

Page 4 of 1

Order Nbr. _____

909259775

1985 Spring Term
BACHELOR OF SCIENCE
WITH HIGH DISTINCTION
BIOLOGY (PRE-PROFESSIONAL)
MAY 24, 1985

Beginning of Graduate Record

1988 Spring		AC	EM	GR
Grade Basis	Cross-Career	No Earned	Hrs or GPA	
All	Earned	Points	GPA	GP Ra
1.00	1.00	0.00	0.00	0.00
Term Totals				

1988 Summer		AC	EM	GR
Grade Basis	Cross-Career	No Earned	Hrs or GPA	
All	Earned	Points	GPA	GP Ra
1.00	0.00	0.00	0.00	0.00
Term Totals				

1988 Fall		AC	EM	GR
Grade Basis	Cross-Career	No Earned	Hrs or GPA	
All	Earned	Points	GPA	GP Ra
2.00	0.00	0.00	0.00	0.00
Term Totals				

1989 Spring		AC	EM	GR
Grade Basis	Cross-Career	No Earned	Hrs or GPA	
All	Earned	Points	GPA	GP Ra
6.00	0.00	0.00	0.00	0.00
Term Totals				

Graduate Career Totals					
Cumulative Totals	All	Earned	Points	GPA	GP Ra
	21.00	0.00	0.00	0.00	0.00

Beginning of Undergraduate Record

TRANSFER CREDIT FROM SLE		Transfer/Test Credits		Grade
Points	Grades	Points	Grades	
0.00	0.00	0.00	0.00	
Term Totals				

Archival Data

Points	Grades	Points	Grades	Points	Grades
Transfer	Test	Transfer	Test	Transfer	Test
0.00	0.00	0.00	0.00	0.00	0.00
Term Totals					

1984 Fall

Points	Grades	Points	Grades	Points	Grades
Transfer	Test	Transfer	Test	Transfer	Test
0.00	0.00	0.00	0.00	0.00	0.00
Term Totals					

1985 Spring

Points	Grades	Points	Grades	Points	Grades
Transfer	Test	Transfer	Test	Transfer	Test
0.00	0.00	0.00	0.00	0.00	0.00
Term Totals					

Undergraduate Career Totals		Cumulative Totals	
Points	Grades	Points	Grades
70.00	134.00	267.54	3.88

End of Official Transcript

ASPPB Mobility Program
PO Box 3079
Peachtree City, GA 30269
United States



THIS OFFICIAL UNIVERSITY TRANSCRIPT DOES NOT REQUIRE A RAISED SEAL

JOHN P. PANZICA
OFFICE OF THE REGISTRAR

Name: C
 Addr: 3

ID#

Alliant International University
 10455 Pomerado Road
 San Diego, CA 92131

Matriculation Date:

Class: Doctoral
 School: CA School of Prof Psych

Degree: Doctor of Philosophy Clinical Psychology(APA)

----- Fall Semester 1989 -----

H201	Ethics/Cultural Contexts & Heali	3.00	CR
1500a	Advanced Statistics I	3.00	CR
P001	Introduction to Prof. Psychology	1.00	CR
P501	Theory & Pract Psychrpy I: Intr	3.00	CR
T501	Thrys Persnlty Path: Psychoanaly	3.00	CR

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	13.00	13.00	0.00	0.00	0.000
Cum	13.00	13.00	0.00	0.00	0.000

----- Spring Semester 1990 -----

H480	Humanities Forum: New Paradigm	2.00	CR
1500b	Advanced Statistics II	3.00	CR
P516	PsyAsmntII: Assmt. of Intelligen	4.00	CR
T539	Thrys Persnlty: Existential	3.00	CR
T698	Advanced Developmental Psycholog	3.00	CR
T721a	Pro Seminar I: Cognition & Emoti	2.00	CR

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	17.00	17.00	0.00	0.00	0.000
Cum	30.00	30.00	0.00	0.00	0.000

----- Post-Session 1990 -----

T506	Descriptive Psychopathology-DSM-	2.00	CR
------	----------------------------------	------	----

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	2.00	2.00	0.00	0.00	0.000
Cum	32.00	32.00	0.00	0.00	0.000

----- Summer Term 1990 -----

F600	Pract Prof Psy	0.00	CR
------	----------------	------	----

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	0.00	0.00	0.00	0.00	0.000
Cum	32.00	32.00	0.00	0.00	0.000

----- Fall Semester 1990 -----

F600	Practicum in Professional Psycho	4.00	CR
1510	Principles of Research Design	3.00	CR
P516d	Psy Asmnt IV: Obj Tatng w/ Lab	3.00	CR
T721c	Pro Seminar III: Adv Physio Psyc	2.00	CR

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	12.00	12.00	0.00	0.00	0.000
Cum	44.00	44.00	0.00	0.00	0.000

----- Spring Semester 1991 -----

F600	Practicum in Professional Psycho	4.00	CR
H321	Creativity & Creative Writing	2.00	CR
1701a	Dissertation Design Group	1.00	CR
P875	Clinical Aspects of Dream Interp	3.00	WD
T532	Thrys Persnlty: Behavioral/Socia	3.00	CR
T721b	Pro Seminar II: Social Psycholog	3.00	CR

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	16.00	13.00	0.00	0.00	0.000
Cum	60.00	57.00	0.00	0.00	0.000

----- Post-Session 1991 -----

H471	Comp Cult:	2.00	CR
------	------------	------	----

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	2.00	2.00	0.00	0.00	0.000
Cum	62.00	59.00	0.00	0.00	0.000

----- Summer Term 1991 -----

H200	Ind Study: Mythic Drama: Clas &	2.00	CR
------	---------------------------------	------	----

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	2.00	2.00	0.00	0.00	0.000
Cum	64.00	61.00	0.00	0.00	0.000

----- Fall Semester 1991 -----

H271	Myth & Archetype:	2.00	CR
1801b	Doctoral Dissertation (Research	3.00	CR
P516e	Psy Asmnt V: Projective Testing	3.00	CR
P517	Projective Testing Laboratory	1.00	CR
P805	I & P Psychrpy: Indiv (Psychdyna	3.00	CR
1801	Advanced Psychopathology	3.00	CR

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	15.00	15.00	0.00	0.00	0.000
Cum	79.00	76.00	0.00	0.00	0.000

----- Spring Semester 1992 -----

1801b	Doctoral Dissertation (Research	3.00	CR
P516f	Psych Asmnt VI: Clinical Inference	3.00	CR
P805	I & P Psychrpy: Indiv (Psychdyna	3.00	CR
P875	Clinical Aspects of Dream Interp	3.00	CR

	Reg Hrs	Passed	Quality	Q-Pts.	GPA
Sess	12.00	12.00	0.00	0.00	0.000
Cum	91.00	88.00	0.00	0.00	0.000

Name:

ID#

08/02/91 Advancement to Candidacy

08/02/91 Final Competency Exam Passed

CSPP - San Diego

Degree: Doctor of Philosophy

Awarded: ✓ Conferred:

Major: Clinical Psychology(APA)

University Registrar

Signed on: 02/20/2013

The Family Educational Rights and Privacy Act of
1974 prohibits the release of this information
without the student's written consent.

Section II: Authorization to Release Information

Last Name: J First Name: _____ Middle Initial: J

SSI/SSN: _____ Date of Birth: _____

Date of Graduation: _____

I am currently registering my credentials with the Association of State and Provincial Psychology Boards (ASPPB). As you may know, ASPPB acts as an agent to collect and verify credentials.

To facilitate this process, I hereby request:

- An official transcript which bears your institution's seal and the signature of an authorized representative; and
- Certification of the enclosed doctoral degree diploma, by affixing the institution's seal and the signature of an authorized representation onto the diploma; and
- The Head of the Doctoral Program, or an authorized representative, to complete Section II of this form.

Please send this information directly to ASPPB in the enclosed postage-page self-addressed envelope. If you have any questions about this process, please contact ASPPB toll-free at 1-800-

[Handwritten Signature]
Signature

[Handwritten Date]
Date

Verification of Doctoral Program Form

Page 4 of 5

6/23/2011

b. Require each student to complete at least two of the three years at the institution from which the degree was granted? Yes No

c. Require each student to compete at least one year in full-time residence on campus at the institution from which the degree was granted? (Residence means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction; Models that use face-to-face contact for shorter durations throughout a year or models that use video teleconferencing or other electronic means to meet the residency requirement are not acceptable as applies to the Mobility Program requirements) Yes No

From _____ To _____

E5. Was there an identifiable full-time psychology faculty in residence at the institution, and employed by and providing instruction at the home campus of the institution? Yes No

State the number of full-time psychology faculty in residence at the institution: 15

E6. Was there a psychologist responsible for the graduate program either as the administrative head, or as the advisor, major professor, or committee chair the above applicant: Yes No

If yes, provide the psychologist's name and role: _____

E7. Did the program maintain clear authority and primary responsibility for the core and specialty areas whether or not the program crossed administrative lines? Yes No

E8. Did the program have an identifiable body of students in residence at the institution who were matriculated in the program for a degree? Yes No

E9. Did the doctoral program include supervised practicum, internship, field experience or laboratory training appropriate to the area of psychology practice that was supervised by a psychologist: Yes No

C. If you answered "no" to at least one question listed in Section B above, the following documentation must be submitted:

A. Attach pages from institutional catalog(s) for the year the applicant entered the program which include a listing of the curriculum track or course of study for the program and course descriptions, and which document the following:

1. That the program of study provided the education and training appropriate for the practice of psychology;

SUPERVISED EXPERIENCE

Program Practicum Attestation Form

I. APPLICANT INFORMATION

Applicant Name: _____
Title/Position: _____ Date Began: 10/12/2009 Date Ended: 07/30/2010
Duties: _____
Agency: _____
Address: _____
City: Chicago State/Province: IL Zip: 60605

II. PRIMARY SUPERVISOR INFORMATION

Name: _____ Email Address: _____ Phone: _____
Address: _____
City: Chicago State/Province: IL Zip: 60605
Degree: Ph.D. Year Conferred: 1994
Licensed? Yes Jurisdiction: IL License #: _____
Supervisor Degree Specialty Area: Clinical Psychology
Other Jurisdictions Licensed In: States of Illinois and Texas
Supervision Activities: Individual and group Psychotherapy, Psychological Assessment, Crisis Intervention and medication management services.

III. PRACTICUM SUPERVISION HOURS

Total number of practicum hours (excluding all leave): 760
Total number of face-to-face patient/client contact hours: 327
Total number of hours of individual supervision by a Licensed Psychologist: 47
Total of number hours of group supervision by a Licensed Psychologist: 61

IV. PRACTICUM EXPERIENCE INFORMATION

Practicum Course Number & Title: Practicum and Seminar III & IV
Term & Year (i.e., Spring, 2010): Fall 2009, Spring and Summer 2010
Title/Position of Student: Extern
Practicum Dates: From 10/12/2009 To 07/30/2010
Total Number of Weeks of Practicum: 40 Average Hours Per Week of Practicum: 19
A. Total Number of Hours of Practicum: 760 B. Hours of Practicum in Service-Related Activities¹: 650
Description of Duties/Responsibilities: Assisted my supervisor in pretrial psychological assessment of the male inmates at the facility, including competency to stand trial and mental status at the time of the offense. Conducted individual and group therapy of the men and women at the facility. Completed intake mental health screenings and brief mental health stability checks.
C. Total Number of Hours of Individual Supervision by a Licensed Psychologist: 47
D. Total Number of Hours of Group Supervision by a Licensed Psychologist: 61
E. Total Number of Hours of Individual Supervision by a Non-licensed Psychologist or Other Mental Health Professional: 0
F. Total Number of Hours of Group Supervision by a Non-licensed Psychologist or Other Mental Health Professional: 0
G. Total Number of Hours of Supervision (C+D+G+H): 108
H. Total Number of Hours of Supervision by a Licensed Psychologist (Individual and group) (C+D): 108

Internship Verification Form

I. AGENCY INFORMATION			
Applicant Name:			
Date Began:	08/15/1993	Date Ended:	08/14/1994
Agency:	iter		
Address:			
City:	Chula Vista	State/Province:	CA
		Zip:	91911

II. MAIN SUPERVISOR INFORMATION			
Name:	Email Address:	Phone:	
Address:			
City:	Cardiff	State/Province:	CA
		Zip:	92007
Degree:	Ph.D.	Year Conferred:	1981
Degree Specialty Area:	Clinical Child and Adolescent Psychology		
Licensed? Yes	Jurisdiction:	CA	License #:
Other Jurisdictions Licensed in:			
Supervision Activities:	Intern was supervised on assessment and psychological and neuropsychological testing of children, adolescents, adults and older adults. report preperation, treatment planning, individual, group and family psychotherapy. Also worked in a partial hospitalization for adults SPMI.		

III. INTERNSHIP INFORMATION	
Title of the Intern:	Senior Psychology Intern
Specialty Area of the Internship:	Clinical Psychology
Duties of the Internship:	Diagnostic interviews and assessment; diagnostic evaluation of children, adolescents, adults, and older adults using variety of psychological tests including neuropsychological measures; preparation of psychological reports; case conceptualization; treatment planning; case management; individual, group, and family psychotherapy; partial hospitalization program with seriously and persistently mentally ill adults.
Was this a formal internship required as part of your training?	Yes
Was the internship APA accredited when the applicant completed training?	No
Was the internship CPA accredited when the applicant completed training?	No
Was the internship a member of APPIC when the applicant completed training?	No
Describe the clientele served:	Children, adolescents, and adults psychiatrically hospitalized for acute symptoms; seriously and persistently mentally ill adults in a partial hospitalization program.
Remarks:	Please note that this webform does not allow for precise information input. My hours were accrued and calculated at the end of each semester, and there were some weeks in which I worked more hours and some less, so the total does not match that provided by your automated calculations. My total hours for this internship equal I will upload my internship evaluations to provide additional documentation.

IV. INDIVIDUAL SUPERVISION		
Period of Time	Supervisor Information	Supervision Hours
08/01/1993 - 12/31/1993	, Ph.D., Licensed in CA	22 Weeks, 2 Hours Per Week
01/01/1994 -	, Ph.D., Licensed In CA	32 Weeks, 2 Hours Per Week

	services rendered directly by the intern?	
11	How many Licensed Psychologist supervisors were there for this applicant during this Internship?	2
12	How many Interns were in the program at the doctoral level during the entire period of training?	6
13	Was the internship accredited by APA or CPA when the applicant completed training?	
14	Was the Internship a member of APPIC when the applicant completed training?	No
15	Did the internship take place in a health service setting?	Yes
16	Did the Internship take place in a private practice setting?	No
17	Did this applicant successfully complete the Internship at a satisfactory level of performance (explain if no)?	Yes
18	Did any of this applicant's supervisors have a familial or financial relationship with this applicant (explain if yes)?	No
19	Was any credit given to this applicant for activities completed before the starting date (explain if yes)?	No
20	Was any credit given to this applicant for activities which were not directly under the supervision and control by your organization or facility (explain if yes)?	No

IX. SUPERVISION FROM OTHER HEALTH CARE PROFESSIONALS

Professionals	Descriptions (Supervisor Names, and Hours per Week etc.)
Psychiatrists	
Physicians	
Social Workers	
Nurses	
Others	

I declare that all the information on this form to be true and correct.

Printed Name of Person Attesting to Experience

Electronically Signed by Attester
Signature of Person Attesting to Experience

Apr 16 2013 11:30AM
Date and time

V. GROUP SUPERVISION

Period of Supervision	Supervisor Information	Supervision Hours	Members
06/10/1996 - 03/30/1998	CA Ph.D., Licensed in	92 Weeks, 3 Hours Per Week	4

VI. SUPERVISION HOURS

1	Total number of weeks of supervised experience (excluding all leave):	92
2	Average number of hours per week of supervised experience:	30
3	Total number of hours of experience:	2760
4	Number of hours per week of individual supervision from all licensed psychologists:	1
5	Total number of hours of individual supervision from all licensed psychologists (#4 * #1)	92
6	Number of hours per week of group supervision from all licensed psychologists:	3
7	Number of hours per week of individual and group supervision from all other licensed professionals:	0
8	Number of hours per week of supervision received (individual & group) from licensed psychologists (#4 + #6):	4
9	Total number of hours of supervision (individual & group) from licensed psychologists (#8 * #1):	368
10	Number of hours in face-to-face patient/client contact per week:	20
11	Number of hours in direct psychological service-related activities per week:	8
12	Total number of hours of direct psychological services completed:	2004
13	Total number of hours of general or non-clinical psychological services completed:	2
14	Percentage of the applicant's supervision provided by Licensed Psychologist(s):	100%

VII. SUPERVISED EXPERIENCE YES/NO QUESTIONS

Were there any periods of extended leave (explain if yes)?	Yes
Was this experience completed on a full-time basis?	Yes
Were there any periods of extended leave (explain if yes)?	No
Did the experience take place in a health service setting?	Yes
Did the experience take place in a private practice setting?	No
Did this applicant successfully complete the supervised experience at a satisfactory level of performance (explain if no)?	Yes
Did any of this applicant's supervisors have a familial or financial relationship with this applicant (explain if yes)?	No
Was any credit given to this applicant for activities completed before the starting date (explain if yes)?	No
Was any credit given to this applicant for activities which were not directly under the supervision and control by your organization or facility (explain if yes)?	No
Do you recommend this applicant for licensure (explain if no)?	Yes

VIII. SUPERVISION FROM OTHER HEALTH CARE PROFESSIONALS

Professionals	Descriptions (Supervisor Names, and Hours per Week etc.)
Psychiatrists	
Physicians	
Social Workers	
Nurses	
Others	

EXAMINATION INFORMATION

Examination

PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

Have you taken Professional Practice in Psychology (EPPP)? Yes					
Name Registered for EPPP	Exam Date	Jurisdiction	Candidate ID	Score	Form #
	10/08/	CA		164	716470

STATE/PROVINCE/TERRITORY BOARD EXAMINATION

Have you taken any State/province/territory Board Examination? Yes				
Exam Date	Name of Exam	Jurisdiction	Format/Content	Result
10/08/	EPPP	CA	Multiple Choice, paper	Passed
06/20/	Oral Examination	CA	Assessment & Evaluation; Crisis Evaluation and Intervention; Diagnosis; Human Diversity; Professional Ethics; Legal Mandates and Related Issues; Limitations and Judgment; Treatment Planning & Implementation	Passed
03/02,	Oral Examination	SD	Oral examination	Passed

PROFESSIONAL CONDUCT HISTORY

Conduct History

PERSONAL/PROFESSIONAL CONDUCT HISTORY QUESTIONNAIRE		
1.	Has any jurisdiction (e.g., state, province, the District of Columbia, or U.S. possession or territory) rejected or denied your application for licensure/certification/registration as a psychologist or any other profession?	No
2.	Have you ever been disciplined (i.e., revocation, suspension, reprimand, censure, or any other publicly reported disciplinary action) by a psychology licensing body?	No
3.	Has any jurisdiction limited your practice in any way or by any other action?	No
4.	Have you ever been disciplined while holding any other professional license/registration/certificate?	No
5.	Have you ever been convicted of, or entered a plea of guilty or <i>nolo contendere</i> to a criminal offense, felony, or misdemeanor (other than a minor traffic violation)?	No
6.	Have you ever voluntarily surrendered or restricted your professional license/registration/certificate in any jurisdiction?	No
7.	Have you ever been censured, reprimanded, dismissed, suspended, terminated or asked to resign, or has any disciplinary action been taken against you during your education, training or employment as a mental health professional?	No
8.	Have you ever been refused renewal of any professional license/registration/certificate for any reason in any jurisdiction?	No
9.	Are you the subject of a current proceeding or outstanding/unresolved complaint or investigation in relation to the profession of psychology or any other profession?	No
10.	Have you ever aided or abetted another individual in practicing psychology without a license or an exemption in any jurisdiction?	No
11.	Have you ever practiced psychology without a license or exemption in any other jurisdiction?	No
12.	Are you registered in any jurisdiction as a sex offender?	No
13.	Are you physically or mentally incapable to render psychological services with reasonable skill, safety and competency at present?	No
14.	Do you use drugs and/or alcohol to an extent that affects your professional competency?	No
15.	Have you ever been party to a malpractice action or had a malpractice action brought against you or entered into a malpractice settlement?	No
16.	Have you ever been subject to an action by an ethics committee of any professional organization in any jurisdiction?	No
17.	Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended, or subjected to restrictions or been requested to withdraw or resign?	No
18.	Has any third party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to your professional practice?	No
19.	Have you ever had professional liability insurance cancelled?	No
20.	Has any government agency ever substantiated allegations made against you for physical, mental, emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?	No

REFERENCES

RECEIVED MAR 0 0 2013

The Association of State and Provincial Psychology Boards Psychology Licensure Universal System

P.O. BOX 3079 Peachtree City, GA 30269 (678) 216-1175 FAX (678) 216-1184
asppb@asppb.org

INSTRUCTIONS TO APPLICANT: Please complete the following and submit directly to the reference for return to ASPPB

I, PhD

Personal Reference (Name/Title)	Applicant (Name)
Street Address	Street Address
City, State, ZIP	City, State, ZIP

I authorize the exchange of any and all information pertaining to this document between the named personal reference and ASPPB. I understand that the information may be released to me by ASPPB, but not to the general public.

[Signature] 01/11/2013
Applicant Date

INSTRUCTIONS TO REFERENCE: The above applicant has applied as a psychologist in Nevada and has identified you as a person with knowledge of his/her character and qualifications to practice psychology. Your accurate and timely provision of this information directly to the ASPPB will greatly facilitate the application process.

Character Reference

Please print or type - Use additional sheet(s) if necessary:

1. During what period did you have enough contact with the applicant that you could form an impression of his/her ability to carry out professional responsibilities as a psychologist?	From: Month/Year 02/2009	To: Month/Year Present
2. What was the nature of your relationship? <i>Dr. E was initially my colleague but later reported to me.</i>		
3. How well did you know applicant during that period and in that context? <i>I initially knew her fairly well but got to know her better each year.</i>		
4. Describe below the psychological duties which applicant performed and of which you had direct knowledge <i>Dr. E audited client case records, provided supervision to psychology interns, provided consultation on documentation and billing standards and oversaw the quality helpdesk.</i>		
5. In your opinion, did the applicant at any time or in any way show evidence of behavioral judgement or performance problems, or other characteristics which would give rise to any question or doubt of his/her suitability for licensure as a psychologist?	Yes	No

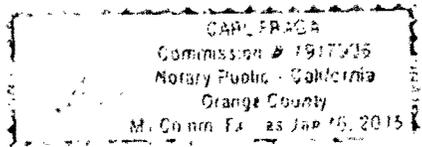
Under penalty of perjury I herewith affirm that the information supplied herein is, to the best of my knowledge and belief, true, accurate, and complete.

Signed _____
Date 2-28-13

Director of Quality Review & Training
M.P. & Organization

State of California
County of Orange

Notary Stamp/



Signed and sworn to (or affirmed) before me on (Date) 02/28/13
Name of person making statement _____
Signature of Notary _____



R156-61-302c. Qualifications for Licensure - Examination Requirements.

(1) The examination requirements which shall be met by an applicant for licensure as a psychologist under Subsection 58-61-304(1)(g) are:

(a) passing the Examination for the Professional Practice of Psychology (EPPP) developed by the American Association of State Psychology Board (ASPPB) with a passing score as recommended by the ASPPB; and

(b) passing the Utah Psychologist Law and Ethics Examination with a score of not less than 75%.

(2) A person may be admitted to the EPPP and Utah Psychologist Law and Ethics examinations in Utah only after meeting the requirements under 58-61-305, and after receiving written approval from the Division.

(3) If an applicant is admitted to an EPPP examination based upon substantive information that is incorrect and furnished knowingly by the applicant, the applicant shall automatically be given a failing score and shall not be permitted to retake the examination until the applicant submits fees and a correct application demonstrating the applicant is qualified for the examination and adequately explains why the applicant knowingly furnished incorrect information. If an applicant is inappropriately admitted to an EPPP examination because of a Division or Board error and the applicant receives a passing score, the results of the examination may not be used for licensure until the deficiency which would have barred the applicant for admission to the examination is corrected.

(4) An applicant who fails the EPPP examination three times will only be allowed subsequent admission to the examination after the applicant has appeared before the Board, developed with the Board a plan of study in appropriate subject matter, and thereafter completed the planned course of study to the satisfaction of the Board.

(5) An applicant who is found to be cheating on the EPPP examination or in any way invalidating the integrity of the examination shall automatically be given a failing score and shall not be permitted to retake the examination for a period of at least three years or as determined by the Division in collaboration with the Board.

(6) In accordance with Section 58-1-203 and Subsection 58-61-304(1)(g), an applicant for the EPPP or the Utah Psychologist Law and Ethics Examination shall pass the examinations within one year from the date of the psychologist application for licensure. If the applicant does not pass the examinations within one year, the pending psychologist application shall be denied. The applicant may continue to register to take the EPPP examination under the procedures outlined in Subsection R156-61-302c(4).

(7) In accordance with Section 58-1-203 and Subsection 58-61-304(2)(d), an applicant for psychologist licensure by endorsement shall pass the Utah Psychologist Law and Ethics Examination within six months from the date of the psychologist application for licensure. If the applicant does not pass the examination in six months, the pending psychologist application shall be denied.



**DOPL Investigations Report
Psychology Licensing Board
April 15, 2014**

**Professional Licensing Complaints
Psychology Cases Resolved in 2013**

- 1 Case: Administrative Sanctions – Stipulation (Eric Hanson, Ph.D.)**
- 1 Citation: Citation Issued – Unlicensed Practice (Gary Acevedo)**
- 4 Cases Intelligence Filed**
- 2 Cases Lack of Evidence**
- 5 Cases Letters of Concern**
- 5 Cases No Jurisdiction (Custody cases)**
- 15 Cases Unfounded**
- 3 Cases Verbal Warning**
- 36 Total Cases**



5 LETTERS OF CONCERN

Letter #1

██████████, PHD
██████████

SUBJECT: LETTER OF CONCERN

Dear Dr. ██████:

As you are aware, the Division of Occupational and Professional Licensing has received a complaint concerning your capacity as a licensed Psychologist in the state of Utah.

The complainant is the mother of two boys who have been involved in a high conflict custody dispute for many years. The complainant reported that she and the father (herein referred to as Jane and John Doe) of the boys were court ordered to obtain psychological evaluations and follow any recommended treatment. Instead of following the court order, you allegedly entered into a multiple role. The specific allegation is that you provided a "Parental Fitness and Psychological Evaluation," which also made a custody recommendation for the children.

It was further alleged you failed to provide informed consent to Jane Doe, who understood you were to provide a psychological evaluation and treatment recommendations. She reported she was not aware that your evaluation would also contain a recommendation for custody of the children.

Also, it was alleged that you conspired with an LCSW to have the children removed from the custody of Jane Doe in order to reunify the children with their father. It was alleged that you made a recommendation to the court to have the children placed in the custody of John Doe, even though the children reported that he (John Doe) had sexually abused them.

The investigation revealed the following facts:

- The parents have been divorced for many years, and the father is remarried.
- Jane and John Doe were both court ordered to submit to a "psychological evaluation" and "successfully participate in treatment recommendations." A copy of the order, dated September 7, 2010, was in the file you maintained for Jane and John Doe.
- DCFS records show that the LCSW recommended that you to perform the psychological evaluations for Jane and John Doe.

- The LCSW consulted with you about the case prior to when the court ordered the evaluation of Jane and John Doe. You acknowledged that you had received information from the LCSW about the case prior to initiation of your contract and/or court order for the evaluations of Jane and John Doe.
- DCFS reported you called the case worker and suggested that the court ordered Psychological Evaluation of the parents also include a Parental Fitness Evaluation.
- You received an undated letter from DCFS which requested the Psychological Evaluation of both parents also include a Parental Fitness Evaluation.
- You failed to document Jane Doe's informed consent when the nature of the service changed. You told the Division Investigator that you have provided written informed consent on all other cases with the exception of Jane Doe's case, when the informed consent was done verbally. A notation of verbal Informed consent was not documented in the clinical file.
- You made specific recommendations that the children not have contact with the mother for a period of time, and outlined a specific plan for the children's care, which relied heavily upon information from the LCSW, and inadequately supported documentation.
- Psychological evaluations and parental fitness evaluations, and all collateral documents for both Jane and John Doe are contained within the same clinical file. You indicated to the Division Investigator that the file for Jane and John Doe is disorganized, that you did not know when various information contained in the file was received and that forms need to be updated.
- Your form entitled: "*Parent Fitness Evaluations, Financial Agreement, [REDACTED]; Ph.D.*" contains the phrase: *I have read the above, discussed all the provisions with my attorney, and I agree to proceed with the **custody evaluation** under these financial conditions.....*

Without using names, the complaint, your responses and other relevant evidence was reviewed by a psychologist recommended by UPA Ethics. The reviewer determined there are problems in your practice which rise to the level of unprofessional conduct. The reviewer suggested the following remedies to improve your practice standards:

1. **Peer consultation and supervision** of your practice to help identify issues regarding record keeping standards, with a focus on appropriate forms, clinical documentation, organization, appropriately supported documentation, appropriate informed consent, clarification of role with clients, and any other observations which would comply with best professional practice standards.
2. **Continuing Education Credits** with a focus on record keeping and

forensic psychology.

The Division has determined that the above recommendations will assist in improving your professional practice standards. Therefore your signature below indicates that you agree to comply with these recommendations. In doing so, the Division agrees to resolve this case informally (without probationary restrictions on your Psychology license).

My signature below constitutes my commitment to complete the above recommendations within 6 months of the date indicated. I will demonstrate to the Division Investigator, Dee Thorell, that I have fulfilled my commitment upon completion of the recommended peer consultation, supervision and classes. An addendum to this letter indicating your compliance or noncompliance will be added to the investigation file.

_____, Ph.D., Psychologist Date

This letter is issued in accordance with Utah Code Annotated subsection 58-1-108(3) and Utah Administrative Code subsection R156-1-102(33). This letter does not constitute a legal finding that you have or have not engaged in unprofessional conduct, nor does it constitute disciplinary action against you. This letter is classified under the Government Records Management Act as a protected record.

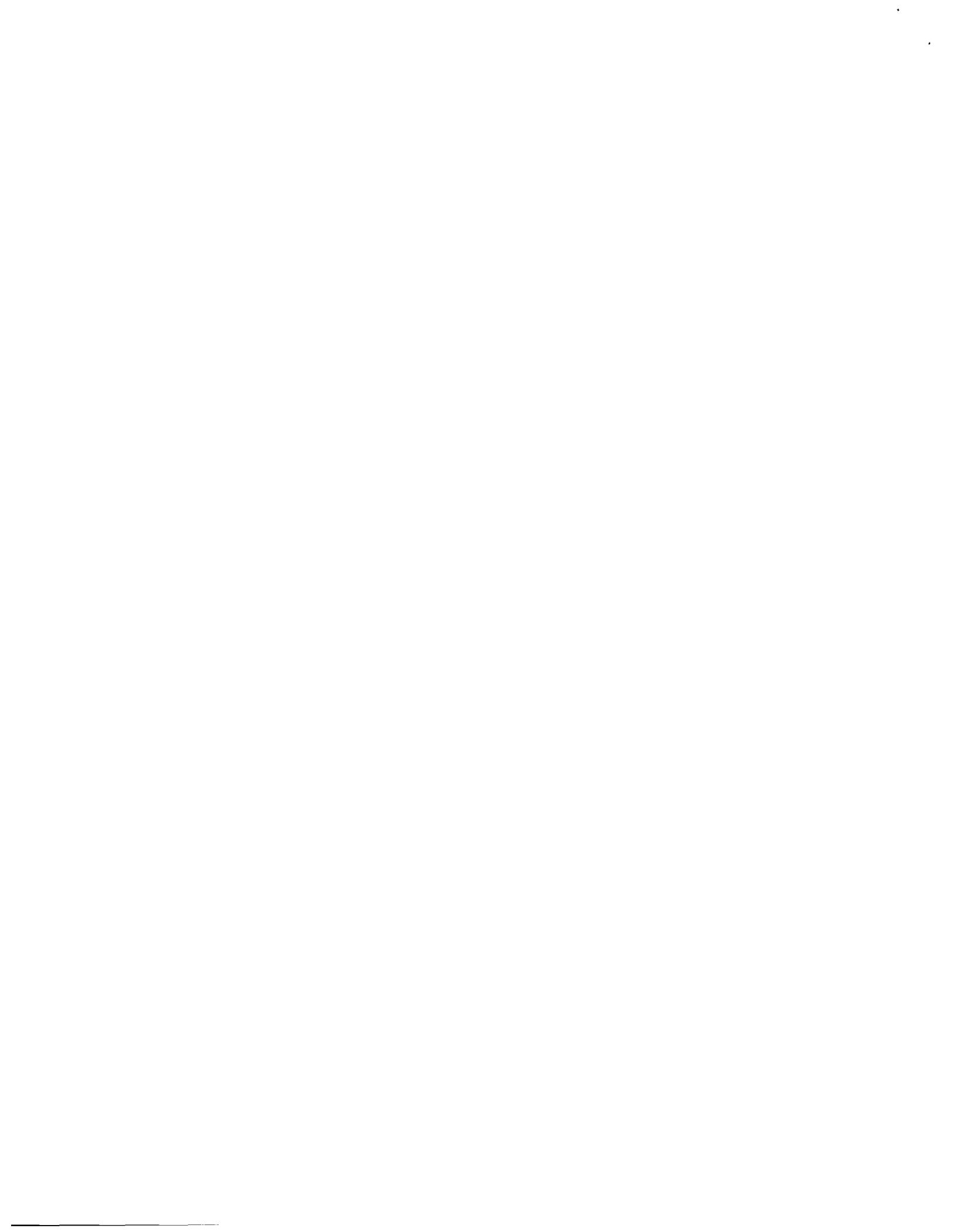
Please be aware that this letter of concern may be used to support a pattern of unprofessional conduct if future problems in this area of concern are substantiated. This could result in formal disciplinary action on your license. Also be aware that if other information regarding the allegations of the conduct described in this letter is brought to our attention, we may reopen our investigation and take action as may be appropriate

If you would like to comment, or if you have any questions regarding this letter of concern, please contact Dee Thorell, Division Investigator at (801) 530-6152.

Thank you for your time and immediate attention to resolve this matter.

Sincerely,

Larry Gooch
Investigation Supervisor, DOPL



Letter #2 – Unlicensed practice

June 25, 2013



SUBJECT: LETTER OF CONCERN

Dear Mr. [REDACTED],

The Division of Occupational and Professional Licensing received a complaint which alleged you have represented that you have engaged in licensed activity as a mental health therapist. The Division can find no mental health therapy license in your name.

The Division Investigator reportedly attempted to reach you by phone and e-mail, but has not received return calls or e-mail from you. The problem that has come to the Division's attention is a representation on your professional resume:

"RELEVANT EXPERIENCE:

.....Counselor 5/08 to 9/10

- Administers and interprets full psychological evaluations*
- Conducts group therapy....intake/outtake interviews"*

You should be aware of the following statutes rules and ethics that may be applicable.

A good resource for statutes, rules and ethics is the Division's website:
www.DOPL.UTAH.GOV.

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING ACT

Part 1 - Division Administration

This chapter is known as the "Division of Occupational and Professional Licensing Act."

Part 5 - Unlawful/Unprofessional Conduct

58-1-501. Unlawful and unprofessional conduct.

(1) "Unlawful conduct" means conduct, by any person, that is defined as unlawful under this title and includes:

(a) practicing or engaging in, representing oneself to be practicing or engaging in, or attempting to practice or engage in any occupation or profession requiring licensure under this title if the person is:

(i) not licensed to do so or not exempted from licensure under this title;



Letter #3

April 16, 2013

[REDACTED] PH D PSYCHOLOGIST
[REDACTED]

SUBJECT: LETTER OF CONCERN

Dear Dr. [REDACTED]:

As you are aware, the Division of Occupational and Professional Licensing has received two complaints concerning you in your capacity as Licensed Psychologist. One complaint was filed by the mother of a minor boy for whom your agency provided supervised visitation between a father and son. You are also providing reunification therapy for the father and son. The mother complained that you tried to force her to engage in family therapeutic services with you; however, you are not a provider approved by her insurance. The mother reported she had already contracted for family therapy with another provider. She complained you had many last minute schedule changes. She further complained you threatened to give a bad review with the courts if she complained about your abrupt scheduling changes. She further complained that on 11/17/11, you appeared to be intoxicated and stunk of alcohol and strong cigarette smoke. You denied these allegations.

The second complaint involved a child custody evaluation and recommendation for two minor boys whose custody had been given to their father in Salt Lake City. The biological mother had reportedly lost custody of all five of her boys due to her physical abuse of the boys, which resulted in criminal charges against the mother. The three older boys were sent to St. George to live with their biological father and the boy's grandmother. The father of the two boys in Salt Lake City reported that you testified as an expert witness in juvenile court on behalf of the mother after you had performed a custody evaluation. This might amount to a dual role.

You explained that the case was complicated by the fact that shortly after the evaluation had begun, a motion was filed in the juvenile court to terminate the mother's parental rights. You told the Division Investigator that you were confused by whether or not you should testify in juvenile court; however, you failed to consult with colleagues to clarify the issue.

The evaluation was reportedly performed at the request of and paid for by the mother. You reportedly interviewed the mother's former husband, the mother's three minor boys and the former mother-in-law in St. George, Utah. You

reportedly called ahead and asked the father of the boys to secure a hotel room and provide transportation for you during your stay in St. George. You reportedly solicited the mother-in-law for a business association with you. They also expressed concerns that if they did not do as you expected, you would give a bad review.

They were particularly concerned that you spoke about confidential matters concerning the biological mother and father. You reportedly spent time speaking negatively about the father, and told them he was unfit. You reportedly disclosed the mother's diagnosis, stated it was a "mild case" and told the mother-in-law that you would provide treatment for the mother.

The individuals interviewed in St. George had grave concerns that you provided them with protected information about the mother and father when you were supposed to be doing an evaluation of them. They also expressed concerns that you would give out information about them to others.

During your interviews with the minor boys in St. George, you reportedly encouraged them to have interaction with their mother, who was facing criminal charges for abusing them. It was reported that when the boys told you they did not want to see their mother, you reportedly continued to try to convince the boys to agree to have visits with their mother with someone safe present.

You sent several of the father's psychological test home to be filled out, rather than administering the testing in a safe and secure environment.

The investigation could find no evidence that the custody evaluation was court ordered. It appears there may have been boundary violations associated with your interaction with individuals, and that you may have disclosed confidential information. You reported that you have received no continuing education classes regarding custody evaluations. You have no peer support with whom you consult.

The evaluation was reportedly performed at the request of and paid for by the mother. Although the father signed a brief informed consent document, you testified repeatedly in juvenile court that the father told you he did not understand why he was meeting with you.

The Division Investigator reported she provided some education to you regarding the unprofessional conduct involved in this case. It is recommended you attend ethics classes regarding confidentiality, boundary issues and standards of care in custody evaluations, and develop a peer support group.

The Division has declined, at this time, to investigate the matter any further or seek formal action against your licenses to practice as Psychologist. Instead, we have decided that a letter of concern should be sufficient motivation for you to carefully examine and adjust your practices in the future. This decision was, in part, based on your representation to our investigator that you would indeed examine and adjust your practices in the future.

This letter is issued in accordance with Utah Code Annotated subsection 58-1-108(3) and Utah Administrative Code subsection R156-1-102(33). This letter does not constitute a legal finding that you have or have not engaged in unprofessional conduct, nor does it constitute disciplinary action against you.

This letter is classified under the Government Records Management Act as a protected record. Your written response has been added to the investigative file. Please be aware that future problems in this area of concern may result in formal disciplinary action by the Division. Also be aware that if other complaints of unprofessional conduct are brought to our attention, we may reopen our investigation and take action as appropriate.

If you have any questions about this letter, please contact Dee Thorell, Division Investigator at (801) 530-6152. Thank you for your time and immediate attention to resolve this matter.

Sincerely,

Larry Gooch
Investigative Supervisor

Letter #4 – Unlicensed Practice

February 19, 2013



SUBJECT: LETTER OF CONCERN

Dear Mr. [REDACTED],

The Division of Occupational and Professional Licensing (DOPL) has received a complaint regarding your professional conduct as a hypnotherapist. Although hypnotherapy is not a regulated profession by DOPL, the complaint raises concerns that you may have engaged in the unlawful practice of mental health therapy, which is regulated by the division.

In an interview with the division investigators, while not admitting to engaging in the practice of mental health therapy, you did admit that at times you may have unintentionally used hypnotherapy as a segway into evaluating clients that could have maladies related to a mental health diagnosis. You also told the investigators that you would read the mental health practice act and would not engage in the practice of mental health therapy as defined in 58-60-102.

The complaint also alleged that you have used your position as a mental health therapist to manipulate clients into unsolicited sexual encounters. Although you denied this allegation you agreed that in the future you would not use your position as a hypnotherapist to solicit potential sexual partners.

Although the Division has determined not to investigate the matter further and settle this case with an informal letter of concern, you should pay particular attention the following statutes, rules, ethical or practice standards which are relevant to these allegations:

MENTAL HEALTH PROFESSIONAL PRACTICE ACT 58-60-107(5).

(5) an individual engaged in performing hypnosis who is not licensed under this title may not: engage in the practice of mental health therapy;

(ii) use the title of a license classification in Subsection 58-60-102(5); or

(iii) use hypnosis with or treat a medical, psychological, or dental condition defined in generally recognized diagnostic and

statistical manuals of medical, psychological, or dental disorders;

The following website may be useful to ensure you have a clear understanding of these and other statutes, rules, ethical and professional standards that apply to your practice:

www.dopl.utah.gov

This letter is issued in accordance with Utah Code Annotated subsection 58-1-108(3) and Utah Administrative Code subsection R156-1-102(33). This letter does not constitute a legal finding that you have or have not engaged in unlawful conduct. This letter is classified under the Government Records Management Act as a protected record. If you have any questions about this letter, please contact Dan Briggs, Division Investigator, at (801) 530-6277.

Sincerely,

Larry Gooch
Investigative Supervisor
Division of Occupational and Professional Licensing

4a

Proposal for Amendment to the Psychologist Licensing Act Rule

For Not-Yet Accredited Doctoral Programs

Camille Barraclough

3/14/2014

Utah Department of Professional Licensing &
Utah Psychologist Licensing Board
Page 1

Camille Barraclough, MA
327 North Avenue West #4
Missoula, MT 59801
March 10, 2014

Utah Department of Professional Licensing &
Utah Psychologist Licensing Board
160 East 300 South
Salt Lake City, UT 84111

Dear Mr. Mark Steinagel, DOPL Director; Madam Chairperson Valerie Hale; Bureau Manager, Mr. Rich Oborn; and the Utah Psychologist Licensing Board:

I am contacting you today to request a formal appeal to your current licensing standards as they relate to your education requirement. My request is in relation to the narrow situation in which the applicant graduates from a program too new to be eligible for APA or ASPPB accreditation. As you are aware, Utah's current education requirement for licensure is that the graduate must graduate from a program that is accredited by the APA or ASPPB as of the day of the applicant's graduation. However, both the APA and ASPPB require the program have graduates before they can obtain accreditation.

Other states have addressed this issue by either allowing for a second, more subject review of the applicant's program and course work, or by allowing an exception for new programs. I have provided specific examples below. I understand the board's reluctance to open the floodgates to reviewing each individual applicant's qualifications. Therefore, I have provided a suggested objective method that will offer an alternative to applicants from a new program, but not require the board to make a subjective determination of any applicant or program.

Factual Background. The University of Montana is recognized by the U.S. Department of Education, Council for Higher Education of the American Council on Education (CHEA), and the Northwest Commission on Colleges & Universities (NWCCU). Further, all programs in the psychology department (Clinical Psychology) that are eligible for APA or ASPPB/NR received such a designation in 1970 and 1981 respectively. Additionally, the specialist level school psychology program (EdS) is accredited by NASP (1994), the highest accrediting body for specialist level programs. However, the doctoral level school psychology program was founded in 2006-2007 and is not yet eligible for APA or ASPPB accreditation as this will be its first year with doctoral graduates. I am seeking this appeal as I will graduate from the doctoral school psychology program in May 2014 and have been offered a position as a psychologist at the University Neuropsychiatric Institute upon completion of my degree and obtaining licensure in Utah.

Educational Background: I am set to defend my dissertation in April of 2014 and upon a successful defense will have met all graduation requirements for my program (see Attachment 1). I have completed all required graduate courses in the doctoral school psychology program, all of which are accredited either through NASP (EdS) or APA (Clinical). Of the 51 graduate courses on my transcript, 32 are clinical courses/requirements from the APA accredited clinical program and 18 are courses/requirements from the NASP accredited EdS school program. Only 1 graduate course, which is not required for graduation, is not accounted for through either accrediting body and does not impact my ability to meet basic educational standards set forth by the University of Montana, the University of Utah's Educational Psychology program, or the majority of other state's licensing boards.

As part of my research, with regards to the education requirements for licensure, I found that 41 of the 50 states and Washington DC allow for a secondary track specifically address programs that are not APA or ASPPB accredited. Therefore, applicants from new programs have an avenue for licensure. My program/transcripts are comparable to the criteria set forth by the 41 states (see Attachment 2).

Clinical Background: Prior to internship, I completed 2256.5 hours of practicum experience (1766 hours in schools supervised by a doctoral level school psychologist and 490.5 hours in a clinical setting supervised by doctoral level psychologists, with 181.25 of those hours being supervised by a licensed psychologist). In 2010, I completed a 1985.5 hour APA/APPIC Internship at the University Neuropsychiatric Institute. Since returning from internship, I have accrued 1039.25 hours working PRN at the University Neuropsychiatric Institute, all of which were supervised by a licensed psychologist. I have also sought supervision from a licensed psychologist in Missoula, Montana and have accrued an additional 695.5 hours working as a school psychologist. In total I have 5976.75 hours of clinical work, 3901.5 hours of which were supervised by a licensed psychologist with direct supervision happening at least 2 hours for every 40 hours worked (see Attachment 1).

How Other States Address the Issue: In researching licensing requirements across the United States, I found four states with statutes that specifically addresses not-yet accredited programs:

- **Mississippi Rules and Regulations of the Mississippi Board of Psychology. Title 30 Part 3201 Chapter 6: Educational Requirements for Licensure. Rule 6.1(b): Educational Requirements.** “Graduates of newly established programs seeking accreditation must provide documentation that the program had an active application for APA or CPA accreditation at the time the degree was granted or within 2 years of the degree being granted.”
- **Oklahoma Psychologist Licensing Act Section 1362 (1) Qualifications of applicants for examination.** “...doctoral programs within that specialty will be afforded a transition period of eight (8) years from their first class of students to the time of their accreditation. During that transition period, graduates of such programs may sit for licensure examination whether or not the program has been accredited. This also applies to new doctoral programs of specialties previously recognized within the scope of APA accreditation.”
- **Massachusetts Rules and Regulations Governing Psychologists: 251 CMR 3.03(1)(b):** “ ... A “program in psychology” shall mean a psychology program that: is designated as a doctoral program in psychology by the Association of State and Provincial Psychology Boards at the time the degree is granted or within two years thereafter...”
- **Virginia Board of Psychology Regulations. 18 VAC 125-20-54 (a). Education requirements for clinical psychologists:** “The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by the APA in clinical or counseling psychology within four years after the applicant graduated from the program”

Several other states have statutes specifically addressing a timeline for programs to become compliant when state rules change, as Utah’s did in 2010:

- **Ohio Revised Code Section 4732.10 (4)(d) Qualifications for admission.** “Enrolled...in an educational institution accredited or recognized by national or regional accrediting agencies as maintaining satisfactory standards and not later than eight years after the effective date of this amendment received an earned doctoral degree in psychology, school psychology, or a doctoral degree deemed equivalent by the board.”
- **Michigan Public Health Code Act 368, Section 33.18223 (1)(a):** “...beginning August 1, 2011, the doctoral degree in psychology, or the doctoral degree in a closely related field, shall be from a program that has obtained the association of state and provincial psychology boards' national

register designation or has been accredited by the American psychological association or the Canadian psychological association, or has obtained a similar designation from or been accredited by an entity approved by the board. For purposes of the requirement added by the amendatory act that added this sentence, a program that is in the process of obtaining this designation or becoming accredited as required in this subdivision before August 1, 2011, and that obtains the designation or becomes accredited on or before August 31, 2015, meets the requirements of this subdivision.

- **New Jersey Board of Psychological Examiners. Chapter 42, Subchapter 2(1)(g).** “An applicant for licensure who was enrolled in a doctoral program prior to September 19, 2011 shall not be required to show that the doctoral program met the requirements.”
- **Pennsylvania Code Section 41.31(4) Educational Qualifications:** “First-time applicants who enroll in a graduate degree program in psychology or a field related to psychology on or after July 1, 2008, will be evaluated under these regulations. Applicants enrolled prior to this date will be evaluated under regulations in effect at the time of enrollment.”

I understand the board’s reluctance to reviewing each individual applicant’s qualifications, or to make subjective determinations about an applicant or program. However, allowing a narrow, objective exception, as I am proposing, would not require the board to incur substantially more work above and beyond the established licensure process. I propose the rule be amended as provided below to allow prospective licensees from not-yet accredited programs to be considered upon the following requirements:

- (i) graduation from a nationally recognized university, with a nationally accredited department with at least one other accredited program; (ii) successful completion of at least 4000 pre-doctoral and/or post-doctoral hours supervised by a licensed psychologist; (iii) successful completion of an APA/APPIC internship; and, (iv) the new program is within 10 years of its inception and has not previously been denied accreditation by the APA or ASPPB.

I believe this method for considering exceptions to the existing requirements would provide a way for the board to review not-yet accredited programs, setting quantifiable standards and not require the review of transcripts, which the board moved away from in 2010. An applicant meeting the requirements outlined above removes the inequity of the state’s current inability to consider qualified, educational professionals requesting licensure. This proposed exception does not require any subjective review of an applicant or a program, and would still allow the board to have an objective, hard and fast, rule to apply. The current rule as written precludes the State of Utah from securing and encouraging highly qualified psychologists to apply for licensure due to the overly narrow licensing criteria.

The inequity of the current rule can be exemplified by a simple hypothetical – under the current rule, if I were to graduate this year I could not gain licensure in Utah. However, if I were to wait, pass up the job offer from the University Neuropsychiatric Institute, and delay my graduation until accreditation by the APA or ASPPB were granted I could then, with no additional or differing course work or training, graduate from my program and be immediately eligible for licensure. Waiting to graduate until my program is accredited by APA or ASPPB in no way alters the substance, quantity, or quality of my education, which has already been completed, but would then arbitrarily allow me to meet the current rule.

I have included several letters of support (see Attachment 3) speaking to my training and competence. Additionally, even with the proposed rule change, applicants would still be required to take and pass the EPPP to further demonstrate their knowledge and expertise in the psychological theory and practice which offers another layer of certainty for the state licensing board.

Utah Department of Professional Licensing &
Utah Psychologist Licensing Board
Page 4

It is my hope that with the provided information, the Utah Psychologist Licensing Board under Chairperson Dr. Valerie E. Hale, will make a favorable recommendation to the Utah Department of Professional Licensing, under Director Mark Steinagel, to amend or adopt a method to consider exceptions to the current licensure Rule requiring all psychologist licensees graduate from either APA or ASPPB accredited programs at the time of graduation in order to be eligible for licensure in Utah.

I am happy to provide additional information as requested and look forward to attending the next Utah Psychologist Licensing Board Meeting on April 15, 2014. Thank you in advance for taking the time to review the documents provided.

Sincerely,

A handwritten signature in cursive script that reads "Camille Barraclough".

Camille Barraclough, MA
School Psychologist
Doctoral Candidate
Enclosure

Attachment Index

- **Attachment 1:** Complete educational history including- transcript, practicum and internship logs (course syllabi available by request)
- **Attachment 2:** Summary of State Licensing Board's educational requirements in the United States compared to transcript
- **Attachment 3:** Letters of Support-
 - Dr. Sandra Whitehouse, Licensed Psychologist, current PRN supervisor and Director of Psychology at University Neuropsychiatric Institute
 - Dr. Gregory Machek, School Psychologist, professor, current Director of School Psychology at The University of Montana, and academic advisor
 - Dr. Christine Fiore, Licensed Psychologist, Department Chair of Psychology at The University of Montana, and professor
 - Dr. Elaine Clark, Licensed Psychologist, Associate Department Chair of Educational Psychology at The University of Utah, former internship and PRN supervisor at Utah Neuropsychiatric Institute, and dissertation committee member
 - Dr. Margaret Beebe-Frankenberger, School Psychologist, professor, former supervisor, and former Director of School Psychology The University of Montana
 - Dr. Melissa Neff, Licensed Clinical Psychologist, current supervisor and former professor

Attachment 1

Transcript Term	Camille's Transcript Course	Credits	Grade
Fall 2006	Trends Psyc Resesarch	1	CR
	Adv Psyc Stat I	3	A-
	Tests & Measurment	3	A
	Interveiw & Case Hist	3	A
	Professional School Psych	3	A
	Behavioral Assessment	4	A
Spring 2007	Adv Psyc Stat II	4	A-
	Research Design	3	A
	Psyc Evaluation I	3	B+
	Advcd Exceptionalities	3	A-
	Educational Assessment	4	A-
Fall 2007	Education Across Cultures	3	A
	Multivariate Statistics	3	A
	Adv Developmenal Psyc	3	A
	School Psyc Methods	3	A
	Research	3	CR
Spring 2008	Faculty Roles: Altern. Paradigm	3	CR
	School Psyc Methods	3	A
	Research	3	CR
	Ethics, Prof & Cult Iss	3	A
	Consultation	3	A
Fall 2008	Intro to Spec Ed Law & Policy	3	A
	Adv Physiological Psyc	3	B
	School Psyc Methods	3	A
	Prin of Child Interventions	3	A
	Thesis/Research	1	CR
Spring 2009	Group & Crisis Intervention	3	A
	School Psyc Methods	3	A
	Child/Adol Personality Asses	3	A
	Intervention: Family Psyc	3	A
Fall 2009	Field Placement-Clinical	1	N
	Prin of Psych Interv	3	A
	Applied Clinical Methods	4	CR
	School Psyc Internship	3	CR
	Intervention: Behavioral Medicine	3	A
	Dissertation	3	N
Spring 2010	Clinical Field Placement	1	CR
	Applied Clinical Methods	4	CR
	School Psych Internship	4	CR
	School/Clinical Supervision	1	A
	Dissertation	4	N
Fall 2010	School Psych Doctoral Intern	1	CR
	Dissertation	1	N
Spring 2011	School Psych Doctoral Intern	1	CR
	Dissertation	1	N

Fall 2011	Dissertation	1	N
Spring 2012	Dissertation	1	N
Fall 2012	Dissertation	1	N
Spring 2013	Dissertation	1	N
Fall 2013	Dissertation	1	N
Spring 2014	Dissertation	1	N
		130	

UMT PROGRAM REQUIREMENTS

Course	Credits
Trends in Research	1 F2006
Advanced Psychological Statistics I	3 F2006
Tests & Measurements	3 F2006
Interviewing & Case History	3 F2006
Principles & Practices of SPSY	3 F2006
Behavioral Assessment & Intervention	4 F2006
Advanced Psychological Statistics II	4 S2007
Research Design	3 S2007
Psychological Evaluation	3 S2007
Advanced Child/Adolescent Exceptionalities	3 S2007
Educational Assessment & Intervention	4 S2007
Multicultural Issues or Education Across Cultures	3 F2007
Multivariate Statistics	3 F2007
Advanced Developmental	3 F2007
SPSY Methods	3 F2007
MA Data Collection	3 F2007
Faculty Roles Alternative Paradigm (Choice)	3 S2008
SPSY Methods	3 S2008
MA Data Collection	3 S2008
Ethics & Professional Issues	3 S2008
Consultation	3 S2008
SpEd Law & Policy	3 F2008
Advanced Physiological Psychology (Choice)	3 F2008
SPSY Methods	3 F2008
Child Interventions	3 F2008
MA Project Defense	1 F2008
Group & Crisis Intervention	3 S2009
SPSY Methods	3 S2009
Psychological Evaluation of Children (Personality)	3 S2009
Clinical Interventions	3 S2009
Clinical Field Experience	1 F2009
Clinical Interventions	3 F2009
Applied Clinical Methods	4 F2009
Internship	3 F2009
Clinical Interventions	3 F2009
Dissertation	3 F2009
Clinical Field Experience	1 S2010
Applied Clinical Methods	4 S2010
Internship	4 S2010
	S2010
Dissertation	4 S2010
Internship	1 F2010
Dissertation	1 F2010
Internship	1 S2011
Dissertation	1 S2011

Dissertation	1 F2011
Dissertation	1 S2012
Dissertation	1 F2012
Dissertation	1 S2013
Dissertation	1 F2013
Dissertation Defense	1 S2014

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CHOICE

Advanced Psychopathology (Choice)
Advanced Learning (Choice)
Advanced Cognition (Choice)
Advanced Personality Assessment (Choice)

Month Year	DIRECT SERVICES					Report Writing	SUPERVISION		PROFESSIONAL DEV		MEETINGS		# of Reports	TOTAL
	ASSESSMENT	INTERVENTION	COUNSELING	CONSULTATION	OBSERVATION		Received	Provided	Received	Provided	Attended	Chaired		
	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)		Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)		
2006-2007	32	5.5	0	15.5	64.25	24.75	19	0	6	0	7	0		174
2007-2008	80.25	84.5	0	51.75	32	45.25	54.5	2	60	2.5	34.5	4.5		451.75
2008-2009	103.75	28	56.5	50	40	26.5	63	0.75	67	0.75	60.5	0	21	496.75
2009-2010	133.25	64.5	158.25	139.5	116.75	113.75	207.5	17.5	67.75	3	69	43.25	38	1134
Column Total:	349.25	182.5	214.75	256.75	253	210.25	344	20.25	200.75	6.25	171	47.75	59	2256.5
Total Practicum Hours =		2256.5												
Number of comprehensive reports written =			*59											
List treatment settings OTHER THAN public schools: CPC, FTY, Nkwusm														
Practicum Student: Camille Barraclough														

Internship Summary Log

Month Year	DIRECT SERVICES					Report Writing	SUPERVISION		PROFESSIONAL DEV		MEETINGS		Total/mo
	ASSESSMENT	INTERVENTION	COUNSELING	CONSULTATION	OBSERVATION		Received	Provided	Received	Provided	Attended	Chaired	
	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)		Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	
August	0	9	42	36	16	0	24	0	62	0			189
September	5	10.5	81	36	3	10.5	16	4	22	0			188
October	7	12	95	40	7	14	16	4	23	0			218
November	4	12	109	47	7	7	17	4	15				222
December	0	9	59	33.5	10	0	13	4	9				137.5
January	10	15	79	40	34	15	21	4	15				233
February	6	13.5	70	30	10.5	9	16	4	12				171
March	0	10.5	66	44	8.5	0	16	4	28				177
April	0	12	65	49	7.5	0	16	4	14				167.5
May	19	13.5	81	30	4	17	17	4	18				203.5
June	15	12	44	16	1	10	14	4	12				128
July	9	10.5	37	20	2	14	14	4	12				122.5
August	6	7.5	15	26	0	12	6	4	6				82.5
	81	147	843	447.5	110.5	108.5	206	48	248				2239.5
Total Internship Hours = 2239.5													
Number of comprehensive reports written = 20													
List treatment settings OTHER THAN public schools: INPATIENT PSYCHIATRIC HOSPITAL													
Internship Student: CAMILLE BARRACLOUGH													
Supervisor Signature: _____ Intern Signature: _____													

Post Internship Supervised Hours w/Dr. Melissa Neff
Fall 2013 Summary Log

	Month 2013	DIRECT SERVICES					Report Writing	SUPERVISION		PROFESSIONAL DEV		MEETINGS		# of Reports	Total Hours/Week
		ASSESSMENT	INTERVENTION	COUNSELING	CONSULTATION	OBSERVATION		Received	Provided	Received	Provided	Attended	Chaired		
		Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)		Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)	Time (Hrs.)		
MHMS	August	0	0	0	4	4	0	0	0	0	0	8	0	16	
MHMS	September W1	0	0	0	8	8	0	0	0	0	0	1.5	6.5	24	
MHMS	September W2	0	1.5	1.5	5	5	0	2	0	6	0	3	8	32	
MHMS	September W3	0	0	0	8	1	0	0	0	0	3	4	8	24	
MHMS	September W4	2	0	0	6	5	0	0	0	0	0	3	8	24	
MHMS	October W1	6	2	0	4	1	3	3	0	0	4	4	6	33	
MHMS	October W2	1	0	0	3	3	3	1	0	12	0	2	4	29	
MHMS	October W3	0	4	0	4	2	0	0	0	8	0	2	4	24	
MHMS	October W4	0	2	0	4	8	2	2	2	0	0	1	8	29	
MHMS	October W5	2	3	1	4	6	2	0	0	8	0	4	7	37	
MHMS	November W1	3	3	0	10	4	0	2	0	0	0	4	8	34	
MHMS	November W2	2.5	0	0	2	0	0	0	0	0	0	1.5	0	6	
MHMS	November W3	8	3	0	9.5	4	4	0	0	0	0	2	0	30.5	
MHMS	November W4	2	3	0	4.5	0	0	0	0	0	0	0	0	9.5	
MHMS	December W1	4	3	0	6.5	8	2	0	0	2	0	2	4	31.5	
MHMS	December W2	3	3	0	4	4	0	2	0	8	0	2	6	32	
MHMS	December W3	11	3	0	8	5	3	1	0	0	0	0	2	33	
														0	
														0	
														0	
		44.5	30.5	2.5	94.5	68	19	13	2	44	7	36	87.5	448.5	
Total Practicum Hours = _____		448.5													
Number of comprehensive reports written = __		8													
List treatment settings OTHER THAN public schools:															
Predoctoral Intern: Camille Barraclough						Supervisor: Melissa Neff, PhD									

Attachment 2

Summary Comparison of Educational Requirements for Licensure

41 State Expectations Summarized		Camille's Transcript	
3+ credits in following 4 core areas:		Course	Credits Term
1. Biological Bases of Behavior (e.g. Physiological Psychology Comparative Psychology Pharmacology Health Psychology Neural Bases of Behavior Sensation & Perception Biological Bases of Behavior Neuropsychology)	<input checked="" type="checkbox"/>	Intervention: Behavioral Medicine 3 Fall 2009 Adv Physiological Psyc 3 Fall 2008	
2. Cognitive-Affective Bases of Behavior (e.g. Learning Thinking Motivation Emotion Cognitive Development)	<input checked="" type="checkbox"/>	Educational Assessment 4 Spring 2007 Adv Developmental Psyc 3 Fall 2007	
3. Social Bases of Behavior (e.g. Social Psychology Organizational & System Theory Community Psychology Social Development Group Process/Dynamics Multicultural Issues Preventative Psychology)	<input checked="" type="checkbox"/>	Group & Crisis Intervention 3 Spring 2009	
4. Individual Differences (e.g. Personality Theory Human Development Abnormal Psychology Psychopathology Cultural Diversity)	<input checked="" type="checkbox"/>	Advcd Exceptionalities 3 Spring 2007	
3+ credits in following areas:			
Assessment & Diagnosis	<input checked="" type="checkbox"/>	Behavioral Assessment 4 Fall 2006 Child/Adol Personality Asses 3 Spring 2009	
Consultation & Supervision	<input checked="" type="checkbox"/>	Interveiw & Case Hist 3 Fall 2006 Consultation 3 Spring 2008 School/Clinical Supervision 1 Spring 2010	
Cultural Differences & Diversity	<input checked="" type="checkbox"/>	Education Across Cultures 3 Fall 2007	
Effective Psychological Intervention	<input checked="" type="checkbox"/>	Prin of Child Interventions 3 Fall 2008 Intervention: Family Psyc 3 Spring 2009 Prin of Psych Interv 3 Fall 2009	
Psychological Measurement	<input checked="" type="checkbox"/>	Psyc Evaluation I 3 Spring 2007	
Psychometrics	<input checked="" type="checkbox"/>	Tests & Measurment 3 Fall 2006	
Research Design & Methodology	<input checked="" type="checkbox"/>	Research Design 3 Spring 2007	
Scientific & Professional Standards/Ethics	<input checked="" type="checkbox"/>	Professional School Psych 3 Fall 2006 Ethics, Prof & Cult Iss 3 Spring 2008 Intro to Spec Ed Law & Policy 3 Fall 2008	
Statistics	<input checked="" type="checkbox"/>	Adv Psyc Stat I 3 Fall 2006 Adv Psyc Stat II 4 Spring 2007 Multivariate Statistics 3 Fall 2007	
Other Courses:		Trends Psyc Resesarch 1 Fall 2006 Faculty Roles: Altern. Paradigm 3 Spring 2008	
9+ credits of practicum experience	<input checked="" type="checkbox"/>	School Psyc Methods 3 Fall 2007 School Psyc Methods 3 Spring 2008 School Psyc Methods 3 Fall 2008 School Psyc Methods 3 Spring 2009 Applied Clinical Methods 4 Fall 2009	

		Field Placement-Clinical	1	Fall 2009
		School Psyc Internship	3	Fall 2009
		Clinical Field Placement	1	Spring 2010
		Applied Clinical Methods	4	Spring 2010
		School Psych Internship	4	Spring 2010
		School Psych Doctoral Intern	1	Fall 2010
		School Psych Doctoral Intern	1	Spring 2011
15+ credits of research	<input checked="" type="checkbox"/>	Research	3	Fall 2007
		Research	3	Spring 2008
		Thesis/Research	1	Fall 2008
		Dissertation	3	Fall 2009
		Dissertation	4	Spring 2010
		Dissertation	1	Fall 2010
		Dissertation	1	Spring 2011
		Dissertation	1	Fall 2011
		Dissertation	1	Spring 2012
		Dissertation	1	Fall 2012
		Dissertation	1	Spring 2013
		Dissertation	1	Fall 2013
		Dissertation	1	Spring 2014

Attachment 3



University Health Care

University Neuropsychiatric Institute

Sandra Whitehouse, PhD
501 Chipeta Way
Salt Lake City, UT 84108

March 10, 2014

To:

Mr. Mark Steinagel, DOPL Director
Madam Chairperson Valerie Hale, Ph.D.
Mr. Rich Oborn, Bureau Manager

The Utah Department of Professional Licensing & Utah Psychologist Licensing Board
160 East 300 South
Salt Lake City, UT 84111

Dear Directors and Members of Utah Psychologist Licensing Board:

I am contacting you in support Camille Barraclough's formal appeal to the Utah Psychologist Licensing Board, through which she is hoping to be found eligible to apply for licensure in the State of Utah. I have worked with Camille since August 2010 when she was an intern at the University Neuropsychiatric Institute (UNI), completing our APA accredited internship. Since completion of her internship in August 2011, at our request, she has continued to work on a PRN basis. In addition to covering on-call weekends and holidays throughout the year, Camille regularly has filled in during the summer months to cover short and long-term absences, while also working as a full-time school psychologist in Montana during the academic year. Camille is an outstanding clinician, and a highly valued member of our staff.

When Camille applied to our APA-approved internship site at UNI, her transcripts and practicum experiences were closely reviewed as part of our competitive application process. Camille's transcripts were comparable to those applicants applying from APA accredited training programs and showed thorough training in the areas of clinical and school psychology. We have had several very successful interns from the University of Montana's doctoral programs in psychology and we have been impressed by the quality of their training and supervised practicum experiences. Not only did Camille's transcripts show that she had solid training in psychological interventions, but she had extensive practicum experiences in both school and clinical settings. Camille impressed us as being one of our top interns during her internship year, and since then has gained valuable experience in the schools as a school psychologist. We have been hoping to recruit her into a full time position as the core psychologist for our day treatment program at UNI. To this end, we have offered her a position to start during the summer of 2014 that is contingent on her being eligible for licensure in the State of Utah.

Camille is well respected by her colleagues from many departments in the hospital, including psychology, social work, and psychiatry. She has very strong clinical skills in addition to strong theoretical and research knowledge which is shown in her ability to provide therapeutic support and intervention for patients with a very broad range of diagnoses, and a high acuity level. When working in our multidisciplinary teams, Camille's ability to discuss the psychological needs of her patients allows the other team members to feel very confident in the treatment her patients are receiving. Her ability to work with a team and contribute to a shared knowledge is just one of the many qualities that we value in Camille. I have worked with Camille while I have been in the role of Director of Psychology Training, as her direct supervisor, and now as the Director of Psychology at UNI. Over that course of time, Camille has been a joy to work with and someone I know we can rely upon to provide excellent patient care. One of Camille's greatest strengths is her willingness to seek consultation and supervision on difficult cases, which speaks to her professionalism and patient focus. Camille's calm and confident demeanor is a huge asset and something that is not taught in graduate school.

In working with patients and colleagues, Camille is professional and competent which provides a sense of calm in a setting that is very fast paced and requires flexibility. She is diligent, accountable, easy to approach, well informed, and goes out of her way to work together with other professionals in the hospital and community. I trust Camille completely. She has the clinical expertise to face any situation presented. Camille will be a great asset to the State of Utah as a licensed psychologist. She also will be a great asset to us at UNI in our quest to provide top notch clinical care to at-risk children and adolescents, and their families.

If you have any further questions, feel free to contact me, and I will be happy to discuss this further.

Sincerely,



Sandra Whitehouse, Ph.D., Licensed Psychologist
Director of Psychology,
University of Utah Neuropsychiatric Institute
Adjunct Assistant Professor, University of Utah
501 Chipeta Way, Salt Lake City, UT 84108
801-587-3537
sandra.whitehouse@hsc.utah.edu



The University of
Montana

Department of Psychology
Skaggs Building 143
The University of Montana
Missoula, Montana 59812-1584

Phone: (406) 243-4521
Fax: (406) 243-6366
www.umt.edu/psych/

March 3, 2014

To Whom It May Concern:

Ms. Camille Barraclough is a doctoral student in the School Psychology training program at the University of Montana. She has informed me of her desire to pursue licensure within the state of Utah. It is my understanding that your state does not currently provide for graduates of non-APA-accredited programs to become licensed, but that you are nonetheless potentially open to making reasonable exceptions. Given that, I would like to explain a little about our program and where we are in the accreditation process.

Our PhD Program in School Psychology is a fairly recent addition. In fact, we just had our first PhD graduate in December of 2013. We are currently finishing our self-study as a first step toward APA accreditation. I believe that it will be submitted to APA in approximately one month. We believe that our program of study is extremely rigorous and that we will be in a positive position to gain APA approval for a few reasons. First, our EdS level program is fully approved by NASP. Secondly, our school program significantly overlaps with our APA approved clinical training program. This close overlap to another APA approved PhD program gives us confidence that our class offerings and their content, as well as the student's practical experiences, are appropriate to the training needs of our students. Finally, the structure and content of our program aligns well with other accredited programs and we have the necessary resources to sustain the program's viability. All of this being said, there are no guarantees.

It is my understanding that Ms. Barraclough will be providing you with her transcripts and perhaps with other materials that compare our program's course of study with other programs. We have intentionally crafted our curriculum so that our students are exposed to the core areas that APA, and a number of state licensing boards, deem necessary to a recognized program of study in Psychology (biological, cognitive, affective, and social bases of behavior; history and systems of psychology; psychological measurement; research methodology; data analysis, individual differences; human development, psychopathology, professional standards and ethics; theories and methods of assessment and diagnosis; theories and methods of intervention; consultation; evaluating efficacy of interventions; cultural and individual diversity; and professional attitudes towards learning, inquiry and problem solving).

If there is any further information that I can offer, please do not hesitate to contact me:
406-243-5546; greg.machek@umontana.edu.

Sincerely,

G. Machek

Greg R. Machek, PhD
Associate Professor
Director, School Psychology Graduate Training
Department of Psychology
The University of Montana



The University of
Montana

Department of Psychology
Skaggs Building 143
The University of Montana
Missoula, MT 59812-1584

Phone: (406) 243-4521
Fax: (406) 243-6366
www.umt.edu/psych/

March 10, 2014

RE: Camille Barraclough

Utah Department of Professional Licensing &
Utah Psychologist Licensing Board
160 East 300 South
Salt Lake City, UT 84111

To Whom It May Concern:

I am writing to provide explanation and support for Camille Barraclough's appeal application for licensure in the State of Utah as a licensed clinical psychologist. Camille has completed all of her coursework in our Doctoral Program in School Psychology, completed an APA approved internship in 2012, and is scheduled to defend her dissertation later this semester. From the outset the school psychology doctoral program was designed to meet APA accreditation standards and will be seeking accreditation review this year. Camille completed her coursework along side graduate students in our APA approved clinical psychology program and in particular with students in our child clinical track. In my review of her transcripts, she shared coursework with clinical students in 22 of her courses that she completed toward her degree. The only courses not overlapping are those that she needed to take to meet National Association of School Psychology (NASP) accreditation guidelines as a school psychologist.

Personally, I can also speak to having had Camille in two of my clinical psychology courses: Clinical Interviewing and Family Psychology. Camille earned A's in both courses demonstrating skills equivalent to or exceeding her peers. She is competent and well-trained with only the label of an APA program between her and her first offer of employment at Utah Neuropsychiatric Institute, the site of her APA approved internship. The unfortunate circumstance of programs going up for APA accreditation is that they must graduate their first graduates before being allowed to apply for accreditation. Camille was in our first class admitted to the program in 2006.

We fully expect our school doctoral program to meet the accreditation standards as designed and the program is set to submit materials this spring. As previous Director of Clinical Training twice during accreditation review years, I am well aware of and have guided my colleagues in developing the submission materials. Given that school students take coursework side by side with our APA approved program, it is not surprising that school psychology students have matched 100% every year in the APA internship match even in these difficult times of match percentages. These facts, along with Camille's transcript, her academic accomplishments, her quality of performance, and her clinical skills evidence that she meets those expected of students in APA approved programs.

Please feel free to contact me at the phone number above or at Christine.fiore@umontana.edu if you need any additional information.

Sincerely,

Christine Fiore, Ph.D.

Christine Fiore, Ph.D.
Professor and Chair



Department of Educational Psychology

Utah Department of Professional Licensing &
Utah Psychologist Licensing Board
160 East 300 South
Salt Lake City, UT 84111

Dear Board Members:

I am contacting you regarding Camille Barraclough's formal appeal to become eligible for licensure in Utah as a psychologist. I am aware that she is completing a doctoral degree from a not-as-yet APA accredited School Psychology program at the University of Montana. I understand that the State of Utah requires that graduates are trained in APA- accredited programs and it was my understanding that the University of Montana's School Psychology program met criteria and just waiting final review. I am familiar with their program and their faculty and would be surprised if their program did not receive accreditation. I am also familiar with Camille's work as I have interacted with her in a variety of situations, including supervising her on the Child Rotation for an APA- accredited internship at the University Neuropsychiatric Institute (UNI) in 2010; providing supervision during her part-time externship work at UNI from August 2010 to June 2013, and am serving as a member of her dissertation committee at the University of Montana..

Camille competed well for the UNI internship as she underwent a thorough review of her coursework (transcripts and consultation with the Director of Training there) and an intense interview process. During her year of internship at UNI there was also ample opportunity to see Camille's clinical expertise be used across the lifespan of patients presented in the hospital. After completion of internship, the psychology department requested Camille stay on as PRN staff and she has twice filled in for the long-term absences of full time psychologists. Her professionalism and knowledge have been noted by the department over the last three years, resulting in a job offer as a full time psychologist in UNI's day treatment program. In my opinion, Camille would be a tremendous asset to the field if she were to get licensed and work at UNI or anywhere else for that matter. She has strong clinical skills and a thorough knowledge base by which to make informed decisions. In my role as her supervisor I was also impressed by her dedication to the patients and her commitment to providing the best treatment methods known, that is, current research-based interventions.

I sincerely hope that you are able to give a favorable decision in allowing Camille to sit for the State of Utah psychology licensure examination and upon passage of the exam permit her to practice psychology in our state. If you have any further questions, please contact me either by email (el.clark@utah.edu) or by phone (801-706-3373).

Sincerely,

Elaine Clark, PhD
Licensed Psychologist, State of Utah
Professor and Associate Department Chair
University of Utah
1721 Campus Center Drive, Rm. 3222 BTS/AEC

1705 Campus Center Drive
Salt Lake City, Utah 84112-9255
(801) 581-7148
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March 7, 2014

Utah Department of Professional Licensing &
Utah Psychologist Licensing Board
160 East 300 South
Salt Lake City, UT 84111

Dear Mr. Mark Steinagel, DOPL Director; Madam Chairperson Valerie Hale; Bureau Manager, Mr. Rich Oborn; and the Utah Psychologist Licensing Board:

This letter is written in support of Ms. Camille Barraclough's appeal to the Utah Psychologist Licensing Board to grant an exception for her application as a licensed psychologist in Utah. I believe Ms. Barraclough has provided substantial evidence of other states who either have an exception codified in their licensing requirements (Mississippi and Oklahoma) or who have granted exceptions based upon the same rationale as the current appeal before you.

I am well aware of the circumstances leading to the appeal from my perspective as the former Director of The University of Montana School Psychology Program (2003-2009), when the doctoral program was proposed and approved by the State Board of Regents of the State of Montana and subsequently implemented, beginning in Fall, 2006. Ms. Barraclough was one of two applicants accepted into the program for our inaugural year. From the doctoral program's inception, our department and university had the explicit intention of applying for APA accreditation. A requirement for application, however, is that the program has accomplished the first graduates of the program. We have just reached that benchmark, with Ms. Barraclough and two other graduates this Spring, 2014. Our self-study is currently being submitted and the application is ready to submit as soon as the first students have the doctoral degree posted to their transcripts.

We designed the school psychology doctoral program coursework and practica to align with APA requirements. In addition, our school psychology doctoral program requires our students to take the same clinical coursework and practica as is required of the child-clinical graduate students, a program that has had APA accreditation for many years. In fact, the clinical program was last reviewed in 2012 and received continued accreditation status. This means that Ms. Barraclough has undertaken and achieved all the requirements of the school psychology program that includes the child/clinical APA-accredited coursework. Furthermore, Ms. Barraclough has provided your committee a spreadsheet of how well her transcript of coursework/practica aligns with the University of Utah School Psychology doctoral program requirements, an APA accredited program. This is a demonstration of the UM School Psychology Program alignment with a nationally-renowned APA-accredited doctoral School Psychology Program.

I also write to you as a former practicum supervisor (and professor) of Ms. Barraclough. She not only completed the required field work, but also sought out additional field experience to broaden her skills. Without exception, field supervisors rated Ms. Barraclough as excellent in respect to professional skills and behaviors and have remarked how developmentally advanced she was throughout her program sequence. The Utah Neurological Institute (UNI) selected her above all other applicants for an APA-accredited internship. Their decision to select a psychologist from a "non-APA accredited" program was based on Ms. Barraclough's skill level and their evaluation that her coursework and field work met or exceeded their expectations. Since completion of her internship, UNI has employed her on an "as needed" basis to assist with inpatient and day treatment clinical responsibilities. For these reasons, and the fact that UNI is now offering her a permanent, full-time position, speaks to the high regard with which they hold Ms. Barraclough's professional skills and expertise. This is an endorsement by UNI of Ms. Barraclough's clinical and professional skills.

Ms. Barraclough has the training and professional skill that can be matched to any other psychologist from an APA accredited program. Her training transcripts and field work evaluations are part of the self-study for our accreditation. Her record, as well as the other two doctoral first graduates of our program, are part of the evidence of the program alignment with APA requirements and are the basis for our application. APA's current rule that a graduate can only state they come from an APA accredited program if the program is accredited at the time of graduation, rules out the possibility for the first graduates of a new program to make that same claim. Ms. Barraclough is in the unfortunate position of being caught in this "never land". In order to be able to say she comes from an APA-accredited program, she would have to wait (and pay additional tuition) to graduate until APA accreditation is attained by the UM Program. This time would add no substance to her training. The APA accreditation process from self-study through final decisions can take more than a year.

The decision by your committee to evaluate and grant Ms. Barraclough's appeal based on the evidence she has provided, as well as her record and skill, can remove this "barrier" to her accepting the position UNI has offered to her now. She is poised to graduate in May, 2014, with a Ph.D. in Psychology. It is my hope that you will fully consider the evidence she has provided and the letters of support sent to you on her behalf to come the decision to waive the "graduate of an APA-accredited program" requirement and grant Ms. Barraclough eligibility for the Utah State Psychology License.

Thank you for your careful consideration of this appeal.

Respectfully,



Margaret Beebe-Frankenberger, Ph.D.
Associate Professor

3/7/14

Dear Utah Professional Licensing Board,

I am writing in strong support of Camille Barraclough's recent offer of employment at the University of Utah Neuropsychiatric Institute. I understand that your current laws prohibit her from obtaining licensure as a clinical psychologist in the State of Utah because her school psychology program has not yet been APA-accredited, through no fault of her own. Camille is an extremely intelligent, skilled, compassionate, and talented individual who I believe would make an excellent addition to the psychology profession in Utah, and I urge you to consider making an exception for her.

I am a licensed clinical psychologist in Missoula, MT. I have had a private practice that is primarily assessment-based since May of 2010. I have known Camille since 2008, when she was a student in the school psychology program at the University of Montana. I served as her Adjunct Professor for a child therapy and a child assessment class. She was one of the best students of my class. She had excellent grades, showed intellectual prowess, participated readily in discussions, and asked to complete extracurricular assignments so that she could learn more about child therapy and child assessment.

Camille also worked under my supervision as a child therapist at Friends to Youth, a local low-income counseling center for children and families. As a therapist, she displayed a great deal of skill. She always incorporated and utilized empirically supported treatments in her interventions, sought supervision and consultation about every difficult issue that arose in therapy sessions, and displayed extraordinary compassion for her clients. She is extremely strengths-based in her clinical approach, and she individualizes treatment to take into account a client's strengths, weaknesses, support network, and available resources. Remarkably, she manages to do so in both a realistic and optimistic way.

Recently, Camille returned to Montana after completing her pre-doctoral internship at University of Utah Neuropsychiatric Institute (UNI). Since that time, I have provided her with supervision for her work in the community as a school psychologist and as a child therapist within the Missoula County Public Schools. I have continued to be impressed by her compassion and advocacy for children, and by her hard work, diligence, maturity, and attention to detail. Since she completed her internship, her skills have progressed to the level where I feel that licensure is not only appropriate, but absolutely warranted for Camille. I feel that she is ready to work at a professional level within the community that is commensurate with both a school and a clinical psychologist. Clearly, the staff at UNI agree, as, in addition to completing a successful internship at that highly competitive site, they have asked her to fill in for staff vacancies several times since, and they have offered her a full-time position because they feel she has what it takes to be a successful psychologist in the state of Utah.

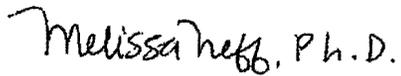
In my opinion, Camille's difficulties with obtaining licensure, and with the completion of her dissertation, have been slowed *solely* by political issues within the school psychology program. As the first student ever to enroll in the school psychology program at UM, Camille has served as somewhat of a "guinea pig." Diligent in her desire to gain clinical experience commensurate with both fields, she has completed countless hours of volunteer therapy because the opportunities promised to her when she began the program did not become available until several years into the program. Despite this major obstacle,

Camille has sought therapy experience whenever possible, with impressive ambition, and she has displayed prowess in her skills as a therapist. Missoula is a small community, and yet Camille is well-known. I have yet to meet another professional who does not speak and think highly of her work.

Simply put, I would trust Camille to work with me as an equal in my practice, in a heartbeat. Although I am providing her with supervision, she has taught me a lot about school psychology, and I value her judgment so much that at times, I use her to consult with on particularly difficult cases that involve learning disabilities or political issues to navigate within Missoula's school system. Our community will experience her moving to Utah as a loss, but I have no doubt that she will serve as an exemplary psychologist for the state of Utah.

I hope that you will strongly consider making an exception in Camille's case. If there is anything else that I can do to advocate for her, or any questions I can answer, please feel free to contact me anytime at 406-370-2380 or at missoulapsychtesting@yahoo.com.

Sincerely,

Melissa Neff, Ph.D.

Melissa Neff, PhD
Licensed Clinical Psychologist
Montana License #398

R156-61-302a. Qualifications for Licensure - Education Requirements.

COA

(1) In accordance with Subsection 58-61-304(1)(d), an institution or program of higher education awarding a psychology degree that qualifies an applicant for licensure as a psychologist shall be accredited by the CoA.

(a) An applicant shall graduate from the actual program that is accredited by CoA. No other program within the department or institution qualifies unless separately accredited.

(b) If a transcript does not uniquely identify the qualifying CoA accredited degree program, it is the responsibility of the applicant to provide signed, written documentation from the program director or department chair that the applicant did indeed graduate from the qualifying accredited degree program.

NON-COA

(2) In accordance with Subsection 58-61-304(1)(d), an institution or program of higher education awarding a psychology doctoral degree that is not accredited by CoA shall meet the following criteria in order to qualify an applicant for licensure as a psychologist:

(a) if located in the United States or Canada, be an institution having a doctoral psychology program recognized by the Association of State and Provincial Psychology Boards (ASPPB)/National Register Joint Designation Committee as being found to meet "designation criteria", at the time the applicant received the earned degree. Whether a program is found to meet designation criteria is a decision to be made by the ASPPB/National Register Joint Designation Committee; or

(b) if located outside of the United States or Canada, be an institution that meets the ASPPB National Register (NR) Designation Guidelines for defining a doctoral degree in psychology as determined by the NR.

(3) An applicant whose psychology doctoral degree training is not designed to lead to clinical practice or who wishes to practice in a substantially different area than the training of the doctoral degree shall complete a program of respecialization as defined in Subsection R156-61-102(5), and shall meet requirements of Subsections R156-61-302a(2).

(4) The date of completion of the doctoral degree shall be the graduation date listed on the official transcript.

R156-61-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 61, as used in Title 58, Chapters 1 and 61 or this rule:

(2) "CoA" means Committee on Accreditation of the American Psychological Association.

(5)(a) "Program accredited by the CoA", as used in Subsections R156-61-302a(1), means a psychology department program that is accredited at the time of completion of a doctoral psychology degree.

(b) No other accredited educational program at a degree granting institution is considered to meet the requirement in Subsections R156-61-302a(1), and in no case are departments or institutions of higher education considered accredited.

58-1-307. Exemptions from licensure.

- (1) Except as otherwise provided by statute or rule, the following persons may engage in the practice of their occupation or profession, subject to the stated circumstances and limitations, without being licensed under this title:
 - (b) a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by the division to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program;
 - (c) an individual engaged in an internship, residency, preceptorship, postceptorship, fellowship, apprenticeship, or **on-the-job training** program approved by the division while under the supervision of qualified individuals;

R156-61-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 61, as used in Title 58, Chapters 1 and 61 or this rule:

(4) "On-the-job training program" means a program that:

(a) is applicable to individuals who have completed all courses required for graduation in a doctoral degree that would qualify for licensure under this chapter;

(b) starts immediately upon completion of all courses required for graduation;

(c) ends 45 days from the date it begins, or upon licensure, whichever is earlier, and may not be extended or used a second time;

(d) is completed while the individual is an employee of a public or private agency engaged in the practice of psychology; and

(e) is under supervision by a qualified individual licensed under this chapter which includes supervision meetings on at least a weekly basis when the supervisee and supervisor are physically present in the same room at the same time.



Richard Oborn <roborn@utah.gov>

Definition of "hour"

2 messages

Rob Pramann <utahssccc@aol.com>
To: Richard Oborn <roborn@utah.gov>

Sun, Mar 16, 2014 at 7:20 PM

Dear Rich—

I am hopeful you have a ready answer for this question and will not have to research it. A certain number of **hours** of mental health therapy and a certain number of **hours** of face to face supervision is required to qualify for licensure for mental health professionals who are psychology residents, certified social workers, or associate clinical mental health counselors, or associate marriage and family therapists. Is this a reference to a 45-50 minute hour? Please prioritize sending me this information as it relates to the hiring of an associate marriage and family therapist as I need this information right away.

Previously the standard therapy session length was 45-50 minutes and a supervision hour was understood to be 45-50 minutes. However with the advent of the new Current Procedural Terminology (CPT) Codes in 2013 the standard session length was identified as 45 minutes and the extended 75-80 minutes session code was adjusted to 60 minutes (see attached crosswalk from APA). This meant much readjusting for me as a clinician in terms of administrative tracking of practice statistics and much confusion. The standard session length remains 45 minutes but I avoid referring to it as an "hour" and for my statistical purposes refer to it as "3/4" of an hour. Some insurance companies will not pay for a 60 minute session without special authorization or only in extenuating circumstances. I have no idea how DOPL and the different professional boards have taken into account this change. My hours of mental health therapy and supervision (years ago) were based on the 45-50 minute session as being one hour. Is that still the case now? If not, please advise so I can ensure we are complying with DOPL's definition and understanding.

Thank you for your assistance in this matter.



Rob Pramann PhD
Christian Counseling
Centers of Utah
Clinical Director, Psychologist

525 E 4500 S, Ste F 125
Salt Lake City, UT 84107

(801) 268-1564 x13 Work
www.cccutah.org

2 attachments



crosswalk-codes.pdf

278K



Rob Pramann PhD.vcf

19K

Richard Oborn <robom@utah.gov>
To: Rob Pramann <utahssccc@aol.com>

Wed, Mar 19, 2014 at 10:34 AM

Rob,

The current law does address this issue. My first impression is that a 45-50 minute session should not count as one hour of therapy for purposes of completing the 1,000 hours of mental health therapy needed for the higher license. I'd like to consult with members of various mental health licensing boards about this issue.

[Quoted text hidden]

—

Richard J. Oborn
Bureau Manager
Utah Department of Commerce
Division of Occupational and Professional Licensing
Phone: (801) 530-6767



Crosswalk of 2012 Psychotherapy CPT® Codes to 2013 Codes

Effective January 1, 2013

2012 Code	2013 Code(s)
Diagnostic interview procedures	
90801, Psychiatric diagnostic interview examination	90791, Psychiatric diagnostic evaluation
Psychotherapy	
90804, outpatient psychotherapy 20-30 min 90816, inpatient psychotherapy 20-30 min	90832, Psychotherapy, 30 minutes with patient and/or family member
90806, outpatient psychotherapy 45-50 min 90818, inpatient psychotherapy 45-50 min	90834, Psychotherapy, 45 minutes with patient and/or family member
90808, outpatient psychotherapy 75-80 min 90821, inpatient psychotherapy 75-80 min	90837, Psychotherapy, 60 minutes with patient and/or family member
90845,* Psychoanalysis	90845, Psychoanalysis
90846,* Family psychotherapy without the patient present	90846, Family psychotherapy without the patient present
90847,* Family psychotherapy, conjoint psychotherapy with the patient present	90847, Family psychotherapy, conjoint psychotherapy with the patient present
90849,* Multiple-family group psychotherapy	90849, Multiple-family group psychotherapy
90853,* Group psychotherapy (other than of a multiple-family group)	90853, Group psychotherapy (other than of a multiple-family group)
Codes for interactive services	
90802, Interactive psychiatric diagnostic evaluation	90791 plus interactive add-on code (90785)
All current interactive psychotherapy services (90810 – 90815, 90823 – 90829)	90785, Add-on code to be used in conjunction with appropriate psychotherapy code based on length of the session
90857, Interactive group psychotherapy	90853 plus interactive add-on code (90785)
Pharmacologic management add-on code	
90862, Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy	90863, Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to principal psychotherapy code (90832, 90834, 90837)

* The codes shaded in orange are the same for 2012 and 2013

Current Procedural Terminology®(CPT) copyright 2011 American Medical Association. All Rights Reserved.
The CPT manual is available for purchase from the [American Medical Association online](http://www.ama-assn.org) or by calling toll-free, (800) 621-8335.

For complete information on the 2013 psychotherapy codes, visit www.apapracticecentral.org/codes.

For additional questions, email us at praccodes@apa.org.

American Psychological Association Practice Organization
Practitioner Helpline: 800-374-2723 TDD/TTY: 202-336-6123

R156-61-302b. Qualifications for Licensure - Experience Requirements.

(1) An applicant for licensure as a psychologist under Subsection 58-61-304(1)(e) or mental health therapy under Subsections 58-61-304(1)(e) and (1)(f) shall complete a minimum of 4,000 hours of psychology training approved by the Division in collaboration with the Board. The training shall:

- (a) be completed in not less than two years;
- (b) be completed in not more than four years following the awarding of the doctoral degree unless the Division in collaboration with the Board approves an extension due to extenuating circumstances;
- (c) be completed while the applicant is enrolled in an approved doctoral program or licensed as a certified psychology resident;
- (d) be completed while the applicant is under the supervision of a qualified psychologist meeting the requirements under Section R156-61-302d;
- (e) if completed under the supervision of a qualified faculty member who is not an approved psychology training supervisor in accordance with Subsection R156-61-302d, the training shall not be credited toward the 4,000 hours of psychology doctoral clinical training;
- (f) be completed as part of a supervised psychology training program as defined in Subsection R156-61-102(4) that does not exceed:
 - (i) 40 hours per week for full-time internships and full-time post doctoral positions; or
 - (ii) 20 hours of part-time internships and part-time post doctoral positions; and
- (g) be completed while the applicant is under supervision of a minimum of one hour of supervision for every 20 hours of pre-doctoral training and experience and one hour for every 40 hours of post-doctoral training and experience.

(2) In accordance with Subsection 58-61-301(1)(b), an individual engaged in a post-doctoral residency program of supervised clinical training shall be certified as a psychology resident.

(3) An applicant for licensure may accrue any portion of the 4,000 hours of psychology doctoral degree training and experience required in Subsection 58-61-304(1)(e) in a pre-doctoral program.

(4) An applicant who applies for licensure as a psychologist who completes the 4,000 hours of psychology doctoral degree training and experience required in Subsection 58-61-304(1)(e) in a pre-doctoral program or post-doctoral residency, and meets qualifications for licensure, may be approved to sit for the examinations, and upon passing the examinations will be issued a psychologist license.

(5) An applicant for licensure as a psychologist who has commenced and completed all or part of the psychology or mental health therapy training requirements under Subsection R156-61-302b(1) outside the state, may receive credit for that training completed outside of the state if it is demonstrated by the applicant that the training is equivalent to the requirements for training under Subsections 58-61-304(1)(e) and (f), and Subsection R156-61-302b(1).

R156-61-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 61, as used in Title 58, Chapters 1 and 61 or this rule:

(4)(a) "**Predoctoral internship**" refers to a formal training program that meets the minimum requirements of the Association of Psychology Postdoctoral and Internship Centers (APPIC) offered to culminate a doctoral degree in clinical, counseling, or school psychology.

(b) A training program may be a full-time one year program or a half-time two year program.

(8) "**Residency program**", as used in Subsection 58-61-301(1)(b), means a program of post-doctoral supervised clinical training necessary to meet licensing requirements as a psychologist.

(9)(a) "**Psychology training**", as used in Subsection 58-61-304(1)(e), means practical training experience providing direct services in the practice of mental health therapy and psychology under supervision. All activities in full-time internships and full-time post-doctoral positions devoted solely to mental health delivery meet this definition.

(b) Activities not directly related to the practice of psychology, even if commonly performed by psychologists, do not meet the definition of psychology training under Subsection 58-61-304(1)(e). Examples of ineligible activities include psychology coursework, analog clinical activities (e.g. role plays), activities required for business purposes (e.g. billing), supervision of others engaged in activities other than practice of psychology (e.g. supervising adolescents in wilderness settings), and activities commonly performed by non-psychologists (e.g. teaching of psychology on topics not of a professional nature).

R

Senator Todd Weiler proposes the following substitute bill:

1 **HEALTH CARE PROFESSIONAL TRUTH IN ADVERTISING**
2 2014 GENERAL SESSION
3 STATE OF UTAH
4 **Chief Sponsor: Todd Weiler**
5 House Sponsor: Ryan D. Wilcox

7 **LONG TITLE**

8 **General Description:**

9 This bill amends the unprofessional and unlawful conduct provisions of the Division of
10 Occupational and Professional Licensing Act to require all licensed health care
11 providers to disclose to a patient the health care provider's type of license and name.

12 **Highlighted Provisions:**

- 13 This bill:
- 14 ▶ defines terms;
 - 15 ▶ beginning January 1, 2015, requires a health care provider, in a patient encounter, to
16 wear a badge or clothing that identifies the health care provider's name and license
17 type;
 - 18 ▶ establishes certain exemptions for the requirement for health care provider
19 identification;
 - 20 ▶ requires an individual in training to obtain a health care license to wear
21 identification in patient encounters;
 - 22 ▶ prohibits deceptive or misleading representations by a healthcare provider;
 - 23 ▶ makes it unprofessional conduct for a health care provider to fail to wear
24 identification in a patient encounter;
 - 25 ▶ makes it unlawful conduct for an individual to wear identification in a patient



1st Sub. S.B. 137

26 encounter that suggests the individual is licensed to perform health care services for which the
27 individual is not licensed to perform; and

28 ▶ makes it unlawful conduct to engage in deceptive or misleading representations.

29 **Money Appropriated in this Bill:**

30 None

31 **Other Special Clauses:**

32 None

33 **Utah Code Sections Affected:**

34 ENACTS:

35 **58-1-501.8**, Utah Code Annotated 1953



37 *Be it enacted by the Legislature of the state of Utah:*

38 Section 1. Section **58-1-501.8** is enacted to read:

39 **58-1-501.8. Occupational and professional identification of health care providers**

40 **-- Unlawful and unprofessional conduct.**

41 (1) For purposes of this section:

42 (a) "Badge" means a tag or badge in plain view:

43 (i) attached to a health care provider's clothing; or

44 (ii) hanging from a lanyard around a health care provider's neck.

45 (b) "Clothing" means a health care provider's outermost article of clothing that is
46 visible to others.

47 (c) "Deceptive or misleading conduct" means any affirmative communication or
48 representation that falsely states, describes, holds out, or details an individual's licensure,
49 training, education, or profession.

50 (d) "Health care provider" means a natural person who is:

51 (i) defined as a health care provider in Section 78B-3-403; and

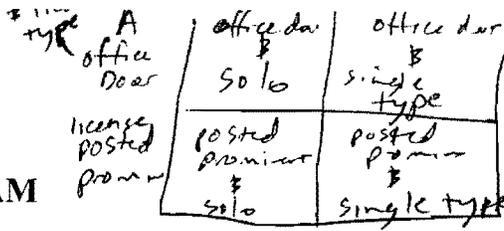
52 (ii) licensed under this title.

53 (e) "Identification" means a badge or stitching, or permanent writing in plain view on
54 clothing that:

55 (i) includes the health care provider's name;

56 (ii) includes the license type held by the health care provider;

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57 (iii) is worn in a manner that is visible and apparent to others; and

58 (iv) contains the information required by Subsections (1)(c)(i) and (ii):

59 (A) in a manner and of sufficient size that can be easily read; and

60 (B) on both sides of the badge, unless the badge or tag is attached to clothing in a way
61 that prevents the badge from rotating.

62 (f) "License type" means a designation of the license type that satisfies the
63 requirements of Section 58-1-501.6.

64 (g) "Patient encounter" means an interaction in $\hat{S} \rightarrow$ a health care facility, health care
64a clinic $\hat{S} \rightarrow$, $\leftarrow \hat{S}$ or office $\hat{S} \rightarrow$ [or other location as defined by the division by rule;] $\leftarrow \hat{S}$ in $\leftarrow \hat{S}$
64a1 which a patient can
64b see a health care
65 provider delivering services directly to a patient.

66 (2) Beginning January 1, 2015 except as provided in Subsections (3) and (4), a health
67 care provider shall wear identification during any patient encounter.

68 (3) A health care provider's identification may be covered if required under sterilization
69 or isolation protocols.

70 (4) A health care provider is not required to wear identification:

71 (a) if wearing identification would jeopardize the health care provider's safety; $\hat{S} \rightarrow$ [and]
71a or $\leftarrow \hat{S}$

72 (b) (i) in an office in which:

73 (A) the license type and names of all health care providers working in the office are
74 displayed on the office door; $\hat{H} \rightarrow$ [and] or $\leftarrow \hat{H}$

75 (B) each health care provider working in the office has the health care provider's
76 license posted prominently in the office and readily visible to a patient; and

77 (ii) if the office is an office:

78 (A) of a solo health care provider; $\hat{S} \rightarrow$ or $\leftarrow \hat{S}$

79 (B) of a single type of health care provider $\hat{S} \rightarrow$ [or] $\leftarrow \hat{S}$

80 $\hat{S} \rightarrow$ [~~(C) with no more than two types of health care providers in which each patient is seen~~
81 ~~by only one health care provider in the office, a patient does not receive services from another~~
82 ~~health care provider in the office, and the health care providers do not provide cross coverage~~
83 ~~of services for the patients of other health care providers in the office.] $\leftarrow \hat{S}$~~

84 (5) An individual who is a student or is in training to obtain a license as a health care
85 provider shall:

86 (a) wear identification during patient encounters that identifies the person as in
87 training, or a student, for the particular license type; and

- 88 (b) otherwise comply with the provisions of this section.
- 89 (6) It is unprofessional conduct if a health care provider violates this section.
- 90 (7) It is unlawful conduct if an individual:
- 91 (a) wears identification in a patient encounter that suggests that the individual is
- 92 practicing or engaging in an occupation or profession that the individual may not lawfully
- 93 practice or engage in under this title; or
- 94 (b) engages in deceptive or misleading conduct.
- 95 (8) An individual who violates this section is subject to Section 58-1-502.

**DOPL Investigations Report
Psychology Licensing Board
April 15, 2014**

**Professional Licensing Complaints
Psychology Cases Resolved in 2013**

1 Case:	Administrative Sanctions – Stipulation (Eric Hanson, Ph.D.)
1 Citation:	Citation Issued – Unlicensed Practice (Gary Acevedo)
4 Cases	Intelligence Filed
2 Cases	Lack of Evidence
5 Cases	Letters of Concern
5 Cases	No Jurisdiction (Custody cases)
15 Cases	Unfounded
3 Cases	Verbal Warning
36 Total Cases	

5 LETTERS OF CONCERN

Letter #1

██████████, PHD
██████████
██████████

SUBJECT: LETTER OF CONCERN

Dear Dr. ██████:

As you are aware, the Division of Occupational and Professional Licensing has received a complaint concerning your capacity as a licensed Psychologist in the state of Utah.

The complainant is the mother of two boys who have been involved in a high conflict custody dispute for many years. The complainant reported that she and the father (herein referred to as Jane and John Doe) of the boys were court ordered to obtain psychological evaluations and follow any recommended treatment. Instead of following the court order, you allegedly entered into a multiple role. The specific allegation is that you provided a "Parental Fitness and Psychological Evaluation," which also made a custody recommendation for the children.

It was further alleged you failed to provide informed consent to Jane Doe, who understood you were to provide a psychological evaluation and treatment recommendations. She reported she was not aware that your evaluation would also contain a recommendation for custody of the children.

Also, it was alleged that you conspired with an LCSW to have the children removed from the custody of Jane Doe in order to reunify the children with their father. It was alleged that you made a recommendation to the court to have the children placed in the custody of John Doe, even though the children reported that he (John Doe) had sexually abused them.

The investigation revealed the following facts:

- The parents have been divorced for many years, and the father is remarried.
- Jane and John Doe were both court ordered to submit to a "psychological evaluation" and "successfully participate in treatment recommendations." A copy of the order, dated September 7, 2010, was in the file you maintained for Jane and John Doe.
- DCFS records show that the LCSW recommended that you to perform the psychological evaluations for Jane and John Doe.

- The LCSW consulted with you about the case prior to when the court ordered the evaluation of Jane and John Doe. You acknowledged that you had received information from the LCSW about the case prior to initiation of your contract and/or court order for the evaluations of Jane and John Doe.
- DCFS reported you called the case worker and suggested that the court ordered Psychological Evaluation of the parents also include a Parental Fitness Evaluation.
- You received an undated letter from DCFS which requested the Psychological Evaluation of both parents also include a Parental Fitness Evaluation.
- You failed to document Jane Doe's informed consent when the nature of the service changed. You told the Division Investigator that you have provided written informed consent on all other cases with the exception of Jane Doe's case, when the informed consent was done verbally. A notation of verbal Informed consent was not documented in the clinical file.
- You made specific recommendations that the children not have contact with the mother for a period of time, and outlined a specific plan for the children's care, which relied heavily upon information from the LCSW, and inadequately supported documentation.
- Psychological evaluations and parental fitness evaluations, and all collateral documents for both Jane and John Doe are contained within the same clinical file. You indicated to the Division Investigator that the file for Jane and John Doe is disorganized, that you did not know when various information contained in the file was received and that forms need to be updated.
- Your form entitled: "*Parent Fitness Evaluations, Financial Agreement, [REDACTED], Ph.D.*" contains the phrase: *I have read the above, discussed all the provisions with my attorney, and I agree to proceed with the **custody evaluation** under these financial conditions.....*

Without using names, the complaint, your responses and other relevant evidence was reviewed by a psychologist recommended by UPA Ethics. The reviewer determined there are problems in your practice which rise to the level of unprofessional conduct. The reviewer suggested the following remedies to improve your practice standards:

1. **Peer consultation and supervision** of your practice to help identify issues regarding record keeping standards, with a focus on appropriate forms, clinical documentation, organization, appropriately supported documentation, appropriate informed consent, clarification of role with clients, and any other observations which would comply with best professional practice standards.
2. **Continuing Education Credits** with a focus on record keeping and

forensic psychology.

The Division has determined that the above recommendations will assist in improving your professional practice standards. Therefore your signature below indicates that you agree to comply with these recommendations. In doing so, the Division agrees to resolve this case informally (without probationary restrictions on your Psychology license).

My signature below constitutes my commitment to complete the above recommendations within 6 months of the date indicated. I will demonstrate to the Division Investigator, Dee Thorell, that I have fulfilled my commitment upon completion of the recommended peer consultation, supervision and classes. An addendum to this letter indicating your compliance or noncompliance will be added to the investigation file.

_____, Ph.D., Psychologist Date

This letter is issued in accordance with Utah Code Annotated subsection 58-1-108(3) and Utah Administrative Code subsection R156-1-102(33). This letter does not constitute a legal finding that you have or have not engaged in unprofessional conduct, nor does it constitute disciplinary action against you. This letter is classified under the Government Records Management Act as a protected record.

Please be aware that this letter of concern may be used to support a pattern of unprofessional conduct if future problems in this area of concern are substantiated. This could result in formal disciplinary action on your license. Also be aware that if other information regarding the allegations of the conduct described in this letter is brought to our attention, we may reopen our investigation and take action as may be appropriate

If you would like to comment, or if you have any questions regarding this letter of concern, please contact Dee Thorell, Division Investigator at (801) 530-6152.

Thank you for your time and immediate attention to resolve this matter.

Sincerely,

Larry Gooch
Investigation Supervisor, DOPL

Letter #2 – Unlicensed practice

June 25, 2013



SUBJECT: LETTER OF CONCERN

Dear Mr. [REDACTED],

The Division of Occupational and Professional Licensing received a complaint which alleged you have represented that you have engaged in licensed activity as a mental health therapist. The Division can find no mental health therapy license in your name.

The Division Investigator reportedly attempted to reach you by phone and e-mail, but has not received return calls or e-mail from you. The problem that has come to the Division's attention is a representation on your professional resume:

"RELEVANT EXPERIENCE:

.....Counselor 5/08 to 9/10

- Administers and interprets full psychological evaluations*
- Conducts group therapy....intake/outtake interviews"*

You should be aware of the following statutes rules and ethics that may be applicable.

A good resource for statutes, rules and ethics is the Division's website:
www.DOPL.UTAH.GOV.

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING ACT

Part 1 - Division Administration

This chapter is known as the "Division of Occupational and Professional Licensing Act."

Part 5 - Unlawful/Unprofessional Conduct

58-1-501. Unlawful and unprofessional conduct.

(1) "Unlawful conduct" means conduct, by any person, that is defined as unlawful under this title and includes:

(a) practicing or engaging in, representing oneself to be practicing or engaging in, or attempting to practice or engage in any occupation or profession requiring licensure under this title if the person is:

(i) not licensed to do so or not exempted from licensure under this title;

Letter #3

April 16, 2013

[REDACTED] PH D PSYCHOLOGIST
[REDACTED]
[REDACTED]

SUBJECT: LETTER OF CONCERN

Dear Dr. [REDACTED]:

As you are aware, the Division of Occupational and Professional Licensing has received two complaints concerning you in your capacity as Licensed Psychologist. One complaint was filed by the mother of a minor boy for whom your agency provided supervised visitation between a father and son. You are also providing reunification therapy for the father and son. The mother complained that you tried to force her to engage in family therapeutic services with you; however, you are not a provider approved by her insurance. The mother reported she had already contracted for family therapy with another provider. She complained you had many last minute schedule changes. She further complained you threatened to give a bad review with the courts if she complained about your abrupt scheduling changes. She further complained that on 11/17/11, you appeared to be intoxicated and stunk of alcohol and strong cigarette smoke. You denied these allegations.

The second complaint involved a child custody evaluation and recommendation for two minor boys whose custody had been given to their father in Salt Lake City. The biological mother had reportedly lost custody of all five of her boys due to her physical abuse of the boys, which resulted in criminal charges against the mother. The three older boys were sent to St. George to live with their biological father and the boy's grandmother. The father of the two boys in Salt Lake City reported that you testified as an expert witness in juvenile court on behalf of the mother after you had performed a custody evaluation. This might amount to a dual role.

You explained that the case was complicated by the fact that shortly after the evaluation had begun, a motion was filed in the juvenile court to terminate the mother's parental rights. You told the Division Investigator that you were confused by whether or not you should testify in juvenile court; however, you failed to consult with colleagues to clarify the issue.

The evaluation was reportedly performed at the request of and paid for by the mother. You reportedly interviewed the mother's former husband, the mother's three minor boys and the former mother-in-law in St. George, Utah. You

reportedly called ahead and asked the father of the boys to secure a hotel room and provide transportation for you during your stay in St. George. You reportedly solicited the mother-in-law for a business association with you. They also expressed concerns that if they did not do as you expected, you would give a bad review.

They were particularly concerned that you spoke about confidential matters concerning the biological mother and father. You reportedly spent time speaking negatively about the father, and told them he was unfit. You reportedly disclosed the mother's diagnosis, stated it was a "mild case" and told the mother-in-law that you would provide treatment for the mother.

The individuals interviewed in St. George had grave concerns that you provided them with protected information about the mother and father when you were supposed to be doing an evaluation of them. They also expressed concerns that you would give out information about them to others.

During your interviews with the minor boys in St. George, you reportedly encouraged them to have interaction with their mother, who was facing criminal charges for abusing them. It was reported that when the boys told you they did not want to see their mother, you reportedly continued to try to convince the boys to agree to have visits with their mother with someone safe present.

You sent several of the father's psychological test home to be filled out, rather than administering the testing in a safe and secure environment.

The investigation could find no evidence that the custody evaluation was court ordered. It appears there may have been boundary violations associated with your interaction with individuals, and that you may have disclosed confidential information. You reported that you have received no continuing education classes regarding custody evaluations. You have no peer support with whom you consult.

The evaluation was reportedly performed at the request of and paid for by the mother. Although the father signed a brief informed consent document, you testified repeatedly in juvenile court that the father told you he did not understand why he was meeting with you.

The Division Investigator reported she provided some education to you regarding the unprofessional conduct involved in this case. It is recommended you attend ethics classes regarding confidentiality, boundary issues and standards of care in custody evaluations, and develop a peer support group.

The Division has declined, at this time, to investigate the matter any further or seek formal action against your licenses to practice as Psychologist. Instead, we have decided that a letter of concern should be sufficient motivation for you to carefully examine and adjust your practices in the future. This decision was, in part, based on your representation to our investigator that you would indeed examine and adjust your practices in the future.

This letter is issued in accordance with Utah Code Annotated subsection 58-1-108(3) and Utah Administrative Code subsection R156-1-102(33). This letter does not constitute a legal finding that you have or have not engaged in unprofessional conduct, nor does it constitute disciplinary action against you.

This letter is classified under the Government Records Management Act as a protected record. Your written response has been added to the investigative file. Please be aware that future problems in this area of concern may result in formal disciplinary action by the Division. Also be aware that if other complaints of unprofessional conduct are brought to our attention, we may reopen our investigation and take action as appropriate.

If you have any questions about this letter, please contact Dee Thorell, Division Investigator at (801) 530-6152. Thank you for your time and immediate attention to resolve this matter.

Sincerely,

Larry Gooch
Investigative Supervisor

Letter #4 – Unlicensed Practice

February 19, 2013



SUBJECT: LETTER OF CONCERN

Dear Mr. [REDACTED],

The Division of Occupational and Professional Licensing (DOPL) has received a complaint regarding your professional conduct as a hypnotherapist. Although hypnotherapy is not a regulated profession by DOPL, the complaint raises concerns that you may have engaged in the unlawful practice of mental health therapy, which is regulated by the division.

In an interview with the division investigators, while not admitting to engaging in the practice of mental health therapy, you did admit that at times you may have unintentionally used hypnotherapy as a segway into evaluating clients that could have maladies related to a mental health diagnosis. You also told the investigators that you would read the mental health practice act and would not engage in the practice of mental health therapy as defined in 58-60-102.

The complaint also alleged that you have used your position as a mental health therapist to manipulate clients into unsolicited sexual encounters. Although you denied this allegation you agreed that in the future you would not use your position as a hypnotherapist to solicit potential sexual partners.

Although the Division has determined not to investigate the matter further and settle this case with an informal letter of concern, you should pay particular attention the following statutes, rules, ethical or practice standards which are relevant to these allegations:

MENTAL HEALTH PROFESSIONAL PRACTICE ACT 58-60-107(5).

(5) an individual engaged in performing hypnosis who is not licensed under this title may not: engage in the practice of mental health therapy;

(ii) use the title of a license classification in Subsection 58-60-102(5); or

(iii) use hypnosis with or treat a medical, psychological, or dental condition defined in generally recognized diagnostic and

statistical manuals of medical, psychological, or dental disorders;

The following website may be useful to ensure you have a clear understanding of these and other statutes, rules, ethical and professional standards that apply to your practice:

www.dopl.utah.gov

This letter is issued in accordance with Utah Code Annotated subsection 58-1-108(3) and Utah Administrative Code subsection R156-1-102(33). This letter does not constitute a legal finding that you have or have not engaged in unlawful conduct. This letter is classified under the Government Records Management Act as a protected record. If you have any questions about this letter, please contact Dan Briggs, Division Investigator, at (801) 530-6277.

Sincerely,

Larry Gooch
Investigative Supervisor
Division of Occupational and Professional Licensing

Letter #5

June 12, 2013

██████████ PH D
PSYCHOLOGIST RETIRED

SUBJECT: LETTER OF CONCERN

Dear Dr. ██████████:

As you are aware, the Division of Occupational and Professional Licensing received a complaint from a former client who alleged you engaged in unprofessional conduct during the clinical relationship in about 2008 and 2009. Investigation revealed you engaged in a dual relationship with the client, maintained inadequate and inaccurate billing and clinical records, utilized an outdated version of a psychological test, and provided inaccurate clinical information about the client to an agency. Additionally, your client contact may not have taken place in a confidential setting.

Division records indicate you have been licensed as a Marriage and Family Therapist and a Psychologist, and that both licenses are expired. You indicated to the Division, through your attorney, that you have retired from clinical practice, and have no intentions to renew your psychology license and/or engage in licensed practice in the future. As a result, the Division has declined, at this time, to investigate the matter any further or seek formal action against your residual rights to your Psychology license. Instead, we have issued this letter of concern as a resolution to this matter.

This letter is issued in accordance with Utah Code Annotated subsection 58-1-108(3) and Utah Administrative Code subsection R156-1-102(33). This letter does not constitute a legal finding that you have or have not engaged in unprofessional conduct, nor does it constitute disciplinary action against you.

This letter is classified under the Government Records Management Act as a protected record. If you would like to comment regarding any issues raised herein, please feel free to do so. If you have any questions about this letter, please contact Dee Thorell, Division Investigator at (801) 530-6152.

Sincerely,

Larry Gooch
Investigative Supervisor