

***Instructions and Information for School Psychologist Licensure Applicants
Ohio Board of Psychology***

Updated August, 2014

- **PRAXIS SCHOOL PSYCHOLOGY SPECIALTY AREA EXAMINATION:** Based on Board policy updates, school psychologist license applicants shall demonstrate, for admission to the oral examination for the license, a score on the Praxis-II School Psychology Specialty Area (SPSA) Examination reported by the Educational Testing Service (ETS) of no less than 660 or, based on the ETS rescaling process, a score of no less than 165. Ohio's timeline for acceptance of the score has been aligned with NASP, which declares that scores more than nine (9) years old are not valid. Updated policy is pending regarding the passing score cut-off on the new Praxis-II.
- **CRIMINAL BACKGROUND CHECK.** Background Check Required for all Applications
Please find instructions at top of Licensing page on this site.
- **OHIO ORAL LICENSURE EXAMINATION.** Candidates are required to pass an oral examination on the laws and rules governing the practice of psychology and school psychology.
- **\$300 APPLICATION/LICENSE FEE.** Check made payable to Treasurer, State of Ohio.
- **NOTARIZED APPLICATION FOR SCHOOL PSYCHOLOGIST LICENSE.** Complete the enclosed application form.
- **GRADUATE TRANSCRIPTS.** Arrange to have official copies of all graduate transcripts documenting the qualifying degree sent directly to the Board office. If the Masters degree is not clearly identified as school psychology, please direct to the Board a letter from the graduate school indicating that the program is the university's school psychology program. If your degree must be evaluated for equivalency to a Masters degree in school psychology, you are required to substantiate courses according to OAC rule 4732-9-02 (A).
- **DOCUMENTATION OF EXPERIENCE.** Applicants must verify internship and three years of experience, at least two years of which must be in the employment of a board of education or a private school meeting standards of State Board of Education. Enclosed School Psychologist Employment Verification form must confirm post-internship experience and internship, unless internship appears on transcript. Each of the four years must reflect 9 months of full-time work. Three years is the maximum allowed to complete the equivalence of one-year experience. Experience in a setting outside of employment by a school shall be supervised by a qualified licensee of this Board and verified on a Training Supervision Documentation form. See OAC 4732-9-02 (c) for regulations governing school psychology experience.
- **THREE REFERENCE LETTERS.** Three psychologists or Board licensed school psychologists must submit letters of reference to the Board in support of your application. Enclosed please find forms to be used to request these letters.
- **PHOTOGRAPH.** A recent photograph is required to help identify applicants during the examination process. Candidates are also required to present a photo ID with signature (e.g., driver's license) at examination. A photocopy of your valid drivers license is sufficient. Please bring your drivers license or other governmental picture ID to the oral examination.

Application for School Psychologist License

State Board of Psychology
77 South High Street – Suite 1830
Columbus, OH 43215-6108
TTY/TDD Ohio Relay Service 1-800-750-0750
psy.dir@psy.ohio.gov
(614) 466-8808

Application/license files, except for social security number, are public records available to anyone on request.
Applications are valid for three (3) years after date received by the Board, after which a new application and fee are required.
Please tell us if you have a disability needing reasonable accommodation during exam/licensure process.

Identifying Information

Applicant Name _____
Last First Middle Maiden

Social Security # (required) _____ - _____ - _____ Sex M F

Birth Date _____ Age _____ Birthplace _____

Name you want on certificate, if Ohio license awarded _____

Email _____

Please indicate your preferred mailing address for use by the Board: Business Home

Business/Agency _____

Street Address _____

City _____ State _____ ZIP + 4 _____ - _____ County _____

Business phone (_____) _____ - _____ Extension _____

[Optional]
Home Address _____

City _____ State _____ ZIP + 4 _____ - _____ County _____

Home phone (_____) _____ - _____

Graduate Education

Your **graduate** transcript(s) must be sent directly to Board office by each university.

<u>Institution</u>	<u>Department</u>	<u>Degree</u>	<u>Date</u>	<u>Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History in School Psychology

Please provide a complete list of all school psychological training and work experience. School Psychologist Employment Verification form (enclosed) must be returned to the Board and verify three years post-internship experience.

_____ to _____
Mo/Yr Mo/Yr Institution/Agency Address City State

_____ Hrs/Week worked Your Position/Title _____

_____ Professional Supervisor of Psychology Work Degree Specialty Area

Describe your activities and responsibilities: Average Hours/Week

1. _____

2. _____

3. _____

_____ to _____
Mo/Yr Mo/Yr Institution/Agency Address City State

_____ Hrs/Week worked Your Position/Title _____

_____ Professional Supervisor of Psychology Work Degree Specialty Area

Describe your activities and responsibilities: Average Hours/Week

1. _____

2. _____

3. _____

_____ to _____
Mo/Yr Mo/Yr Institution/Agency Address City State

_____ Hrs/Week worked Your Position/Title _____

_____ Professional Supervisor of Psychology Work Degree Specialty Area

Describe your activities and responsibilities: Average Hours/Week

1. _____

2. _____

3. _____

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Professional, Ethical, and Legal Conduct

Have you ever been charged with unethical behavior or unprofessional conduct by any licensing/certification board or professional association? ___No ___Yes* (*If Yes, please provide details on separate page)

Have you ever been convicted of a felony or a misdemeanor other than minor traffic offenses in a court in this or any other state or in a federal court? ___No ___Yes* (*If Yes, please provide details on separate page)

Have you ever offered/rendered services as a psychologist or school psychologist or otherwise engaged in the practice of psychology or school psychology on or after 12/1/72, in the state of Ohio, for compensation or other personal gain without being licensed to do so by the State Board of Psychology? See OH Rev Code sec 4732.21 (A)

___No ___Yes* (*If Yes, please provide details on separate page)

Have you ever applied in Ohio or another jurisdiction (state/province/country) for a license or certification in psychology, school psychology, or any other profession?

___No ___Yes

If Yes, state/jurisdiction: _____ License/Certification _____ Approved? ___Yes ___No*

*If not approved, explain: _____

Have you ever applied for membership in, or certification/approval by any professional association or society, such as American Board of Professional Psychology, American Psychological Association, a State Psychological Association (e.g., OPA or OSPa) or American Association of Marriage and Family Therapy? ___No ___Yes

If yes, list organization: _____ Approved? ___Yes ___No*

*If No, explain: _____

Have you ever voluntarily surrendered any license or had any license, certificate, or membership revoked, suspended, or limited by disciplinary action (other than secondary to non-renewal) or been called before any board or its agent for disciplinary reasons? ___No ___Yes* (*If Yes, please provide details on separate page)

Professional References

List three *psychologists or Board-licensed school psychologists* (licensed under any jurisdiction) who are familiar with your recent personal and professional background (relatives and members of the Board or Board staff may not provide references). Send each a copy of enclosed reference request. Do **not** send a reference request to someone who will complete a notarized statement confirming psychological/school psychological work experience.

Name	Degree	Address	City	State	ZIP
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Statement of Understanding/Notarization

I understand that making false statements or giving untruthful answers constitutes "using fraud or deceit in the procurement of the license" and may subject me to Board action pursuant to Revised Code sec. 4732.17 (B). I hereby consent to the release to the State Board of Psychology in Ohio ("Board") any documents or information considered by the Board to be relevant to licensure. This release pertains to any person or body including, but not limited to, any school, college, university, regulatory body or jurisdiction, place of employment, government agency in or out of Ohio, professional association or board, physician, psychologist, or other mental health professional, or law enforcement agency. I also consent to the release of my social security number. [**Social Security number must be collected** by the Board pursuant to 42 U.S.C. sec. 1320a-7e(b), 5 U.S.C. sec. 552a, and 45 C.F.R. pt. 61 for potential disclosure to the Federal Department of Health and Human Services' Healthcare Integrity and Protection Data Bank (HIPDB). In addition, **provision of your social security number is mandatory** for child support enforcement purposes, pursuant to R.C. sec. 3123.50. It will also facilitate the processing of your application.]

Signature of Applicant _____

State of Ohio (or other jurisdiction), (applicant) _____, being first duly sworn, according to law, deposes and says that the statements, above, and the answers made as part of the foregoing application are true.

Sworn to before me, subscribed in my presence this ____ day of _____, 200__

Notary Public
My Commission Expires:

NOTARY SEAL

(Explain if notary seal is not used in notary's jurisdiction)

Please remember...

- ___ Sign your application and have it notarized
- ___ Complete a **criminal background check** in accord with requirements outlined in the enclosed document.
- ___ Request an official report of your NTE score directed to the Board (minimum score 660 or 165 on the rescaled score process)
- ___ Include the \$300 application/initial license fee payable to **Treasurer, State of Ohio**
- ___ Distribute the reference request forms to three psychologists/school psychologists
- ___ Request official transcript(s) of graduate education directed to the Board address
- ___ Include a recent photograph for identification at examination
- ___ Mail materials and fee to:
State Board of Psychology
77 South High Street –Suite 1830
Columbus, OH 43215-6108

Thank you for your careful attention to your application.