

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

*Updated March 2009*

- **PRAXIS SCHOOL PSYCHOLOGY SPECIALTY AREA EXAMINATION:** Based on Board policy updates in March 2009, applicants shall demonstrate, for admission to the oral examination for the School Psychologist 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 five (5) years old are not valid. For oral examinations administered after June 1, 2007, the candidate shall be required to earn a passing score on the oral examination on a date no more than five (5) years from the date of the administration of the qualifying (660 or higher) Praxis-SPSA examination. The historical Praxis score requirement of 650 was in place for candidates who passed the oral on or before June 1, 2007, as long as the qualifying score was earned within eight (8) years of the date of the passing oral examination.
- **CRIMINAL BACKGROUND CHECK. New Law Requires Background Check for all Applications!**  
**Please see enclosure for instructions and requirements.**
- **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.
- ***\$125 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.license@exchange.state.oh.us](mailto:psy.license@exchange.state.oh.us)  
(614) 466-8808

Application/license files, except for social security number, are public records available to anyone on request.

Applications are valid for five years after date received by the Board.

Please tell us if you have a disability needing reasonable accommodation during exam/licensure process.

**Please complete this application by referring to the enclosed "Instructions and Information for School Psychologist Licensure Applicants" updated March 2008.**

## 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. \_\_\_\_\_

[Copy this page and use as necessary]

## 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
------	--------	---------	------	-------	-----


## 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
- \_\_\_ If applying after March 23, 2008, 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 \$125 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.