

APPLICATION FOR SCHOOL PSYCHOLOGIST LICENSURE

****INSTRUCTIONS****

SECTION I - GENERAL REQUIREMENTS AND INFORMATION

This application should not be submitted until you are ready for licensure. That means that the education, experience, and a passing score on the examination have already been completed.

STATUTE AND RULE REFERENCES

Specific licensure requirements can be found at sections 490.005 and 490.006, Florida Statutes, and Rule 64B21-500, Florida Administrative Code, copies of which may be found at www.doh.state.fl.us/mqa/schoolpsych

EDUCATION

Completion of graduate level school psychology education as outlined in rule 64B21-500.009, F.A.C., **AND**

EXPERIENCE

Successful completion of three years of school psychology experience.

- One (1) year of experience consists of 1500 hours within twelve (12) consecutive months.
- Two (2) years of the three (3) year requirement shall consist of supervised experience.
- All supervised experience shall be performed by a certified or licensed school psychologist in any jurisdiction or a licensed psychologist.
- The third year can consist of general experience.
- Doctoral internships may be applied toward the supervision requirement. Non-doctoral internships, which are part of the education requirement, do not count toward the supervised or general experience requirement.; **AND**

EXAMINATION

Passage of the PRAXIS II School Psychology exam administered by Educational Testing Service (ETS) as outlined in rule 64B21-500.011, F.A.C. You may contact ETS at (609) 771-7395 or www.ets.org

FEES

- \$175 non-refundable application processing fee
- \$175 initial licensure fee
- \$5 unlicensed activity fee

Make checks, cashier's check, or money orders payable to the Department of Health. Applicants must submit **\$355** to the Department of Health regardless of application method.

APPLICATION PROCESSING

It can take up to 10-15 working days for checks to be processed by the Revenue Unit of the Department. Licensure office staff does not receive applications until the checks are processed.

By law, office staff is allowed 30 days from receipt of the application and fee to review an application and notify the applicant in writing of any deficiencies. If you have not been notified of your application status within 40 days of the Department's receipt of the application, you may contact the office. If confirmation of receipt of your application is needed, it is recommended that you submit your application by certified mail.

It is recommended that you gather supporting documentation, such as transcripts and supervision verification forms, for submission with your application and fee. This will expedite application processing. Applications will still be processed if documents are sent in separate from the application; doing so, however, may slow application processing down considerably. Transcripts may be submitted in this manner as long as they bear the official seal and are in sealed envelopes from the educational institution. *Verifications of other state licenses and examination scores must still be forwarded directly to the board office from the respective agency.*

A complete application consists of a completed application form, the appropriate fee, and ALL required supporting documentation.

Pursuant to section 456.013(1)(a), F.S., "An incomplete application shall expire one year after initial filing."

COMPLETING THE APPLICATION

Keep these instructions, the laws and rules, and a copy of the completed application, for future reference.

When answering questions, do not refer to an attached resume. All questions can be answered by completing the form in its entirety as required. Failure to do so will cause the application to be incomplete and the applicant will be requested to complete additional application pages, as applicable.

If you would like to explain or clarify any question or if any of the sections in the application do not contain sufficient space for the requested information, use an additional sheet of paper to make addenda to the question and attach such to the application. Make a note on the application question that an addendum for that question is attached. Always number the additional information with the corresponding number of the question in the application.

If confirmation that this office received any documentation is needed, *use of certified mail is highly recommended*. Supporting documentation may be submitted to this office before submission of application and fee.

WITHDRAWAL OF APPLICATION

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

METHODS OF APPLICATION:

There are four methods of application for licensure as a school psychologist in Florida. Please note that holding licensure in another state does not mandate one method over another. You must consider the process for each method and determine the best method of application for your qualifications and circumstances.

EXAMINATION: This method means you are applying for licensure based on education, experience and examination in compliance with the laws and rules.

ENDORSEMENT OF ABPP DIPLOMATE STATUS: This method means you are applying based on possession of diplomate status in good standing with the American Board of Professional Psychology, Inc.

ENDORSEMENT OF LICENSURE IN ANOTHER STATE: You are **not** required to use this method if licensed in another state. However, it is an option that may be used by someone who holds an active, valid license or certificate as a school psychologist in another state, provided that when such license was secured, the requirements were substantially equivalent to or more stringent than those in Florida at that time. If no Florida law existed at that time, then the requirements in the other state must have been substantially equivalent to or more stringent than those currently required by Florida Statutes. Your personal qualifications are not considered when applying by this method. The Department makes its determination of eligibility for licensure solely on the law to law comparison. Please see section 490.006, F.S.

ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGIST EXPERIENCE:

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

SECTION II APPLICATION CHECKLIST AND REQUIRED DOCUMENTATION

1. **APPLICATION FORM AND FEES**
The application must be fully completed by every applicant. Photograph is optional. Please staple the fee securely to page 1 of the application.
2. **LICENSE/CERTIFICATE VERIFICATION FORM**
This form must be submitted for each school psychology and health-related license or certificate currently or ever held. All verifications must be sent to the board office directly from each respective state.
3. **SCHOOL PSYCHOLOGY SUPERVISED EXPERIENCE VERIFICATION FORM, if applicable**
This form must be used to document 2 years of supervised experience. If you completed 3 years of supervised school psychology experience in compliance with the rule, this form may be used to document the 3 years of required experience. In that event, the general experience form will not be necessary.
4. **SCHOOL PSYCHOLOGY GENERAL EXPERIENCE VERIFICATION FORM**
This form is used to document the 1 year of school psychology experience that did not require supervision. Only necessary if less than three, but more than two, years of supervision have been obtained.
5. **ABPP DIPLOMATE VERIFICATION FORM**
This form is to be used only by those applicants who applied for licensure by endorsement of their diplomate status with the American Board of Professional Psychology (ABPP). The form must be completed by the appropriate official and mailed directly to this office.
6. **OFFICIAL GRADUATE LEVEL TRANSCRIPTS**
Bachelor transcripts are not required.
7. **OFFICIAL ETS SCHOOL PSYCHOLOGY SCORES**
When requesting your scores be mailed to this office, the destination code is R7114. ETS phone: (609) 771-7395.
8. **SCHOOL PSYCHOLOGY EDUCATION COURSEWORK SHEET**
This form is required if you did not obtain the minimum of a master's degree in school psychology. Refer to 64B21-500.009, F.A.C., for assistance when completing.

9. **FOR ENDORSEMENT OF LICENSURE IN OTHER STATE APPLICANTS ONLY**

Under the Endorsement of Other State License method, the Department will perform a law-to-law comparison of the school psychology licensure requirements in effect at the time you were licensed in the other state with those in effect in Florida at that time. The review will include comparison of the Education, Experience, Examination and any other pertinent requirements. Personal credentials will not be considered under this application method.

To ensure the Department has the appropriate documentation to conduct the comparison, please request the following of the regulatory board which issued the license or certificate you are endorsing:

- Copy of State Laws or Statutes governing the issuance of school psychology licenses or certificates “at the time you were licensed”; and
- Copy of any related State Rules or Administrative Codes in effect at the time you were licensed, which may clarify or expound upon the laws/statutes.

If the year you were licensed is not printed on the cover of the statutes and regulations, please submit a letter verifying they were in effect when you were licensed.

Statute/Administrative Rule Comparison Form – This form is not required to complete the application. However, please remember it is the applicant’s responsibility to establish his/her qualifications for licensure. This form assists the Department in making a comparison between the applicable Florida licensure requirements and those of another state. If you do not submit this form, your application will be reviewed by the Department without the assistance provided by filling out and submitting this form.

10. **ENDORSEMENT OF 20 YEARS OF LICENSED PSYCHOLOGY PRACTICE APPLICANTS ONLY**

Please include a curriculum vita showing active psychology practice for at least 20 years of the last 25 years immediately preceding your application. You must have also possessed an active license during those years.

This method requires a doctoral degree in psychology from an APA accredited program. A transcript substantiating the degree is required for this method of endorsement.

WHAT TO SUBMIT:

- **EXAMINATION APPLICANTS:**

1, 2, 3, 4, 6, 7.

- **ENDORSEMENT APPLICANTS:**

Endorsement of ABPP Diplomate Status - submit items: 1, 2, 5.

Endorsement of Another State License - submit items 1, 2, 9.

Endorsement of 20 years of licensed psychology practice - submit items 1, 2, 10, 6

MEDICAL ERRORS REQUIREMENT

Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure in Florida as a school psychologist.

Section 456.013 (7), F.S. The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

Only medical errors courses that have been approved by the Department will meet this requirement. A list of approved courses is available at http://www.doh.state.fl.us/mqa/schoolpsych/ss_ceu-errors.html.

ADDRESS CHANGES

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

SUBMIT INITIAL APPLICATION, SUPPORTING DOCUMENTS AND FEES TO:

Department of Health/School Psychology

P. O. Box 6330

Tallahassee, FL 32314-6330

ALL SUBSEQUENT DOCUMENTATION MAY BE SUBMITTED TO:

Department of Health
School Psychology
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255



**Florida Department of Health
Medical Quality Assurance
School Psychologist Application**

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

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

Name: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; margin: 0;">Last First Middle</p>	Social Security Number: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>
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You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board, official copies of court records from the clerk of the court, or letters from treating physicians/practitioners. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial.

NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under section 490.009, Florida Statutes, or Rule Chapter 64B19-17, Florida Administrative Code.

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

Mission Statement: To protect and promote the health of all persons in Florida by diligently regulating health care practitioners and facilities.

4052 Bald Cypress Way, Bin # C05
Tallahassee, Florida 32399-3257
Phone: (850) 245-4373 Fax: (850) 414-6860
Website: www.doh.state.fl.us/mqa/

To ensure that your profile is properly entered into the Department's licensure database, please keep this page on top.

DEPARTMENT OF HEALTH
School Psychology

PHOTO HERE
(optional)

APPLICATION FOR SCHOOL PSYCHOLOGY
LICENSURE

www.doh.state.fl.us/mqa

Mailing Address for Application and Fees:

P.O. Box 6330

Tallahassee, FL 32314-6330

Mailing Address for Supporting Documents:

4052 Bald Cypress Way, Bin C05, Tallahassee, FL 32399-3255

(850) 245-4373 • fax (850) 414-6860

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

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

(Check one only):

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

ALL ENDORSEMENT APPLICATIONS: **\$355 due** = \$175 application fee + \$175 licensure fee + \$5 unlicensed activity fee

Endorsement of other state license, If so, what state? _____

Endorsement of diplomate status with the ABPP

Endorsement of 20 years of licensed psychology experience

Please Type or Print Legibly in Black Ink

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

NAME: Last _____ First _____ Middle _____

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

MAILING ADDRESS: (Required) _____ Apt. No. _____

(Mailing address will display on the Internet if you have not provided a practice location):

City _____ State _____ Zip _____ Country _____

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

Apt. No. _____ City _____ State _____ Zip _____

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

E-MAIL ADDRESS: _____ **FAX Number:** _____

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

EQUAL OPPORTUNITY DATA

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

RACE: White Black Asian/Pacific Islander Hispanic Other _____ **SEX:** Male Female

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

4. LICENSURE AND CERTIFICATION DATA

A) Do you now or have you ever held licensure or certification to practice school psychology or any health-related profession in any state, including Florida, U.S. territory, or foreign country? School psychology certification from the Florida Department of Education is included.
 YES NO If "YES", complete the following:

<u>State/Country</u>	<u>License Title</u>	<u>License number</u>	<u>Original Issue Date</u>	<u>Expiration Date</u>	<u>License Status</u>

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| B) Have you ever previously applied for school psychology licensure in the state of Florida?
If so, please provide the date _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C) Do you hold diplomate status with the American Board of Professional Psychology (ABPP)?
If so, please provide the diploma number, date of diploma and area of specialty.
_____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D) Do you currently have a licensure or certification application pending in any jurisdiction, including Florida? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E) Have you ever withdrawn an application for licensure or certification? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| F) Have you ever allowed an application for licensure or certification to lapse | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| G) Have you ever been denied licensure or certification to practice school psychology or any health-related profession in any licensing jurisdiction?
Please explain any "yes" answer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

5. EXAMINATION HISTORY

Have you taken and passed the specialty examination in school psychology developed and administered by Educational Testing Service? YES NO

6. MEDICAL ERRORS EDUCATION AFFIRMATION

Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure in Florida as a school psychologist.

- I affirm that I have completed the medical errors education required by section 456.013(7), Florida Statutes.
- I have not completed a medical errors course. I understand that the education must be completed prior to licensure. Further, it is my responsibility to submit a copy of the certificate of completion of the continuing education to the board office upon completion of the course.

Section 456.013 (7), F.S. The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

7. EDUCATION

Please provide the following information for graduate education being used to comply with licensure requirements. Please provide dates in mm/dd/yy format.

Name and location of graduate institution:

Major and Type of degree earned: _____ **Date Graduated:** _____

Name and location of graduate institution:

Major and Type of degree earned: _____ **Date Graduated:** _____

8. EXPERIENCE – Please specify supervised or general experience. G=General, S=supervised

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

Practice Setting Address: G or S _____

Supervisor's Name, License Number and State of Licensure: _____

Title by Which You Were Known: _____

Starting and Ending Dates of Experience (m/d/yr): _____ to _____

Number of Weeks of Experience: _____ Number of Hours per Week of Experience: _____

Total Number of Hours of Experience _____ Weekly Number of Contact Hours of Supervision: _____

For general experience, you may leave the weekly number of contact hours of supervision blank, if this does not apply.

9. CORRESPONDENCE VIA E-MAIL

Please print legibly. By checking "yes" you are agreeing to allow the board office to contact you with information regarding your application via e-mail. If you choose this option please check your e-mail account frequently and notify the board office of any change to your e-mail address.

YES NO

E-MAIL ADDRESS _____

10. CRIMINAL AND DISCIPLINARY HISTORY

You must answer all of the following questions.

If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board or official copies of court records from the clerk of the court. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial. *NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Psychology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under section 490.009, Florida Statutes, or Rule Chapter 64B19-17, Florida Administrative Code.*

CRIMINAL HISTORY

A. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction, including a military court martial, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

YES NO

DISCIPLINARY HISTORY

B. Are you now under investigation in any jurisdiction, including Florida, for an offense which would be a violation of Chapter 490, Florida Statutes?

YES NO

C. Have you ever had your license revoked, suspended, or in any way acted against (e.g., reprimand, administrative fine, probation, etc.) in any state, including Florida, U.S. territory or foreign country?

YES NO

D. Have you ever been denied licensure to practice school psychology or any health-related profession in any licensing jurisdiction, including Florida or been granted such under restrictions (e.g., probation, other obligations imposed, etc.) of any kind?

YES NO

Note: Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer "yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation. If you answer "No" to A.1., B.1. or C.1., please respond "N/A" for A.2., B.2., C.2. and C.3.

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

A.1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? **(If no, do not answer A.2.)**

YES NO

A.2. Has it been more that 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction?

YES NO
 N/A

B.1. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **(If no, do not answer B.2.)**

YES NO

B.2. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

YES NO
 N/A

C.1. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? **(If no, do not answer C.2 and C.3.)**

YES NO

C.2. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?

YES NO
 N/A

C.3. Did the termination occur at least 20 years prior to the date of this application?

YES NO
 N/A

12. STATEMENT OF APPLICANT

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to sections 456.067, 775.0083 and 775.084, Florida Statutes.

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

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

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a school psychologist in the State of Florida.

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

Signature of Applicant (required)

Date Signed (required)



LICENSURE/CERTIFICATION VERIFICATION
OFFICE OF SCHOOL PSYCHOLOGY

THIS SECTION TO BE COMPLETED BY THE APPLICANT

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

Applicant Name _____

Address _____

License/Certification Number _____ State of _____

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

Applicant Signature _____ Date _____

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

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

LICENSEE NAME: _____ PROFESSION: _____

LICENSE/CERTIFICATION NUMBER: _____ ISSUE DATE: _____

LICENSE/CERTIFICATION STATUS: _____ EXPIRATION DATE: _____

ISSUANCE BASED ON: STATE EXAM _____ NATIONAL EXAM _____

RECIPROcity WITH _____ ENDORSEMENT _____

EDUCATION _____ EXPERIENCE _____

IS LICENSE/CERTIFICATION IN GOOD STANDING? _____

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

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

REMARKS: _____

BOARD SEAL

Signature of Official

Printed Name and Title

STATE: _____

Date Signed

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



SCHOOL PSYCHOLOGY REQUIRED COURSEWORK SHEET

NAME: _____

Please complete the following form, indicating the courses you have taken in each area listed. Give only one course number per subject, and indicate whether the specified number of hours taken were in quarter or semester hours. See 64B21-500.009, F.A.C., for more information.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



This document needs to be placed behind the Supervised Experience form.

SCHOOL PSYCHOLOGIST GENERAL EXPERIENCE VERIFICATION

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

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

1. APPLICANT INFORMATION

Applicant's Name _____

Address: _____

2. INFORMATION ON INDIVIDUAL VERIFYING EXPERIENCE

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

____ EMPLOYER ____ CO-WORKER ____ SUPERVISOR ____ PERSONNEL OFFICE REPRESENTATIVE

Other _____

Name _____

Mailing Address _____

Business Phone _____ Home Phone _____

3. APPLICANT EXPERIENCE DATA

Name and address of entity where experience took place

a) Dates of experience: From _____ To _____

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

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

d) What was the **total number of hours of experience** the applicant practiced for the time period above? _____

Note: The total number of hours of experience is generally calculated as the product of 3.b) and 3.c).

e) What position did the applicant hold? _____

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

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

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

_____ Development of programs to facilitate the learning process of clients.

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

RECOMMENDATION

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

If "no", please explain: _____

4. CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge.

(Signature)

(date)

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SCHOOL PSYCHOLOGIST SUPERVISED EXPERIENCE VERIFICATION

APPLICANT: Complete the applicant information section and forward the form to your supervisor to complete the remainder of the form.

1. APPLICANT INFORMATION

Applicant's Name:
Address:

2. SUPERVISOR INFORMATION

SUPERVISOR: Please complete the remainder of this form and forward to the address listed at the end of this form.

Name:
Mailing Address:
Business Phone: Employer:

SUPERVISOR'S EDUCATION

Table with 4 columns: DEGREE, MAJOR, SCHOOL, DATE OF GRADUATION

SUPERVISOR'S EXPERIENCE

- a. How many years of experience had you completed as a school psychologist prior to supervising the applicant?
b. How many of these years were you supervised?

SUPERVISOR LICENSURE/CERTIFICATION

Please indicate your professional status at the onset of supervising the applicant by checking the appropriate box:

- Licensed School Psychologist, Licensed Psychologist, Certified School Psychologist

3. APPLICANT EXPERIENCE DATA

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

Name and address of entity where experience took place

- a) Dates of supervised experience (mm/dd/yy): from to
b) How many hours of experience per week did the applicant practice?
c) How many weeks of experience did the applicant practice?

3. APPLICANT EXPERIENCE DATA (continued)

- d) How many **hours of face-to-face interactive supervision per week** did you provide the applicant? _____
- e) What was the **total number of hours of experience** the applicant acquired under your supervision? _____
- f) Did your supervision focus on raw data from the applicant's clinical work, which was made available to you through such means as written clinical materials, direct observation and video and audio recordings? Yes No
- g) Was your supervision of the applicant a process clearly distinguishable from personal psychotherapy or didactic instruction? Yes No

DUTIES AND RESPONSIBILITIES

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

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

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

_____ Development of programs to facilitate the learning process of clients.

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

i) Have you ever received any complaints about this applicant or have any reason to suspect that the applicant is less than fully ethical, professional or qualified for licensure? Yes No

If yes, please provide details

4. RECOMMENDATION

Based upon your supervision and knowledge of the applicant's character, education, training and experience, are you of the opinion that the applicant, if licensed, will practice the profession of school psychology in an ethical and professional manner?

Yes No

If no, please explain:

5. AFFIDAVIT

I hereby certify that the above information is true and correct to the best of my knowledge.

(Signature)

(date)

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**ENDORSEMENT OF OTHER STATE LICENSE
STATUTE / ADMINISTRATIVE RULE COMPARISON FORM**

As an applicant for licensure by endorsement of other state license, you are requested to submit this form with the completed application. In addition, you are requested to submit a complete copy of the other state's school psychology licensure statutes and administrative rules or regulations that were in effect at the time you secured your license in the other state.

Section 490.006(1)(a), Florida Statutes, provides that an applicant for licensure by endorsement of other state license must demonstrate that he or she holds a valid license to practice psychology or school psychology in another state, provided that, when the applicant secured such license, the requirements of the other state were substantially equivalent to or more stringent than those set forth in Chapter 490 at that time.

In order to assist the Florida Office of School Psychology in reviewing the requirements of the other state, please answer the following questions. Please be advised that the Program Operations Administrator will review the other state's law in its entirety, and that the review is not limited to the areas listed in this form. **This form is not required to complete the application.** However, please remember that it is the applicant's responsibility to establish his/her qualifications for licensure.

¹ Applicant's Name: First: Middle: Last:
² What is the other state, whose standards at the time of your initial licensure in that state, are to be compared to Florida's school psychology licensure law at that time?
³ Year of initial licensure in other state:
⁴ Did the other state's licensure law at the time of your initial licensure require that you received a doctorate, specialist, or equivalent degree from a program be primarily psychological in nature and accredited by an accrediting agency recognized and approved by the Commission on Recognition of Postsecondary Accreditation or an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada? Yes ____ No ____ If the answer to Question 4 is "yes," please cite the specific statutory and/or rule/regulation section(s) where this requirement appears in the other state's licensure law.
⁵ Did the other state's licensure law at the time of your initial licensure require 3 years of experience in school psychology, 2 years of which must be supervised by an individual who is a licensed school psychologist or who has otherwise qualified as a school psychologist supervisor, by education and experience, as set forth by the rule of the department? Each year shall consist of 1500 hours within 12 consecutive months. Yes ____ No ____ If the answer to Question 5 is "yes," please cite the specific statutory and/or rule/regulation section(s) where this requirement appears in the other state's licensure law.
⁶ Did the other state's licensure law at the time of your initial licensure require that 100% of the supervised practice be supervised by an individual who had met the educational and experience requirements for school psychology licensure? Yes ____ No ____ If the answer to Question 6 is "yes," please cite the specific statutory and/or rule/regulation section(s) where this requirement appears in the other state's licensure law.
⁷ Did the other state's licensure laws require at least 1 and 1/2 hours of face-to-face supervision per week within the 2 years of supervised experience? Yes ____ No ____ If the answer to Question 7 is "yes," please cite the specific statutory and/or rule/regulation section(s) where this requirement appears in the other state's licensure law.
⁸ Did the other state's licensure law at the time of your initial licensure require that you sit for an examination after graduation but prior to licensure? Yes ____ No ____ If the answer to Question 8 is "yes," please cite the specific statutory and/or rule/regulation section(s) where this requirement appears in the other state's licensure law.