

INSTRUCTIONS FOR FILING AND INFORMATION ABOUT THE PSYCHOLOGY LICENSURE APPLICATION IN THE STATE OF KANSAS

A psychology licensure application may be filed with the board once you have begun your postdoctoral work hours or if you are ready to begin your post doctoral work hours. The board will not review an application until it is complete (all transcripts and supervisor attestation forms must have been received, along with other required documentation.)

To begin your application process, submit the following items:

APPLICATION FORM

Carefully read then answer each question in the application form. Any application form that is not completed or is submitted without the items listed in 1-4 will not be processed until all necessary forms are into the Board office.

“An application may, for lack of qualifications, be held in active status for a period not to exceed one year. Beyond one year, the application shall expire, and a new application and fee shall be required of each reapplying applicant.” [K.A.R. 102-1-3 (b)]. This means that once you have applied for licensure, your application will be active for one year, unless a temporary license is issued. This can also mean that if your application is tabled for some reason, (e.g., additional information or supervision, etc.) or remains “incomplete,” the application will expire at the end of the one-year period.

There is a \$175 application fee. The application fee must accompany the application when it is submitted to the Board office.

EDUCATIONAL REQUIREMENTS

The educational requirements for psychology licensure are contained in K.S.A. 74-5310 (a) (3) and defined in K.A.R. 102-1-12. The board has adopted educational standards that are consistent with APA at the time your degree was conferred; the board will accept your education as satisfying the statutory requirement if you have graduated from an APA program and met the minimum 24 semester credit hour, or the academic equivalent, residency requirement.

If you **did not** graduate from an APA accredited program, it is your responsibility to demonstrate to the board that the program from which you graduated satisfies the current requirements set forth in K.A.R. 102-1-12. You will need to complete Attachment A-Education Worksheet and submit all supporting documentation listed on that from. **For programs not accredited by the APA it may be between four to six months before a determination is made on your application.**

EXAMINATION

The examination requirement is contained in K.S.A. 74-5310 (a) and defined in K.A.R. 102-1-4. Each psychology licensure applicant is required to take the Examination for Professional Practice in Psychology (EPPP), which is the national examination. The Kansas passing scaled score is 500. If you have passed this examination at the Kansas score from another state, you need to make arrangements with either the Interstate Reporting Service to provide the board office with verification of your examination score, or the licensing board in the state in which you took the exam to have your score recorded on the Licensure Verification form and sent directly to the board office.

In Kansas, an applicant is not permitted to sit for the examination until they make application and the board determines that the applicant satisfies the educational requirements. You may apply for licensure even though you have not completed the 1800 hours of post-doctoral supervision and be eligible for the temporary LP license. You will need to submit with your application an attestation from your postdoctoral supervisor or the person who will be your postdoctoral supervisor.

The examination fee is \$600.00 and is a separate fee from that of your application. The examination fee is required for each administration. **Do not enclose the examination fee at this time.** Once the board determines your eligibility to sit for the exam, you will receive an email from the Board. Additionally, you will receive two emails from the Association of State and Provincial Psychology Boards (ASPPB).

TEMPORARY LICENSE

If you are interested in obtaining the temporary license, this is the application form you need to complete and submit for review. In order to qualify for the temporary license you must have received your doctoral degree and you either have begun your post doctoral work hours **or** you are ready to begin your post doctoral work hours. There is a fee of \$150.00 for the temporary license. This temporary license fee is in addition to the application fee. Please do not send the temporary license fee with the application.

TRANSCRIPT (S)

You will need to make arrangements with the Registrar's office of your college(s) or university (ies) to have your doctoral degree and masters degree transcript(s) sent directly to the board office. **Transcripts submitted by an applicant cannot be accepted.** Graduates of foreign academic institutions should read K.A.R. 102-1-3 (C).

If your degree has not been posted on your transcript you must have a formal letter from the department head stating your degree has been granted, the date it was granted, and the date the board may expect the transcript with degree posted.

STUDENT RESIDENCY REQUIREMENT FORM

You will complete the top of the Student Residency Requirement form and submit the form to the university where your doctorate degree was completed. The form needs to be returned directly to the board office from the university.

SUPERVISORY ATTESTATION AND REFERENCE FORMS

Each applicant shall have completed "at least two years of supervised experience, a significant portion of which shall have been spent in rendering psychological services satisfying the board's approved standards for the psychological service concerned." [K.S.A. 74-5310 (a) (4)] The board will permit not more than one year (1,800 hours) of the two-year (3,600-hour) requirement to have been completed in a pre-doctoral internship or residency.

If you did not complete an APA accredited internship the board will mail a letter to your internship director, please make sure to include their complete contact information. Not less than one year (1,800 hours) shall have been completed in a post-doctoral, supervised work experience. The requisite supervised work experience is defined in K.A.R. 102-1-5. Please read this regulation carefully.

One copy of the supervisors attestation from is included with this application, and will need to be copied for all supervisors, both pre and postdoctoral. **You must provide attestation forms from your post-doctoral and pre-doctoral supervisor(s).** Please send the attestation form to your supervisors for completion, **not** the professional reference form. Postdoctoral supervisors must have been licensed and practicing for two years beyond their date of licensure before they may provide supervision.

If one person provided both pre and postdoctoral supervision they need only complete one form attesting to both pre and post doctoral supervision. This supervisor will only count as one of the four required people completing forms in support of your application for psychology licensure.

Once the attestations and references have been filled out, they will need to be **returned to you in sealed envelopes, with a signature over the seal. Return these references/attestations UNOPENED with your application.**

NAME AND/OR ADDRESS CHANGE

Each applicant is required to report to the board office any name or address change.

LICENSURE

Psychology licensure in Kansas has a biennial renewal date of June 30 of every even-numbered year.

If your **doctorate program held ACCREDITATION FROM THE APA** at the time your degree was conferred, please allow **30 days for the board office to review your complete application.** You will be notified by email or mail once your application has been reviewed.

If your **doctorate program DID NOT HOLD ACCREDITATION FROM THE APA**, it may take between **FOUR TO SIX MONTHS** for a determination to be made regarding your application. The extra time is due to the program needing to be reviewed to determine if it meets the board's education requirements, which includes receiving a large amount of information from your program.

You may check the status of your application on our website www.ksbsrb.ks.gov, under "Services, Application Status Check."

15. Has any governmental agency ever substantiated allegations made against you for physical, mental or 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? Yes No.
If "Yes," attach explanation.
16. Have you ever filed an application for licensure in the State of Kansas? Yes No.
If "Yes," what credential, when, and under what name? _____
17. If you hold a certificate or license of another state or its agency, please complete the following information. Also include the completed Verification of Licensure form with your application materials.
- Issuing Body: _____; Type of License/Certificate: _____; Date of Issuance: ____/____/____;
Date of most recent renewal: ____/____/____; No.: _____. Is this credential current? Yes No.
- Issuing Body: _____; Type of License/Certificate: _____; Date of Issuance: ____/____/____;
Date of most recent renewal: ____/____/____; No.: _____. Is this credential current? Yes No.
- Issuing Body: _____; Type of License/Certificate: _____; Date of Issuance: ____/____/____;
Date of most recent renewal: ____/____/____; No.: _____. Is this credential current? Yes No.
18. Has any such certificate or license ever been granted you and subsequently revoked or surrendered? Yes No.
If "Yes," attach explanation.
19. Have you taken and passed the Examination for Professional Practice in Psychology (EPPP)? Yes No.
If "Yes," please make arrangements to have your examination score sent to Kansas.

II. PROFESSIONAL ACTIVITY SECTION

1. Have you ever been rejected for membership in a professional organization? Yes No.
If "Yes," attach explanation.
2. Has your membership in a professional organization ever been revoked? Yes No.
If "Yes," attach explanation.
3. Have you ever been censured by a professional organization of which you were a member? Yes No.
If "Yes," attach explanation.
4. What is/are the area(s) of emphasis (e.g., clinical psychology, counseling psychology, developmental psychology, industrial/organizational psychology, or school psychology), in which you consider yourself qualified to offer services?

III. EDUCATION SECTION

Please make arrangements to have all graduate transcripts sent directly from your school(s) to the board office, marked "Attention Psychology Licensure." If your doctoral degree was not conferred by a psychology program that had obtained APA accreditation, you are required to complete and submit The EDUCATION WORKSHEET.

1. What name will appear on the transcript(s)? _____
2. List all educational institutions you attended beyond secondary level.
- Institution: _____ Dates of Attendance: From ____/____/____
To ____/____/____; Major and/or Concentration: _____
- Degree received: _____; Date Degree conferred: ____/____/____; APA Accredited Program: Yes No.
- Institution: _____ Dates of Attendance: From ____/____/____
To ____/____/____; Major and/or Concentration: _____
- Degree received: _____; Date Degree conferred: ____/____/____; APA Accredited Program: Yes No.

Institution: _____ Dates of Attendance: From ____/____/____

To ____/____/____; Major and/or Concentration: _____

Degree received: _____; Date Degree conferred: ____/____/____; APA Accredited Program: Yes No.

3. List name and address of agency(ies) where APA or University-approved **internship(s)** was/were served:

a. _____
Internship was started on ____/____/____ and completed on ____/____/____.
Number of hours per week worked: _____. How many total hours of internship did you complete in this setting?
_____. Was this an APA approved internship? Yes No Was this an APPIC internship? Yes No
Name and title of Supervisor: _____
Name of Director of Internship _____

b. _____
Internship was started on ____/____/____ and completed on ____/____/____.
Number of hours per week worked: _____. How many total hours of internship did you complete in this setting?
_____. Was this an APA approved internship? Yes ___ No ___ Was this an APPIC internship? Yes ___ No ___
Name and title of Supervisor: _____
Name of Director of Internship _____

4. Please list the name and address of the agency where you obtained or are obtaining the **post doctoral** supervised psychological work experience. Include the name and title of the licensed or licensable psychologist(s) who provided or will be providing the supervision. If the one-year (1800 hours) was obtained in only one agency setting, complete "a." If the one year was obtained in more than one agency setting, complete both "a." and "b."

a. Name and address of agency: _____

Name and title of supervisor(s): _____

Supervision began on ____/____/____ and was completed on ____/____/____.
How many hours per week did you receive supervision? _____.

1) "Direct psychological service is defined to mean intake assessment, psychological testing, psychotherapy, and consultation services. Direct Services also include report writing, scoring and analysis and documentation of treatment services. "At least 900 hours per year of supervised experience shall be spent providing clinical psychological services".
How many hours of direct psychological service did you provide in this setting? _____.

2) "General or non clinical psychological service" may include such activities as applied research, program evaluation, program/personnel consultation, providing supervision, teaching in areas pertinent to clinical practice, assessing public opinions and attitudes, providing psychoeducational activities and other activities involving the application of learning, motivation, perception, thinking and emotional relationships. "At least 180 hours per year of supervised experience shall be spent providing general or non clinical psychological services".
How many hours of general or non clinical psychological services did you provide in this setting? _____

3) Did you receive one (1) hour of supervision for every 40 hours that you worked? Yes No.
If "No," how many hours of supervision did you receive? _____

4) Did you receive one (1) hour of supervision for each 20 hours of direct face to face client contact? Yes No.
If "No," how many hours of supervision did you receive? _____.

b. Name and address of agency: _____

Name and title of supervisor(s): _____

Supervision began on ____/____/____ and was completed on ____/____/____. How many hours per week did you receive supervision? _____.

1) "Direct psychological service" is defined to mean psychological assessment, psychotherapy, and consultation. Please see K.A.R. 102-1-5a (c) (2). "At least 900 hours per year of supervised experience shall be spent Providing clinical psychological services".
How many hours of direct psychological service did you provide in this setting? _____.

2) "General or non clinical psychological service". Please see K.A.R. 102-1-5a (c) (3). "At least 180 hours per year of supervised experience shall be spent providing general or non clinical psychological services".
How many hours of general or non clinical psychological services did you provide in this setting? _____

3) Did you receive one (1) hour of supervision for every 40 hours that you worked? Yes No.

If "No," how many hours of supervision did you receive? _____

4) Did you receive one (1) hour of supervision for each 20 hours of direct face to face client contact? Yes No.

If "No," how many hours of supervision did you receive? _____.

5. **ADDITIONAL INFORMATION.**

State any additional information about your education and experience that you feel would be useful to the board in determining your qualifications for licensure.

IV. SUPERVISOR SECTION.

K.A.R. 102-1-5(a) states: "As part of the application process, each applicant shall submit the names of persons who are licensed, certified, licensable, or certifiable at the doctoral level, in that person's state, to engage in the practice of psychology and who can attest to the applicant's previous and current professional work, and compliance with the ethical standards.

The applicant shall submit the name of at least one psychologist who is able to attest to a total of 1800 hours of the applicant's postdoctoral experience. If more than one psychologist supervised you while obtaining the 1800 hours, please be sure to submit attestations from all your supervisors.

1. **POSTDOCTORAL SUPERVISOR(S):** Please list the name and address of each supervisor who provided and can attest to your one year postdoctoral supervised experience requirement. A "supervisor" is defined in K.A.R. 102-1-1(k) and K.A.R. 102-1-5(b). This/These is/are the person(s) to whom you will send the Attestation of Supervised Experience form. **Remember** to have your postdoctoral supervisor **return the attestation to you in a sealed envelope with their signature across the seal.**

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

2. **PREDOCTORAL SUPERVISOR(S):** Please list the name and address of your internship supervisor(s) who will attest to your supervised experience in the **predoctoral setting**. You may also use the internship Training Director if your supervisor(s) are unavailable. They will also need to complete the attestation and **return it to you in a sealed envelope with their signature across the seal.**

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

V. APPLICANT'S ATTESTATION SECTION.

1. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes No
2. I have completed the application materials and procedures honestly and in good faith. Yes No
3. I understand that the members and staff of the BSRB are compelled by law to uphold, implement, and enforce the licensure statutes and regulations as written. Yes No
4. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but such research will not personally identify the applicants or licensees, either directly or indirectly. Yes No
5. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a BSRB form required for licensure or renewal. Yes No
6. I **have read** and am familiar with the statutes and regulations that govern the practice of psychology in the state of Kansas. Yes No
7. I understand that **once the Board receives my application I am bound by the statutes and regulations governing the practice of psychology in Kansas.** Yes No
8. Examination: For those applicants who are required to sit for the National examination, once the board office has approved you to sit for the exam you will be sent the exam registration materials. There is a separate fee for the exam that you will pay directly to the testing center. The exam is given through a testing company by the name of Professional Examination Services (PES). The exam is computerized and is given at several testing sites throughout the United States. If you are approved through Kansas to sit for the exam you are allowed to physically sit for the exam at any of the site locations in the United States.

I hereby affirm that to the best of my knowledge all answers to the foregoing are true and correct. I further agree that all state records pertaining to my application and licensure may be used to conduct research or program evaluation, provided that the research does not personally identify me, directly or indirectly.

Signature of Applicant

Date of Application

Dysfunctional behavior and psychopathology

(e.g. advanced psychopathology)

Supporting course(s) _____

Professional, ethical, legal and quality assurance principles and standards

(e.g. professional and ethical problems in clinical psychology, legal, ethical and professional issues in counseling)

Supporting course(s) _____

Methods of diagnosing or defining problems through psychological assessment and measurement and strategies and techniques of therapeutic intervention or remediation (24 hours over the following two areas):

Assessment and diagnosis (9 hours)

(e.g. theories and methods of assessment and diagnosis, intelligence testing, behavioral and personality assessment in children, theory and construction of personality tests and techniques, psychodiagnostic assessment)

Supporting courses: _____

Therapeutic interventions, consultation and supervision (15 hours)

(e.g. counseling and interviewing skills, theories of group counseling, psychological clinic, practicum, clinical psychotherapy, group therapeutic techniques, psychotherapy with families)

Supporting courses:

TOTAL HOURS CLAIMED TOWARD EDUCATIONAL REQUIREMENT: _____

Student Residency Requirement

Applicant Instructions: Please complete the top of this form. Submit the form to the Department Chair, Dean of students or an official of the university who holds an administrative title for completion.

_____ has applied for psychology licensure in the State of Kansas.
Student Name

Name of University: _____ Department: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

University Instructions: Please complete the second half of the form and return directly to the board office at the address below.

Kansas Psychology regulation 102-1-12 requires that at least 24 semester credit hours, or the equivalent number of quarter or trimester credit hours, in the substantive areas identified below be taken in residence. **“In residence,”** when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in physical proximity and face-to-face contact. K.A.R. 102-1-12(b)(13)(C) states:

“(C) the methods of diagnosing or defining problems through psychological assessment and measurement and the strategies and techniques of therapeutic intervention or remediation. A minimum of 24 semester credit hours in this substantive area, or the equivalent number of quarter or trimester credit hours, shall be completed by the student while the student is in residence...”

Did the psychology program that this student completed meet this residency requirement?

_____ Yes _____ No

Printed Name of Person Completing Form

Signature of Person Completing Form

Title

Date

Upon completion, please fax or mail this form directly to:

**Behavioral Sciences Regulatory Board
Attn: Leslie Allen
Fax: 785-296-3112
Or mail to address above**

Is license in good standing? Yes ___ No _____. If "No," please state reason _____

Has license ever been revoked, suspended, limited, or subject to other disciplinary action? Yes _____ No _____.
If "Yes," please state reason and provide information, including copies of any disciplinary orders or agreements.

Are there any pending complaints or actions? Yes _____ No _____
If "Yes," please provide additional information.

AFFIX BOARD SEAL

Printed Name of Person Completing Form

Signature of Person Completing Form

Title

Date

Behavioral Sciences Regulatory Board
700 SW Harrison St. Suite 420
Topeka, KS 66603-3929
Max L. Foster, Jr., Executive Director



Phone: 785-296-3240
Fax: 785-296-3112
www.ksbsrb.ks.gov
Laura Kelly, Governor

LICENSED PSYCHOLOGIST

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

To: _____

From: _____

I am applying for licensure as a Psychologist in the State of Kansas, and am required to provide information in support of that application. This form, bearing my signature, gives my consent and authorization to release any and all information or documents that may be material to an evaluation of my qualifications, competence and merit of public trust.

I authorize the Behavioral Sciences Regulatory Board and its representatives to consult with you regarding my professional competence, character, ethical qualifications, ability to work cooperatively with others and any other qualifications for licensure.

I release from liability any and all individuals, institutions, and organizations who provide information to the Behavioral Sciences Regulatory Board or its representatives, in substantial good faith and without malice, concerning my professional conduct, ethics, character and other qualifications for licensure.

I consent to the inspection by the Behavioral Sciences Regulatory Board and its representatives of all documents that may be material to an evaluation of my qualifications and competence.

Signature of Applicant _____

Date of Authorization _____

Please return a copy of this release with the requested documentation



**LICENSED PSYCHOLOGIST
PROFESSIONAL REFERENCE FORM**

(The board will accept only original and legible hand-printed or typed forms. FAX copy will not be accepted.)

Applicant's name and address: _____

Applicant's Phone: (____) _____ Fax (____) _____

Reference Name: _____

Reference Address: _____

Reference Phone: (____) _____ Fax: (____) _____

In making application for Kansas licensure as a psychologist, the applicant named below has given your name as someone familiar with his or her training and/or experience. The Kansas board would appreciate you answering each of the following questions and returning this form to the applicant as soon as possible. Please place the form in a #10 envelope, with your signature across the back flap of the envelope before turning to the applicant. The applicant is not to open the envelope, but will submit the form to the board office with his or her application materials.

Kansas Rules and Regulations require any person who serves as a reference to be licensed or certified as a psychologist at the doctoral level either in Kansas or in another state. Are you licensed as a psychologist at the doctoral level in this or in another state? Yes No

[If your response is "No," STOP and do not complete this form as the board will be unable to accept the form as part of the applicant's credentialing materials. Please return the form to the applicant.]

1. What is your relationship to the applicant?
Employer; Co-worker; Instructor; Classmate; Friend; Relative; or Other (Describe)

2. How long have you known the applicant? Give approximate dates representing the length of time you have know the applicant: _____
3. In what work setting(s) have you known the applicant? Please provide name(s) and address(es) of agency(ies).

4. From your contact with the applicant, in what area(s) would you judge the applicant to be technically competent with respect to meeting reasonable standards of the psychology profession?

5. Kansas Statutes require that an applicant be of "good moral character." Do you have any reason to believe that this applicant is not of good moral character? Yes No.
If you answered "Yes," give full particulars under "Remarks" on the back of this form or in an accompanying letter.

6. Do you wish to endorse this applicant for psychology licensure? Yes No _____
- a. If you do not endorse this applicant, please explain: _____

- b. If you answered "Yes," please indicate whether your endorsement is made without or with reservation.
Without reservation, or With reservation
- c. If you answered "with reservation," please explain: _____

REMARKS: The board expects that endorsers will have had sufficiently close association with the applicant's work to comment about the applicant's ethical and professional qualifications. To the extent possible, your statement will be kept confidential within the board files. If more room is needed, please attach a separate sheet to this form.

REFERENCEE, PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOURSELF.

Are you a member of APA? Yes No. If "Yes," class of membership _____

Please indicate in which state(s) you are licensed or certified at the doctoral level and your credential number.

Lic. _____; Cert. ____; State _____ No.: _____ Current _____ Expired _____
 Lic. _____; Cert. ____; State _____ No.: _____ Current _____ Expired _____
 Lic. _____; Cert. ____; State _____ No.: _____ Current _____ Expired _____

What is the highest psychology degree you earned? _____
 Where did you obtain your doctoral degree? _____
 Date degree conferred: _____ Field of Major Study _____

 Signature Title _____
 _____ (_____) _____
 Agency Name Phone _____

 Agency Street City State Zip _____

 Date Completed and Signed



ATTESTATION OF SUPERVISED PSYCHOLOGY PROFESSIONAL EXPERIENCE

Applicant Name: _____

Applicant Address: _____

Applicant Phone: (____) _____ Applicant Email: _____

Psychologist Supervisor Definition.
The Kansas administrative regulations [K.A.R. 102-1-1(k)] "Supervision" means the formal relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, appropriate attitudes, and ethical standards in the practice of psychology. Supervision shall include both general training supervision and individual clinical supervision.
"A psychologist supervisor, for training purposes ..., means an individual licensed, certified, licensable, or certifiable at the doctoral level in that person's state to engage in the practice of psychology, and who has or had, in full or in part, legal, administrative or professional authority over and responsibility for the professional functioning of the applicant."

Section I.

Supervisor Name: _____

Supervisor Address: _____

Supervisor Phone: (____) _____ Supervisor Email: _____

The above named individual is applying for psychology licensure in the State of Kansas.
Under the regulatory definition that is provided, do you qualify as having been, or as being the applicant's supervisor?
Yes ___ No ___

If your response is "NO," STOP and do not complete this form as the board will be unable to accept the form as part of the applicant's credentialing materials. Please return the form to the applicant.

Please indicate all that apply to you personally.
I have a credential in or I am a member of the following: Diplomat of ABPP ____; Fellow, APA ____; APA ____; KPA ____;
Other State Association: _____

Please list the titles, degrees, licenses or certificates you held during the time that you supervised the applicant.
Title: _____ Degree: _____
License or Certificate Type and Number: _____ State: _____ Date Issued: _____

Please indicate whether the supervision you provided to the applicant was: Pre-doctoral ____; or postdoctoral ____.

Please indicate the applicant's major area of professional work you supervised by indicating one of the following areas:
Clinical Psychology ____ Counseling Psychology ____ Industrial/Organizational Psychology ____ School Psychology ____
Other: _____

At the time you supervised the applicant, where was the employment setting: _____

Was the applicant completing his or her practicum, internship, post-doctoral fellowship or employed in the same setting in which the supervision was provided? Yes ___ No ___

If your response is "No," where was the applicant working? _____

Did the applicant have other supervisors? Yes ___ No ___

If "Yes," who were the other supervisors? _____

Section II.

COMPLETE THIS SECTION ONLY IF YOU ARE ATTESTING TO THE APPLICANT'S PRE-DOCTORAL SUPERVISED EXPERIENCE.

1. Please indicate in which pre-doctoral setting you supervised the applicant.
Internship _____ Residency _____ Assistantship _____ Associateship _____ Practicum _____
2. Please be specific and indicate the dates when you supervised the applicant.
From: _____ To: _____
From: _____ To: _____
3. Was the internship the applicant completed APA accredited? Yes ___ No ___
4. Was the internship the applicant completed a "member" of APPIC? Yes ___ No ___
3. In the setting indicated above, did the applicant complete a minimum of 1,800 hours? Yes ___ No ___
If your response is "NO," exactly how many hours did the applicant complete? _____
4. In the setting indicated above, exactly how many hours of supervision did you provide to the applicant? _____
5. At the time you supervised the applicant, what was the applicant's title and degree? _____

SKIP TO SECTION IV. UNLESS YOU ARE ALSO ATTESTING TO POST-DOCTORAL SUPERVISION

Section III.

COMPLETE THIS SECTION ONLY IF YOU ARE ATTESTING TO THE APPLICANT'S POSTDOCTORAL SUPERVISED EXPERIENCE.

1. Please indicate your relationship to and in what employment setting you supervised the applicant.
Employer _____ Colleague _____ Other _____
Employment setting: _____
2. Please be specific and indicate the dates when you supervised the applicant.
From: _____ To: _____
From: _____ To: _____
3. In the setting indicated above, exactly how many hours of supervision did you provide to the applicant? _____
4. Did the applicant complete 12 months and at least 1,800 hours of postdoctoral work experience under your direct supervision? Yes ___ No ___
If "NO," exactly how many hours of supervised work experience did the applicant complete? _____

5. Did the applicant complete at least 900 hours of direct psychological services? Yes ____ No ____

*Direct psychological service" is defined to mean intake assessment, psychological testing, psychotherapy, and consultation services.
Direct Services also include report writing, scoring and analysis and documentation of treatment services.*

If "NO", exactly how many hours of direct psychological services did the applicant complete? _____

6. Did the applicant complete at least 180 hours of general or non-clinical psychological services? Yes ____ No ____

"General or non clinical service" may include such activities of applied research, program evaluation, program/personnel consultation, providing supervision, teaching in areas pertinent to clinical practice, assessing public opinions and attitudes, providing psycho educational activities and other activities involving the application of learning, motivation, perception, thinking and emotional relationships.

If "NO", exactly how many hours of general or non-clinical psychological services did the applicant complete? _____

7. Did you personally provide a minimum of one hour of individual supervision for every 40 hours of the applicant's professional experience? Yes ____ No ____

If "NO", exactly how many hours of supervision did you provide? _____

8. Did you provide a minimum of one hour of supervision for every 20 hours of direct patient or client face to face contact that the applicant provided? Yes ____ No ____

If "NO", exactly how many hours of supervision did you provide? _____

9. At the time you supervised the applicant, had you been licensed/credentialed as a psychologist at least two years? Yes ____ No ____

If "NO," exactly how many years have you been credentialed? _____

10. What is your educational area of emphasis? _____

11. Is your educational area of emphasis consistent with that of the applicant? Yes ____ No ____

12. Did the applicant provide services in the applied emphasis areas of either clinical, counseling, school, or industrial/organization psychology while the applicant was under your supervision? Yes ____ No ____

If "YES," in which applied emphasis area? _____

13. Was at least half of the applicant's supervised experience relevant to the applicant's educational emphasis area? Yes ____ No ____

14. Did you supervise the applicant in an organized public or private setting, institution or organization that provided the applicant an opportunity for contact with other disciplines, and an opportunity to utilize a variety of theories and to work with a broad range of populations and technique? Yes ____ No ____

If "No," in what setting? _____

15. At the time you supervised the applicant, what was the applicant's title and degree?

16. Did you or do you have a familial relationship with the applicant? Yes ____ No ____

17. When you supervised the applicant, were you available to the applicant at the points of decision-making regarding diagnosis and treatment of client or patients? Yes ____ No ____

18. Describe the psychological duties the applicant performed while under your supervision.

19. Was the supervision you provided to the applicant part of your assigned duties in the work setting indicated in #1? Yes ____ No ____

ALL SUPERVISORS CONTINUE TO SECTION IV.

Section IV.

ALL ATTESTING SUPERVISORS COMPLETE THIS PAGE.

1. Please indicate your evaluation of the applicant by entering the appropriate number in the right hand column. This evaluation should be based on your personal knowledge of the applicant. The evaluation should reflect one of the following:

0 = Unable to evaluate; 1 = Unacceptable; 2 = Below Standard; 3 = Standard; 4 = Above Standard; and 5 = Outstanding.

<u>AREAS</u>	<u>EVALUATION</u>
Clinical knowledge and skills	_____
Ability to establish and maintain good inter-professional relations	_____
Possession of emotional maturity, stability, and temperamental characteristics required for satisfactory work with clients and patients	_____
Understanding of and adherence to approved standards of professional and ethical conduct	_____
Personal character: honesty, integrity, and general conduct	_____
Reputation among colleagues as a representative of professional psychology	_____
Capacity for professional growth and development	_____

2. Supervised practice time during which the Supervisor deems the Supervisee’s performance to have been unacceptable shall not be credited towards the required supervised practice hours. Please note the total amount, if any, of unacceptable performance time. _____

3. The board will appreciate any amplifying information regarding your evaluation of the applicant. Please include any other information you may consider as relevant.

4. Do you believe the applicant to be of good professional character and worthy to be licensed as a psychologist in the State of Kansas? Yes ___ No ___

5. I recommend that the applicant be considered for licensure: **without reservation** _____ **with reservation** _____ **OR,**
I do not recommend this applicant be considered for licensure _____
If “with reservation,” or “do not recommend” please attach a separate page with the reasons for your response.

Section V. Supervisor’s Attestation

I attest that the foregoing information that I supplied is true and correct to the best of my knowledge.

Supervisors Signature

Date

Complete and return this form to the applicant as soon as possible. The form is to be placed in a #10 envelope, with your signature across the back flap of the envelope. The applicant is not to open the envelope, but will submit the form to the board office with his or her application materials.



POST-DOCTORAL SUPERVISOR'S ATTESTATION FOR CURRENT OR FUTURE POST-DOCTORAL APPLICANTS

Section I – To be completed by applicant

Applicant Name: _____
Address or Agency Name: _____
Address: _____
City, State, Zip: _____
Phone: (____) _____ Email: _____

Psychologist Supervisor Definition

The Kansas administrative regulations **[K.A.R. 102-1-1(k)]** "Supervision" means the formal relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, appropriate attitudes, and ethical standards in the practice of psychology. Supervision shall include both general training supervision and individual clinical supervision.

Section II – To be completed by supervisor

Supervisor Name: _____
Address or Agency Name: _____
Address: _____
City, State, Zip: _____
Phone: (____) _____ Email: _____

The applicant named above is applying for psychology licensure in the State of Kansas. **Under the regulatory definition that is provided, do you qualify as having been, or as being the applicant's supervisor?**
Yes ___ No ___

If your response is "NO," STOP and do not complete this form as the board will be unable to accept the form as part of the applicant's credentialing materials. Please return the form to the applicant.

1. Please indicate all that apply to you personally.

I have a credential in or I am a member of the following: Diplomat of ABPP ___; Fellow, APA ___; APA ___; KPA ___;
Other State Association: _____

2. Title: _____ Degree: _____

3. License Type and Number: _____ State: _____ Date Issued: _____

4. Please indicate the applicant's major area of professional work you will supervise by indicating one of the following areas:
Clinical Psychology ___ Counseling Psychology ___ Industrial/Organizational Psychology ___ School Psychology ___
Other: _____

5. Employment setting where you will supervise the applicants postdoctoral experience: _____

6. Will the applicant be completing his or her post-doctoral fellowship in the same setting in which supervision will be provided?
Yes ___ No ___

If "No," where is the applicant working? _____

7. Will the applicant have other supervisors? Yes ___ No ___

If "Yes," who are the other supervisors? _____

8. Please indicate your relationship to the applicant and in what employment setting you will provide supervision to the applicant.

Employer _____ Colleague _____ Other _____

Employment setting: _____

9. Please be specific and indicate the dates you will supervise the applicant.

Start Date or Expected Start Date: _____

Expected Date of Completion: _____

10. Do you understand the applicant is required to complete 12 months and at least 1,800 hours of postdoctoral work experience?

Yes ___ No ___

11. *Do you understand the applicant is required to complete at least 900 hours of clinical psychological services?

Yes ___ No ___

**Direct psychological service' is defined to mean intake assessment, psychological testing, and psychotherapy. Direct Services also include report writing, scoring and analysis and documentation of treatment services.*

12. *Do you understand the applicant is required to complete at least 180 hours of general or non-clinical psychological services?

Yes ___ No ___

**General or non clinical services' may include such activities of applied research, program evaluation, program/personnel consultation, providing supervision, teaching in areas pertinent to clinical practice, assessing public opinions and attitudes, providing psycho educational activities and other activities involving the application of learning, motivation, perception, thinking and emotional relationship.*

13. Will you provide a minimum of one hour of supervision for every 20 hours of direct patient or client face to face contact that the applicant provides?

Yes ___ No ___

14. The supervisor for post-doctoral experience must be licensed at the doctoral level in psychology and must have two years experience that includes the clinical practice of psychology after the date of licensure. Do you meet this requirement?

Yes ___ No ___

15. Is your educational area of emphasis consistent with that of the applicant?

Yes ___ No ___

16. What is your educational area of emphasis? _____

17. Will the applicant provide services in the applied emphasis areas of either clinical, counseling, school, or industrial/organization psychology while the applicant is under your supervision?

Yes ___ No ___

If "YES," in which applied emphasis area? _____

18. Will at least half of the applicant's supervised experience be relevant to the applicant's educational emphasis area?

Yes ___ No ___

19. Will you supervise the applicant in an organized public or private setting, institution, or organization that provides the applicant an opportunity for contact with other disciplines, and an opportunity to utilize a variety of theories and to work with a broad range of populations and techniques?

Yes ___ No ___

20. What is the applicant's title and degree? _____

21. Did you or do you have a familial relationship with the applicant?

Yes ___ No ___

22. Will you be available to the applicant at the points of decision-making regarding diagnosis and treatment of client or patients?

Yes ___ No ___

23. Describe the psychological duties the applicant will perform while under your supervision.

24. Will the supervision you provide to the applicant be part of your assigned duties in the work setting indicated in #1?

Yes _____ No _____

25. If the supervisee is already in the process of accruing postdoctoral experience hours, has there been any time that you feel the Supervisee's performance has been unacceptable? **If so**, please note the total amount of unacceptable performance time.

Section III – Supervisor's Attestation

I attest that the foregoing information I supplied is true and correct to the best of my knowledge.

Supervisors Signature

Date

Complete and return this form to the applicant as soon as possible. The form is to be placed in an envelope, with your signature across the seal of the envelope. The applicant is not to open the envelope, but will submit the form to the board office with his or her application materials.

Credit Card Payment Form

Only complete when paying by credit card.

The credit cards accepted are American Express, Discover, MasterCard and Visa.

Amount of Purchase: \$ _____

Credit Card: American Express _____ Discover _____
MasterCard _____ Visa _____

Credit Card Acct. # _____

Credit Card Expiration Date ____ / ____

Name as it appears on the card _____

Signature: _____ Date _____

For Office Use Only:

Approval Number _____ **Date** _____