

# STATE BOARD OF PSYCHOLOGY OF OHIO

## FORM F: DCT VERIFICATION OF ALL PRE-INTERNSHIP TRAINING

*To be completed by the Doctoral Program DCT or School Psychology Doctoral Program Coordinator and submitted directly to the Board*



State Board of Psychology  
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To the DCT, School Psychology Doctoral Program Coordinator, or Designee:

Ohio law requires that applicants seeking licensure under ORC 4732.10 (B)(4) must hold a doctoral degree in psychology or school psychology from a program accredited by the APA Commission on Accreditation or the CPA Accreditation Panel, Designated by the ASPPB/NR Join Designation Committee, or approved by NASP. Said applicants shall have at least two years (3,600 hours total) of supervised training in professional psychology or school psychology, including a pre-doctoral internship of no fewer than 1,500 hours and no more than 2,000 hours and may submit for consideration pre-internship program-approved experiences that occurred in accord with rules of the Board.

Pursuant to OAC 4732-9-01(I)(1), in addition to the required pre-doctoral internship, a second sequence of supervised training experience(s) to complete the required thirty six hundred hour sequence shall be met through: full-time or part-time post-internship (including post-doctoral) training; a combination of qualifying pre-internship training experiences; or, a combination of pre-internship placements and post-internship experiences.

Please complete this form in its entirety and submit it directly to the Ohio Board.

Thank you for your assistance.

Please Print Clearly

Name of Student/Applicant for Ohio Licensure:
Name of Academic Institution:
Doctoral Degree Program: <input type="radio"/> Clinical <input type="radio"/> Counseling <input type="radio"/> School <input type="radio"/> Combined <input type="radio"/> Other: _____
Doctoral Program accreditation/designation/approval: <input type="radio"/> APA <input type="radio"/> CPA <input type="radio"/> ASPPB/NR <input type="radio"/> NASP
Name of DCT/School Psychology Doctoral Program Coordinator:

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Name of Student/Applicant for Ohio Licensure: \_\_\_\_\_

**Pre-Internship Doctoral Program Training Experiences**

**Instructions to the DCT, Coordinator, or designee:** **1)** Please list chronologically **each** supervised training experience **starting with the earliest placement**, collaborating with the student's terminal master's program as necessary to compile a complete list. The resulting exhaustive list of pre-internship training experiences will allow the Board's Entrance Examiner to determine: at what point the academic and supervised experience prerequisites were met (a minimum of 400 introductory practicum hours and 48 graduate semester hours of coursework in psychology or 72 graduate quarter hours of coursework in psychology); and, therefore, which pre-internship training experiences are candidates for consideration toward the 3,600 hour sequence of training. **2)** Please note that each supervisor listed below will be asked to complete for the Board a form specific to each supervised experience/placement, with additional details and an evaluation. **3)** Please do not provide a "range" for the weekly hours on the placement. Please provide a number, which may be an average if the placement was not a predetermined weekly number of hours on site. **4)** Please print clearly.

<b>Verification of Pre-Internship Training Experience</b>
Name of Facility/Training Site:  Telephone number: (     )
Dates of Training Experience: ___ / ___ / ___ through ___ / ___ / ___
Supervising Psychologist(s):
Supervised psychological procedures:
Weekly hours on placement:
Total hours of supervised experience on this placement:

<b>Verification of Pre-Internship Training Experience</b>
Name of Facility/Training Site:  Telephone number: (     )
Dates of Training Experience: ___ / ___ / ___ through ___ / ___ / ___
Supervising Psychologist(s):
Supervised psychological procedures:
Weekly hours on placement:
Total hours of supervised experience on this placement:

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Verification of Pre-Internship Training Experience
Name of Facility/Training Site:
Telephone number: (     )
Dates of Training Experience: ____ / ____ / ____ through ____ / ____ / ____
Supervising Psychologist(s):
Supervised psychological procedures:
Weekly hours on placement:
Total hours of supervised experience on this placement:

Verification of Pre-Internship Training Experience
Name of Facility/Training Site:
Telephone number: (     )
Dates of Training Experience: ____ / ____ / ____ through ____ / ____ / ____
Supervising Psychologist(s):
Supervised psychological procedures:
Weekly hours on placement:
Total hours of supervised experience on this placement:

Verification of Pre-Internship Training Experience
Name of Facility/Training Site:
Telephone number: (     )
Dates of Training Experience: ____ / ____ / ____ through ____ / ____ / ____
Supervising Psychologist(s):
Supervised psychological procedures:
Weekly hours on placement:
Total hours of supervised experience on this placement:

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Verification of Pre-Internship Training Experience
Name of Facility/Training Site:
Telephone number: (     )
Dates of Training Experience: ____ / ____ / ____ through ____ / ____ / ____
Supervising Psychologist(s):
Supervised psychological procedures:
Weekly hours on placement:
Total hours of supervised experience on this placement:

Verification of Pre-Internship Training Experience
Name of Facility/Training Site:
Telephone number: (     )
Dates of Training Experience: ____ / ____ / ____ through ____ / ____ / ____
Supervising Psychologist(s):
Supervised psychological procedures:
Weekly hours on placement:
Total hours of supervised experience on this placement:

Verification of Pre-Internship Training Experience
Name of Facility/Training Site:
Telephone number: (     )
Dates of Training Experience: ____ / ____ / ____ through ____ / ____ / ____
Supervising Psychologist(s):
Supervised psychological procedures:
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**Pre-Internship Training Experiences and Competencies Attained**

Pursuant to OAC 4732-9-01, psychological training supervision shall provide sequential and increasingly complex and independent experiences to assure an organized and planned development of: attitudes and identity as a professional psychologist; professional, ethical, and legal responsibilities; communication skills; critical judgment; and, competencies in the broad areas of interpersonal skills, psychological assessment, psychological interventions, and ethical decision making. Training experiences shall follow developmentally appropriate academic and technical preparation.

**Please provide a final evaluation of the student's performance during pre-internship training experiences, an assessment of the student's competencies at the conclusion of the above-listed experiences, and recommendations for areas of post-doctoral training and/or independent practice and needs for additional professional development:** *(please feel free to attach an evaluation in lieu of completing this section)*

**NOTARIZED STATEMENT**

Name of DCT/Coordinator/Designee responsible for completing this form and the required attached statement:

\_\_\_\_\_, being first duly sworn, according to law, deposes and confirms the statements herein and attached and says the answers and information provided are true and accurate.

DCT/Coordinator/Designee Signature \_\_\_\_\_ License# \_\_\_\_\_ State/Province \_\_\_\_\_

Sworn to me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

This form may be notarized in any state, U.S. territory, or Canadian province.

\_\_\_\_\_  
Notary Public

Commission Expires:

SEAL