

**State Board of Psychology
77 S. High Street Suite 1830
Columbus OH 43215-6108
614-466-8808**

School Psychologist Employment Verification

Applicants for a school psychologist license must demonstrate four years of school psychology experience as a certificated/licensed school psychologist. A year is credited when employment of at least nine months work at 35 hours/week is documented [or an equivalent amount of time in part-time work during any three-year period]. No more than one year of credit is allowed in any 12-month period. This form is used to verify the term of employment of a school psychologist who holds a Department of Education certificate/license and who is/was employed by a: (check one)

- board of education [see Revised Code (RC) sec. 4732.22 (A)]
- private school meeting standards prescribed by the State Board Education under RC section 3301.07 (D)

Any other school psychology experience must be verified on a separate School Psychological Training Supervision Documentation form completed by the supervisor of the training experience [OAC 4732-9-02 (C)(3), 9/30/96].

SCHOOL: _____

PHONE: (____) _____ - _____

ADDRESS: _____

Email: _____

CITY/STATE/ZIP _____

This verifies that _____ is/was employed as a certificated/licensed school psychologist for work in the above-named school on a ____-month contract for ____ hours/week from

_____ to _____ (experience credited to date of notarization)
(beginning date) (ending date or "now")

STATE of OHIO or _____, _____ being first duly sworn, according to law, deposes and says that the information in the above statement is true.

Email address or phone number

Signature of Confirming School Official

Title

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

Telephone

Signature of Notary Public

Name and Notary Seal with
Notary Commission Expiration Date:

[Please indicate if seal not used in your jurisdiction]