

\*\*\*FOR OFFICE USE ONLY\*\*\*

**Psychology Checklist**

- Temporary
- Endorsement       Examination
- App. & Fee
- Date: \_\_\_\_\_ Check \_\_\_\_\_
- Photo
- Transcript
- Exam Results from EPPP
- Lic. Verification from other States
- Supervised Practice Forms:
  - Pre-Doctoral
  - Post-Doctoral
- Curriculum Summary Forms (Non-APA)



**Rhode Island  
Board of Psychology**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

**Instructions and Application For  
License As A  
Psychologist**

Temporary Permit

**Endorsement**     **Examination**

License # \_\_\_\_\_  
Name \_\_\_\_\_

\*\*\*FOR OFFICE USE ONLY\*\*\*

License Number:
Issue Date:
Approved for EPPP
Approved for Licensure:
Signature of Board Member
Signature of Board Administrator
ID#:
Receipt #:

**MILITARY STATUS ELIGIBILITY**

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*LAST NAME*

*FIRST NAME*

*MI*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Endorsement Information Form/Interstate Verification Form - Other State License(s)....	10
Pre-Doctoral Supervised Practice Form.....	11
Post-Doctoral Supervised Practice Form.....	12
Curriculum Summary Form (non-APA <u>ONLY</u> ).....	13

## Licensure Requirements

- Completed, notarized application.
- Fee of **\$230.00** for Psychologist, (an **additional** fee of **\$120.00** is required for Temporary Permit\*).

The application fees are NON-REFUNDABLE.

**\*NOTE:** Refer to Section 7.4 of the Rules and Regulations -"Temporary Permits", to determine whether you are eligible to apply for a temporary permit.

- Recent passport type photograph.
- Official Advanced Degree Transcripts from an accredited School of Psychology.
- Examination for Professional Practice in Psychology (EPPP) results.
- PRE-DOCTORAL and POST DOCTORAL Supervised Practice Form(s).
- Curriculum Summary Form (non-APA ONLY).

## Endorsement

- In addition to the above listed requirements, **ALL** applicants who hold or have held a Psychology license in any state ("Endorsement candidates") must provide a completed Interstate Verification Form (page 10) from each of those states.
- The "Interstate Verification Form - Other State License(s)" (page 10) is provided for this purpose. The Verification Form from the State of original licensure must include test scores obtained on the appropriate level of the EPPP examination (or test scores may be sent directly from EPPP). If test scores are provided, you do not need to contact the EPPP to request the test scores. In addition to test scores, if the required Supervised Practice Prerequisite is provided by the Endorsement State(s) (Refer to Rules & Regulations below), then you are not required to submit the Supervised Practice Forms.

## Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

## **Rules and Regulations/Laws**

To obtain the Rules and Regulations for your profession visit the following web site. From the list click on your profession.

<http://www.health.ri.gov/licenses/>

Title 5, Chapter 44, entitled: Psychologists can be downloaded at the following website:

<http://www.rilin.state.ri.us/statutes/title5/5-44/index.htm>

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# **APPLICATION PROCESS OVERVIEW**

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Psychology (Board).

## **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Supervision Practice Forms (Pages 11 & 12) must be presented in sealed envelopes, either by mail directly from the reference, or submitted by the applicant in an envelope sealed with the reference’s signature across the sealed flap.

All material must be received 14 days prior to a scheduled Board Meeting in order to be considered for endorsement of licensure from another jurisdiction or to be reviewed for approval to sit for the EPPP Examination.

**For a Practice Examination Application for Candidates or for more information on the EPPP Examination, visit the Association of State and Provincial Psychology Boards (ASPPB) at:**

<http://www.asppb.net/i4a/pages/index.cfm?pageid=3343>

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<https://healthri.mylicense.com/Verification/>

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. It is the responsibility of the applicant to arrange for submission of ALL licensure requirements. HEALTH does NOT notify applicants of missing or incomplete documentation. If you have any questions, or would like to check on the status of your application, contact the Board staff at (401) 222-2828.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

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# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$230.00** for Psychologist (or **\$350.00** for Temporary Permit) payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee **cannot be refunded**, even if the applicant is found ineligible for licensure. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Psychologists licenses expire every 2 years on June 30th.
3. Affix a recent **2 X 2 photo** of yourself in the space provided (page 8).
4. A completed official transcript **sent directly** from the accredited school of **Psychology** to the Board of Psychology. No student copies will be accepted.
5. Examination scores, **sent directly** from the **ASPPB (Telephone 1-334-832-4580)** to the Board of Psychology.
6. Supervised Practice Forms (pgs 11-12).
7. Curriculum Summary Form (non-APA ONLY).
8. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.

Mail the application and documentation to:

<p style="text-align: center;"><b>Rhode Island Department of Health Board of Psychology, Room 104 3 Capitol Hill Providence, RI 02908-5097</b></p>
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# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

---

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
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2. Make check or money order (in U.S. funds only) for the application fee of **\$230.00** for Psychologist (or **\$350.00** for Temporary Permit) payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee **cannot be refunded**, even if the applicant is found ineligible for licensure. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Psychologists licenses expire yearly on June 30th.
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7. Curriculum Summary Form (non-APA ONLY).
8. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.

Mail the application and documentation to:

<p style="text-align: center;"><b>Rhode Island Department of Health Board of Psychology, Room 104 3 Capitol Hill Providence, RI 02908-5097</b></p>
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# State of Rhode Island and Providence Plantations Board of Psychology

Application for License as a Psychologist/Temporary Permit

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

## 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

**NOTE:**  
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

## 2. Social Security Number

U.S. Social Security Number

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

## 3. Gender

 Male  Female

## 4. Date of Birth

 /  / 

Month Day Year

## 5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

State

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

Home Phone

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

## 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

***This address will appear on the Department of Health web site.***

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

Business Phone

Extension

Business Fax

7. Preferred Mailing Address

Please check ONE

Please use my Home Address as my preferred mailing address

Please use my Business Address as my preferred mailing address

NOTE: The preferred mailing address that you indicate is the address that will be released for all requests for that information.

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Grid for Type of School (University, College, Technical School, etc.)

Type of School (University, College, Technical School, etc.)

Grid for Name of School

Name of School

Date Graduated

Month grid

Year grid

Degree Received:  Doctorate in Psychology

Is School Accredited by the American Psychology Association (APA)?  Yes  No

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state?  Yes  No

If the answer to this question is "yes", enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession\*.

State/Country:

Grid for State/Country and Active/Inactive status (left column)

State/Country:

Grid for State/Country and Active/Inactive status (right column)

(\*You must also request a License Verification (page 10) from all states that are listed above)

**11. Criminal Convictions**

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes  No

Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**12. Disciplinary Questions**

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending?

Yes  No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes  No

**Note:** If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.



### 13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully 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 Licensed Psychologist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Psychology of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

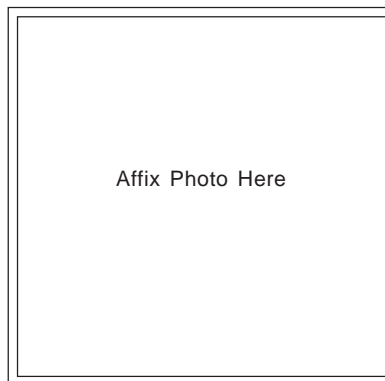
\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

### 14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

\_\_\_\_\_  
Date of Photograph

# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the: “**Rhode Island General Treasurer**” in the amount of **\$230.00** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- I have arranged my Application materials in the following order.
  1. Fee (attached as instructed).
  2. Board Application (including cover page) and pages 5-8.
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Psychology.
- I have reviewed the Rules and Regulations pertaining to the Licensing of Psychologists.

## Required Forms

- I have completed and mailed the following forms as instructed.
  1. Endorsement Form/Interstate Verification Form(s) - Other State License(s) (**Endorsement Candidates Only**).
  2. Supervised Practice Form(s)

## Other Documents

- I have requested an official school transcript and my examination scores from the ASPPB as instructed.



Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license. Copy this form as needed.

### Rhode Island Board of Psychology

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Psychologist/Temporary Permit in the State of Rhode Island. The Rhode Island Board of Psychology requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Psychology at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

### THIS SECTION TO BE COMPLETED BY THE PSYCHOLOGY BOARD

**Directions for State Board:** Please complete and return this form to the address above. Please verify requirements met in your state:

Ph.D from APA Accredited School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not by examination, how was license obtained? Endorsement _____ (State) Other _____ (Explain)
Applicant has completed and passed the National Certification (EPPP) Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No Score _____	License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued: _____ Expiration Date: _____

\*Two years supervised experience (One of which shall be Post-Doctoral)?  
 Yes  No If YES, please indicate the total number of pre-doctoral and post-doctoral Ph.D. supervised hours: Pre-Doctoral \_\_\_\_\_ Post-Doctoral \_\_\_\_\_

**Questions:**

- Has this licensee ever been investigated by your Board?  Yes  No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending?  Yes  No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes  No
- Do you know of any information that may discredit this person?  Yes  No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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### Certification:

Signature	Date	Please Affix Board Seal Here
Type or Print Name		
Title		
Full Name and State of Licensing Board		

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Substitute forms are not acceptable, Copy this form as needed.

# Rhode Island Board of Psychology

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## PRE-DOCTORAL SUPERVISED PRACTICE FORM - CERTIFICATION OF EXPERIENCE

The individual named below is applying for certification as a Licensed Psychologist in the State of Rhode Island. Prior to certifying the applicant, it is necessary to verify his/her past clinical supervision and/or clinical experience while supervised by you. The applicant has completed Section I and is requesting that you complete Section II. By signing below, the applicant attests that the information is correct to the best of his/her knowledge.

Print/Type Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dates of Clinical Experience under supervision of the practitioner completing Section II. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month Day Year Month Day Year Total number of Pre-Doctoral Supervised Hours \_\_\_\_\_

Description of Applicant's Primary Responsibilities and position:  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS TO APPLICANT:** If you have had more than one supervisor, and evidence is needed from two or more supervisors to document the minimum level of supervised clinical experience required for Licensure, the applicant must complete Section I on each form forwarded to the individual supervisors. It is the responsibility of the applicant to gather all forms completed by supervisors in sealed envelopes with supervisor's signature across the back flap (seal) and mail in one packet to the Rhode Island Board of Psychology.

**EXPERIENCE REQUIREMENTS FOR PSYCHOLOGISTS:** The "Rules and Regulations pertaining to the Licensing of Psychologists", (R5-44-PSY), establishes experience requirements which must be met prior to application for the Psychologist License. "Supervised experience" shall mean the practical application of principles, methods and procedures of the science of psychology, for at least two (2) years, (one year of which must be post-doctoral), full time (35 hours per week) or its equivalent of 1500 clock hours per year for a minimum of 3000 hours and under the supervision of a psychologist certified or licensed pursuant to the statutory provisions for the state in which the supervised experience was obtained.

## SECTION II - THIS SECTION TO BE COMPLETED BY SUPERVISOR

**Instructions to supervisor:** Please complete Section II of this form and return to the applicant. The Rhode Island Board of Psychology requests that the supervisor carefully review the applicant's statements under Section I prior to responding to Items in Section II. Insert completed form in an envelope and seal signing your name across the seal. Return to applicant. Applicant has been instructed to include your sealed envelope in his/her application packet.

<b>Supervisor's Professional Degree, Discipline and License Information:</b>
Degree: _____
Discipline: _____
License Level: _____
License #: _____
License State: _____

Agency and State in which Supervision Occurred: \_\_\_\_\_ Agency \_\_\_\_\_ State \_\_\_\_\_

Describe the nature of the Supervision: \_\_\_\_\_  
\_\_\_\_\_

Length and frequency (time-frame) of Supervision: \_\_\_\_\_

**Certification:** I hereby attest the above information in Section II is correct, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this form to the applicant.*

*Thank you for your cooperation.*



Substitute forms are not acceptable, Copy this form as needed.

# Rhode Island Board of Psychology

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## POST-DOCTORAL SUPERVISED PRACTICE FORM - CERTIFICATION OF EXPERIENCE

The individual named below is applying for certification as a Licensed Psychologist in the State of Rhode Island. Prior to certifying the applicant, it is necessary to verify his/her past clinical supervision and/or clinical experience while supervised by you. The applicant has completed Section I and is requesting that you complete Section II. By signing below, the applicant attests that the information is correct to the best of his/her knowledge.

Print/Type Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dates of Clinical Experience under supervision of the practitioner completing Section II. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month Day Year Month Day Year Total number of Post-Doctoral Supervised Hours \_\_\_\_\_

Description of Applicant's Primary Responsibilities and position:  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS TO APPLICANT:** If you have had more than one supervisor, and evidence is needed from two or more supervisors to document the minimum level of supervised clinical experience required for Licensure, the applicant must complete Section I on each form forwarded to the individual supervisors. It is the responsibility of the applicant to gather all forms completed by supervisors in sealed envelopes with supervisor's signature across the back flap (seal) and mail in one packet to the Rhode Island Board of Psychology.

**EXPERIENCE REQUIREMENTS FOR PSYCHOLOGISTS:** The "Rules and Regulations pertaining to the Licensing of Psychologists", (R5-44-PSY), establishes experience requirements which must be met prior to application for the Psychologist License. "Supervised experience" shall mean the practical application of principles, methods and procedures of the science of psychology, for at least two (2) years, (one year of which must be post-doctoral), full time (35 hours per week) or its equivalent of 1500 clock hours per year for a minimum of 3000 hours and under the supervision of a psychologist certified or licensed pursuant to the statutory provisions for the state in which the supervised experience was obtained.

## SECTION II - THIS SECTION TO BE COMPLETED BY SUPERVISOR

**Instructions to supervisor:** Please complete Section II of this form and return to the applicant. The Rhode Island Board of Psychology requests that the supervisor carefully review the applicant's statements under Section I prior to responding to Items in Section II. Insert completed form in an envelope and seal signing your name across the seal. Return to applicant. Applicant has been instructed to include your sealed envelope in his/her application packet.

<b>Supervisor's Professional Degree, Discipline and License Information:</b>
Degree: _____
Discipline: _____
License Level: _____
License #: _____
License State: _____

Agency and State in which Supervision Occurred: \_\_\_\_\_ Agency \_\_\_\_\_ State \_\_\_\_\_

Describe the nature of the Supervision: \_\_\_\_\_

Length and frequency (time-frame) of Supervision: \_\_\_\_\_

**Certification:** I hereby attest the above information in Section II is correct, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this form to the applicant.*

*Thank you for your cooperation.*



# Rhode Island Board of Psychology

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable  
Copy this form as needed.

## CURRICULUM SUMMARY FORM (NON-APA PROGRAMS ONLY)

Applicant: Please complete this form which provides a brief summary of your credentials and file it with your application.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

1. Doctoral Degree (Check one):

Ph.D  Psy.D  Ed.D  Other (Specify)

2. Major field of concentration as indicated on official transcript being filed

3. Date doctoral requirements were satisfied, including successful defense of dissertation as indicated on transcript:

4. If major field was in clinical, counseling, school or industrial/organizational psychology, was the program an APA approved one?  Yes  No

5. Dates in which full-time graduate study was pursued:

6. Title of courses in which credits were earned that satisfy the following basic requirements:

(a) Professional ethics and standards:

(b) Statistical methods:

(c) Research methods:

(d) History and systems of psychology:

7. Title of courses in which credits were earned that satisfy the following core requirements:

(a) Biological Bases of Behavior (Physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology):

(b) Cognitive-Affective Bases of Psychology (Learning, thinking, emotion and motivation):

(c) Social Bases of Behavior (Group processes, organizational and systems theory):

(d) Individual Differences (Personality theory, human development, abnormal psychology):

8. Title of courses in which credits were earned within the specialty area of the major field of concentration:

9. Location, dates and nature of supervised experience and internship (Indicate if APA-Approved):

10. Name, title and license/certification number of supervising psychologists:

11. Total number of hours of supervised experience:

**Practice**

**One-to-one Weekly Conferences**

**a) Pre-doctoral:**

**b) Post-doctoral:**

12. Possession of ABPP Diploma?  Yes  No (If "Yes", date and field of diploma.)