



# Application for School Psychology Licensure

**Office of School Psychology**

P.O. Box 6330

Tallahassee, FL 32314-6330

**Website:** [www.floridahealth.gov/licensing-and-regulation/school-psychology](http://www.floridahealth.gov/licensing-and-regulation/school-psychology)

**Email:** [mqa.schoolpsychology@flhealth.gov](mailto:mqa.schoolpsychology@flhealth.gov)

**Phone:** (850) 245-4373

**Fax:** (850) 414-6860



**Are you an active duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered "Yes" to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health's commitment to serving members and veterans of the United States Armed Forces and their families online at

<http://www.flhealthsource.gov/valor>

## Methods of Application

*Use the information below to determine the application method you best qualify for.*

**Examination:** Requires the applicant hold a doctorate, specialist, or master's degree in school psychology from an accredited institution. Applicants seeking to demonstrate an equivalent degree may submit the Department of Health's school psychology course worksheet, reflecting completion of a program(s) primarily psychological in nature consisting of 60 semester or 90 quarter hours of graduate study in areas related to school psychology. These requirements are further outlined in Rule 64B21-500.009, Florida Administrative Code (F.A.C.). Applicants must also have completed the specialty area examination in school psychology, which is the Praxis II administered by Educational Testing Services (ETS). The applicant must also provide proof of completion of a minimum of three years (4,500 hours) of school psychology experience, at least two years (3,000 hours) of which must have been under the supervision of a licensed school psychologist, certified school psychologist or licensed psychologist. Each week of the supervised experience must have included at least 1.5 hours of face-to-face interactive supervision. A doctoral level internship may be applied toward the supervision requirement.

**Endorsement of 10 Years of Licensed Psychology Experience:** To apply for this method of licensure, Florida Statutes (F.S.) require that the applicant possess a doctoral degree in psychology as defined in section (s.) 490.003, F.S., and have at least 10 years of experience as a licensed psychologist in any jurisdiction or territory in the United States within 25 years preceding the date of application. This method requires a doctoral degree in psychology from an APA accredited program.

**Endorsement of American Board of Professional Psychology, Inc. (ABPP) Diplomate Status:** Requires the applicant possess a current diplomate or specialty certification in good standing with the ABPP, at the time the application is submitted to Florida. Information regarding requirements to obtain this credential is available on the organization's website at [www.abpp.org](http://www.abpp.org).

**Address Changes:** 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, 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.



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Email: [mqa.schoolpsychology@flhealth.gov](mailto:mqa.schoolpsychology@flhealth.gov)

Do Not Write in this Space  
For Revenue Receiving Only

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$180.00 (Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

**Total fee of \$355.00 includes the following:**

Application Fee	\$175.00
Licensure Fee	\$175.00
Unlicensed Activity Fee	\$5.00

**Select one method of licensure as a School Psychologist (4101): \$355.00**

- Examination
- Endorsement of 10 years of licensed psychology experience
- Endorsement of diplomate status with ABPP

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City  
State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Suite No. City  
State ZIP Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male	Race: Native Hawaiian or Pacific Islander	Hispanic or Latino	White
Female	American Indian or Alaska Native	Black or African American	Asian
	Two or More Races		

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the Office of School Psychology.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Specific licensure requirements can be found in s. 490.005 and 490.006, F.S., and Rule 64B21-500, F.A.C., copies of which may be found at: <http://www.floridahealth.gov/licensing-and-regulation/school-psychology/resources/index.html>.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the Department of Health is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, s. 456.013(1)(a), F.S., authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

***You may apply for licensure before obtaining a Social Security number. However, you will not be issued a license until proof of a U.S. Social Security number is received.***

Name: \_\_\_\_\_

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

B. Have you ever applied for school psychology licensure in the state of Florida?      Yes      No

If "Yes," indicate the date you previously applied: \_\_\_\_\_  
MM/DD/YYYY

C. Do you hold, 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

D. List all health-related licenses (active, inactive or lapsed).

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

Verifications are required for each license ever held. Office staff will attempt to complete verifications online. If unavailable online or if the online verification lacks sufficient detail, you will be required to request an official verification from the licensing agency.

License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

Verifications for **10 Year Endorsement applicants** are required to show ten years of actively licensed psychology experience with 25 years of the application submission date. The official verification must indicate whether there were any gaps or inactive periods of licensure.

E. Do you hold diplomate status with the ABPP?      Yes      No

If "Yes," provide the following:

Diploma Number	Diploma Date MM/DD/YYYY	Area of Specialty

**ABPP Endorsement applicants** must complete the "**ABPP Diplomate Verification**" form or have an official **ABPP Letter of Good Standing** sent to the Office of School Psychology. The form is available at <https://floridaspsychology.gov/applications/abpp-diploma-verification-form.pdf>

F. Do you have a licensure or certification application pending in any jurisdiction, including Florida?      Yes      No

G. Have you ever withdrawn an application for licensure or certification?      Yes      No

H. Have you ever allowed an application for licensure or certification lapse?      Yes      No

I. Have you ever been denied licensure or certification to practice school psychology or any health-related profession in any licensing jurisdiction?      Yes      No

If you responded "Yes" to F, G, H, or I, provide a written explanation on a separate sheet.

**4. DISASTER**

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

Name: \_\_\_\_\_

## 5. EDUCATION HISTORY

In order to qualify for licensure all applicants must have completed a doctorate, specialist, or equivalent degree from a program primarily psychological in nature with 60 semester or 90 quarter hours of graduate study in areas related to school psychology, as defined by the Department of Health; a master's degree in school psychology is acceptable.

**Examination applicants** who have not obtained the minimum of a master's degree in school psychology must complete the **"School Psychology Education Coursework" form** found at the back of the application.

A. List the graduate education being used to comply with licensure requirements.

School Name/Location	Major(s)	Graduation Date (MM/DD/YYYY)	Degree Awarded

**All applicants must have an official transcript forwarded directly to the office from your educational program. Diplomas and student copies are not acceptable.**

**10 Year Endorsement applicants** must have an official **doctorate level transcript** forwarded directly to the office.

Transcripts should be electronically transmitted by your school to [mqa.schoolpsychology@flhealth.gov](mailto:mqa.schoolpsychology@flhealth.gov) or mailed to:

Office of School Psychology  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255

B. What name(s) did you use when you received your education?

\_\_\_\_\_

Name: \_\_\_\_\_

## 6. EXAMINATION HISTORY

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

If “Yes,” provide the date the examination was passed: \_\_\_\_\_  
MM/DD/YYYY

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

School Psychology Praxis II examination scores are not available from ETS more than ten years from the date the examination was taken. In this instance, you may have the score report provided to this office by the licensing agency of another state or territory of the U.S. that received your original score report, or, if applicable, request a score confirmation letter from the National Association of School Psychologists (NASP) be provided directly to this office.

## 7. EXPERIENCE

All applicants must successfully complete three years (4,500 hours) of school psychology experience. Experience must meet the criteria listed below.

- One year of experience consists of 1,500 hours within 12 consecutive months.
- Two years (3,000 hours) of the three-year requirement must consist of supervised experience.
- All supervised experience must be performed by a certified or licensed school psychologist in any jurisdiction or a licensed psychologist.
- The third year may consist of general experience up to a maximum of 1,500 hours.
- 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.

**All examination applicants must complete and submit to the Office of School Psychology:**

**The “School Psychology Experience Verification” form** (found at the end of the application)- This form must be used to document the required two years of post-graduate supervised experience under a licensed psychologist, licensed school psychologist or certified school psychologist. A doctorate-level internship in this field may be applied toward the supervision requirement. If you completed three years of supervised school psychology experience in compliance with the rule, you may use this form to document that all required experience was completed under supervision, in which case you will not need to complete the general experience form referenced below.

**And, if applicable**

**The “General Experience Verification” form**, (found at the end of the application)- This form is used to document one year of school psychology experience that did not require supervision. Only necessary if less than three, but more than two years of supervision has been obtained.



**This information is exempt from public records disclosure.**

**8. HEALTH HISTORY**

**Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?    Yes        No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?    Yes    No

**Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?    Yes        No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?    Yes        No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?    Yes        No

**If a “Yes” response was provided to any of the questions in this section, provide the following documents directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

**A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status

**9. DISCIPLINE HISTORY**

- A. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state, including Florida, U.S. territory, or foreign country?      Yes      No
- B. 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
- C. Are you now under investigation in any jurisdiction for an offense, which would be a violation of Chapter (ch.) 490, F.S.?      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y   N
				Y   N
				Y   N
				Y   N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Administrative Complaint** and **Final Order**.

**10. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.  
 Yes      No

**If you responded “Yes” in this section, you must provide the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y   N
				Y   N
				Y   N

**If you responded “Yes” in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

**Final Dispositions** and **Arrest Records** for all offenses. The Clerk of Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of Court.

**Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

## 11. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under ch. 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?    Yes    No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?    Yes    No
  - b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?    Yes    No
  - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes    No
  - d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” provide supporting documentation)?  
Yes    No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?    Yes    No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?    Yes    No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes    No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?    Yes    No

Name: \_\_\_\_\_

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?      Yes      No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes      No
- b. Did termination occur at least 20 years before the date of this application?      Yes      No
5. Are you currently listed on the United States Department of Health and Human Services’ Office of the Inspector General’s List of Excluded Individuals and Entities (LEIE)?      Yes      No
- a. If you responded “Yes” to the question above, are you listed because you defaulted or are delinquent on a student loan?      Yes      No
- b. If you responded “Yes” to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE?      Yes      No

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** that includes court dispositions or agency orders where applicable.

**Documentation for sections 8, 9, 10, and 11 must be mailed to:**

**Office of School Psychology**  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255

## 12. APPLICANT SIGNATURE

I, the undersigned, state that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067, F.S.

Florida law requires me to immediately inform the Office of School Psychology of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read the regulations in ch. 490, F.S., pertaining to psychological services and ch. 64B21, F.A.C., pertaining to school psychology.

I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the Department of Health.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.*      MM/DD/YYYY



## School Psychology Education Coursework

**This form is only required if your masters, specialist, or doctorate degree was not in school psychology.** Complete this form, providing the courses taken in each area listed. List only one course number per subject and indicate whether the hours taken were in quarter (Qtr.) or semester (Sem.) hours, list the hours in the appropriate column. See s. 64B21-500.009, F.A.C., for information.

Name: \_\_\_\_\_

**A. Psychological Foundations** (12 Qtr./9 Sem. hours from the following concentrations):

Course	School	Course	# Sem. Hours	# Qtr. Hours
1. Human Development				
2. Human Learning				
3. Psychology of Personality				
4. Child or Adolescent Psychology				
5. Educational Psychology				
6. Human Exceptionality				
7. Abnormal Psychology				

**B. Educational Foundations** (9 Qtr./6 Sem. hours from the following concentrations):

Course	School	Course	# Sem. Hours	# Qtr. Hours
1. The Role & Function of School Psychologists				
2. Curriculum in the Schools				
3. Purposes & Organization of Schools				
4. Educational Administration				
5. Remedial Instruction				
6. Special Education				
7. Social Foundations of Education				
8. Social Psychology				

**C. Psycho-Educational Evaluation Methods** (12 Qtr./9 Sem. hours from the following concentrations, with at least 1 course in Individual Intellectual Assessment):

Course	School	Course	# Sem. Hours	# Qtr. Hours
1. Individual Intellectual Assessment				
2. Psycho-educational Assessment				
3. Statistics and Research Design				
4. Test and Measurement				

**D. Psycho-Educational Interventions** (12 Qtr./9 Sem. hours from the following concentrations):

Course	School	Course	# Sem. Hours	# Qtr. Hours
1. Consultations				
2. Behavior Modification				
3. Counseling & Interviewing Techniques				
4. Organizational & Administration of Pupil Services				

**E. Required Supervised Training Received in a Counseling Setting** (indicate coursework below):

Course	School	Course	# Sem. Hours	# Qtr. Hours
1. Practicum, Internship, or Fieldwork				

Complete verifications must be mailed directly to:

Office of School Psychology  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255



## School Psychology Supervised Experience Verification

Page 1 of 2

If the total experience required was completed as supervised experience, **only** submit the “**School Psychology Supervised Experience Verification**” form for all 4,500 hours. Submit the “**School Psychology General Experience Verification**” form if you **completed the minimum** supervised experience (3,000) hours **and still need** to document the remaining 1,500 hours of total experience required.

### Experience Definitions & Requirements

- **Total Experience Required** is three years (4,500 hours) of School Psychology experience.
- **One Year of Experience** is equivalent to 1,500 hours with 12 consecutive months.
- **Supervised Experience** is required to be a minimum of two years (3,000 hours) of supervised experience under a certified or licensed school psychologist in any jurisdiction or a licensed psychologist. The supervisor must provide 1 ½ hours weekly face-to-face interactive supervision over the entirety of the 3,000-hour supervisory period.
- **Doctoral Internships** may be applied toward the supervision requirement. Non-doctoral internships that are part of the education requirement, **do not** count toward the supervised or general experience requirement.

### 1. Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 2. Supervisor Information

A. Provide the following information:

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
MM/DD/YYYY

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

B. How many years of experience had you completed as a school psychologist prior to supervising the applicant?  
\_\_\_\_\_

C. How many of those years were you supervised? \_\_\_\_\_

D. Choose your profession, at the onset of supervising the applicant, from the selection below. Select all that apply.

Licensed School Psychologist	State: _____	License #: _____
Certified School Psychologist	State: _____	License #: _____
Licensed Psychologist	State: _____	License #: _____

*If the applicant completed the 3,000 hours of supervision under more than one supervisor in more than one location, each supervisor must submit and sign a separate verification form attesting only to the supervision they provided.*

**3. Applicant Supervised Experience**

A. Provide the following information regarding the applicant's experience while under your supervision (attach additional sheets if necessary).

Facility Name	Facility Address	Supervised Experience Dates (MM/DD/YYYY)
		to
		to
		to

B. Did the applicant complete two years (3,000 hours) of school psychology experience under your supervision?  
 Yes No

If "No," complete the following: Total number of years: \_\_\_\_\_ Total number of hours: \_\_\_\_\_

C. Did you provide the minimum required 1.5 contact hours per week of face-to-face interactive supervision during this period? Yes No

If "No," complete the following: Total number of hours: \_\_\_\_\_

D. 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

E. Was your supervision of the applicant a process clearly distinguishable from personal psychotherapy or didactic instruction? Yes No

F. List the percentage of the applicant's work hours spent in the following duties:

Duties	% of Work Hours
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 learning process of clients.	
<b>Specify other duties, if applicable, and percentage of time spent in those areas:</b>	

G. 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," provide details on a separate sheet of paper.

**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," explain on a separate sheet of paper.

**5. Applicant/Supervisor Statement**

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY



## School Psychology General Experience Verification

Page 1 of 2

**Do not submit this form** if all required school psychology experience (three years = 4,500 hours) was fulfilled and is documented as supervised experience on the **"School Psychology Supervised Experience Verification" form**.

**Important:** The dates of general school psychology experience must have been completed after meeting the minimum required education for this license and the dates of experience recorded cannot be the same as nor overlap the hours of reported supervised experience.

### 1. Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 2. Verifying Party Information

Choose the all options that describe your relationship to the applicant:

Employer	Co-worker	Supervisor
Personnel Office Representative	Other: _____	

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

### 3. Applicant Experience Data

List the name and address of the entity where experience took place:

Facility Name	Facility Address

A. Dates of Experience: From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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 listed above?  
\_\_\_\_\_ (generally calculated as the product of 3b and 3c)

E. What position did the applicant hold? \_\_\_\_\_



# School Psychology General Experience Verification

Page 2 of 2

Name: \_\_\_\_\_

F. List the percentage of the applicant's work hours spent in the following duties:

Duties	% of Work Hours
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 learning process of clients.	
<b>Specify other duties, if applicable, and percentage of time spent in those areas:</b>	

## 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

## 5. Applicant/Supervisor Statement

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Complete verifications must be mailed directly from the licensing agency to:

Office of School Psychology  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255



## School Psychology License Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Office of School Psychology.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* License number
- \* State or jurisdiction of licensure
- \* Licensure status
- \* Is license in good standing?
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement) If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.