

Application for School Psychology Licensure by Examination



Office of School Psychology Licensure
P.O. Box 6330
Tallahassee, Florida 32314-6330

Website: MQA.SchoolPsychology@flhealth.gov

Email: 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>.

Eligibility Information

This method means you are applying for licensure based on education, experience, and examination in compliance with the laws and rules of Florida. This application should not be submitted until the education, experience, and a passing score on the examination have already been completed.

Applicants must 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.

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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Do Not Write in this Space
For Revenue Receiving Only

School Psychologist by Examination (1020) \$355.00

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

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

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

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, Florida Statutes, and Rule chapter 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), Florida Statutes, authorizes the collection of Social Security numbers as part of the general licensing provisions.

Last Name: _____

First Name: _____

Middle Name: _____

U.S. Social Security Number: _____

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, Florida Statutes. 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 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.

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

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 to 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. AVAILABILITY FOR 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

If you respond "Yes," your name will be added to a listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

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.

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.

Transcripts should be electronically transmitted by your school to 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 applicants must request their Praxis II examination scores be electronically transmitted to the 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 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.

Name: _____

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, Florida Statutes? 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. Pursuant to s. 943.0585(6)(b), Florida Statutes, and s. 943.059(6)(b), Florida Statutes, an applicant seeking to be licensed by the Department of Health must disclose expunged and sealed criminal history records. Reckless driving, driving while license suspended or revoked (DWLSR), 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), Florida Statutes.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under ch. 409, Florida Statutes (relating to social and economic assistance), ch. 817, Florida Statutes (relating to fraudulent practices), ch. 893, Florida Statutes (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 10 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), Florida Statutes)? Yes No
 - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), Florida Statutes, 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, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) 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, Florida Statutes? 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, Florida Statutes.

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, Florida Statutes, 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), Florida Statutes, 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 Rule 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 and Requirements

- **Total Experience Required** is three years (4,500 hours) of School Psychology experience.
- **One Year of Experience** is equivalent to 1,500 hours within 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.

<input type="checkbox"/> Licensed School Psychologist	State: _____	License #: _____
<input type="checkbox"/> Certified School Psychologist	State: _____	License #: _____
<input type="checkbox"/> 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 three years (4,500 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.	
Specify other duties, if applicable, and percentage of time spent in those areas:	

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 all the 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.	
Specify other duties, if applicable, and percentage of time spent in those areas:	

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.