

APPLICATION FOR ORIGINAL LICENSE BY EXAMINATION—PSYCHOLOGIST

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Psychologist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Psychologist Candidate Registration. Effective July 1, 2004, you may register as a Psychologist Candidate when you are completing the application for psychologist licensure. This is a one-time registration which will expire in four years. Psychologist Candidates are eligible to receive a temporary permit that allows them to practice psychology under the supervision of a licensed psychologist or equivalent while completing the requirements for licensure as a psychologist. Refer to C.R.S. 12-43-304.

Registered Psychotherapists (previously known as “Unlicensed Psychotherapists”). Individuals who currently provide psychotherapy services, and/or are completing their experience and supervision for certification or licensure, are required to be registered in the Registered Psychotherapist Board Database pursuant to C.R.S. 12-43-702.5, **unless** they are registered as a Psychologist Candidate (see paragraph above). It is the applicant’s responsibility to comply with one of these requirements. Submission of a licensure or certification application does not exclude the applicant’s responsibility to be registered in the database. Failure to be registered appropriately may result in applicant’s inability to receive credit for supervision/experience hours accrued in Colorado.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-43-301, and the Board rules. Both are available online at www.dora.state.co.us/mental-health.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

Study Guide. Information regarding study material for the EPPP national examination can be obtained by contacting the Association of State Psychology and Provincial Boards (ASPPB) at (334) 832-4580.

Applicants with Disabilities. Applicants who need modifications in the examination administration because of a disability should submit an ADA Request form, available online at www.dora.state.co.us/registrations/ADAResultForm.htm, or you may call (303) 894-7800 to request that one be mailed to you. The ADA Request Form should be submitted at the same time as the application.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application must be submitted with the fee and required supporting documentation (see checklist that follows). Complete applications may be retained for five (5) years from the date of receipt for the purpose of allowing the applicant to obtain the required post-degree experience and supervision. Applications may require updates prior to licensure.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between May 1, 2011 and August 31, 2011 will reflect a license expiration date of August 31, 2013. Licenses issued prior to May 1, 2011 will reflect an expiration date of August 31, 2011 and must renew in the upcoming renewal period.

- All Psychologist licenses expire on August 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

Applicant: Keep this page for your records.

APPLICANT CHECKLIST

To apply for EXAM APPROVAL or PSYCHOLOGIST CANDIDATE REGISTRATION, you must submit:

- Completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Completed Affidavit of Eligibility form (attached).** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Official transcript in a sealed envelope from the degree-granting institution.** The transcript must be attached to the application in the original sealed (unopened) envelope. The transcript must show the degree conferred and conferral date.

If your degree program was NOT approved by the American Psychological Association (APA) at the time the degree was awarded, you must **also** submit:

- Completed Education Equivalency Worksheet and all required supporting documentation.** Include course syllabi/ descriptions from the school of courses in which the material was covered. Review of submitted materials may take several months. You must allow enough time for this review prior to the deadline date.

For more information, review [Board of Psychologist Examiners Rule 17](#). For information on the American Psychological Association (APA), visit their website at www.apa.org.

Note: The Board must review and approve your transcript with degree conferral date and your educational equivalency, if applicable, before you will be approved for the examination and your Psychologist Candidate registration, if requested, will be granted.

- **Examination:** You will be approved to sit for the Examination for the Professional Practice of Psychology (EPPP) once you have completed your doctoral degree. The Office of Licensing will place your name on the eligibility list of approved Colorado candidates and forward the list directly to Professional Examination Services (PES). PES will send application information for scheduling the computer-based EPPP directly to you. Payment for the scheduling and the administration of the EPPP will need to be made separately and directly to PES. To obtain additional information regarding the EPPP, contact the Association of State and Provincial Psychology Boards at www.asppb.org or by phone at 1-866-364-3777.
- **Psychologist Candidate registration:** Remember that you may not begin accruing post-degree experience and supervision hours until your candidate registration is granted **or** you have registered in the Registered Psychotherapists database.

—Continued on next page—

APPLICANT CHECKLIST (Continued)

In addition to all of the above, to obtain PERMANENT LICENSURE as a Psychologist, you must also submit:

- Completed Jurisprudence Exam.** It is your responsibility to ensure that you use the most current version of the examination, which is available online at www.dora.state.co.us/mental-health/jurisexam.pdf.
 - Verification of licensure from each state where you have ever been licensed.** Forward the enclosed Verification of License Form to each state where you have ever been licensed as a mental health professional. Request that the form be returned to you so you may include it – in its original sealed envelope – with your application packet.
 - Completed Post-Degree Experience and Supervision Form(s).** Originals are required. Copies will not be accepted. Hold all post-degree experience and supervision forms and submit when requirements are completed. You must be able to demonstrate:
 - Post-Doctoral Experience: 1500 clock hours of experience over a minimum of 12 months
 - Post-Doctoral Supervision: 75 clock hours over a period of 12 months (50 hours face-to-face/individual)
- For more information regarding post-degree experience and supervision, see [Board of Psychologist Examiners Rule 17](#).
- Completed Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp. You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Psychologist
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

This application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

I wish to register as a Psychologist Candidate. *If you do **not** request this registration, you must apply to be listed in the database as a registered psychotherapist.*

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:		PO Box, Street:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:	
Daytime Telephone Number: ()		E-mail Address:	
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—LICENSE INFORMATION

Have you previously filed an application for licensure or database listing in Colorado with the Mental Health Licensing Section? <input type="checkbox"/> YES <input type="checkbox"/> NO					
▶ If YES , provide information below. If you have applied more than once, attach an additional sheet using the same format.					
Type:	Level:	Number Issued:	Expiration Date:		
Have you ever been certified/licensed to practice psychotherapy or a related profession in any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO					
▶ If YES , list all states in which you are or have ever been licensed (if needed, attach an additional sheet using the same format, and attach to this application the Verification of License form in its original sealed envelope from each state where you have ever been licensed.					
Type of License	State/Country	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

* **Social Security Number Disclosure.** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

PART 3—EDUCATION

University or college attended:

Type of degree:

Date granted:

(mm/dd/yyyy):

Was your graduate program APA approved at the time of graduation?

YES NO

- ▶ If **NO**, complete the attached Education Equivalency Worksheet and submit it with your application, along with all required attachments.

PART 4—SCREENING QUESTIONS

You must provide the following for each “YES” response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever been notified by any state, territory, district, country, United States government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending. YES NO
2. Has any disciplinary action ever been taken regarding any psychotherapy/drug and alcohol services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) YES NO
 - ▶ If **YES**, include state or government agency, date, charge, and disposition in your explanation.
3. Have you ever been denied a certification/license or permission to practice psychotherapy, or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? YES NO
 - ▶ If **YES**, include state or government agency, date, and reason for denial in your explanation.
4. Have you ever voluntarily surrendered a certification/license to practice psychotherapy in any state? YES NO
5. Have you ever had staff privileges limited or reduced, denied, suspended or revoked, or have you resigned from a staff position in lieu of disciplinary action? YES NO
 - ▶ If **YES**, provide a copy of your letter of resignation or disciplinary action, and include the name and address of the facility and the reason for action in your explanation.
6. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol? YES NO
 - ▶ If **YES**, provide documentation from the court verifying completion of probation/parole requirements.
7. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to any felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. YES NO
 - ▶ If **YES**, provide documentation from the court verifying completion of probation/parole requirements.

PART 4—SCREENING QUESTIONS (Continued)

8. Have you ever entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law? YES NO
9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO
- ▶ If **YES**, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.
10. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice psychotherapy safely and competently? YES NO
- ▶ If **YES**, if treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Provide a written statement from the treatment center you attended documenting completion of therapy.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

EDUCATION EQUIVALENCY WORKSHEET Psychologist

Please use this form if your degree is from a non-APA approved program. An equivalency review cannot be completed without a course description/syllabus attached for each course listed below. Documentation submitted by persons not affiliated with the school will not be accepted. Refer to [Board of Psychologist Examiners Rule 17](#) for assistance in completing this form.

APPLICANT NAME _____

DATE _____

UNIVERSITY OR COLLEGE _____

TYPE OF DEGREE _____

DATE CONFERRED (MONTH, DAY, YEAR) _____ / _____ / _____

All of the following requirements must be met to establish equivalency:

- A. Regionally accredited YES NO
 ▶ Identify accrediting agency: _____
- B. Program intent is education of professional psychologists YES NO
- C. Program a coherent and recognizable entity, offering an organized sequence of study YES NO
- D. Identifiable full-time faculty YES NO
- E. Identifiable student body YES NO
- F. Degree of mastery evaluated by exam and grading procedure YES NO
- G. Curriculum encompassed three academic years of full-time graduate study YES NO
- H. Program included courses in each of the content areas listed below:

- Only graduate level courses are accepted.
- You must include course syllabi/descriptions for each course listed below.
- Each course may only be used for one content area.

1. Scientific and professional ethics and standards

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

2. Statistics

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

EDUCATION EQUIVALENCY WORKSHEET
(continued)

3. Psychometrics

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

Completed 3 or more semester hours (5 or more quarter hours) in each of the following areas (*only graduate level courses are accepted*).

4. Biological bases of behavior: physiological psychology, neuropsychology, sensation and perception, comparative psychology, psychopharmacology.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

5. Cognitive-affective bases of behavior: learning, thinking, motivation, emotion.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

6. Social bases of behavior: social psychology, group processes, organizational and systems theory.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

7. Individual differences: personality theory, human development, abnormal psychology.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

8. Research design and methodology: studies that provide a broad understanding of applied research, inferential or descriptive statistics, research implementation, or program evaluation and assessment.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

EDUCATION EQUIVALENCY WORKSHEET
(continued)

J. The program included supervised practicum/internship appropriate to the practice of psychology. YES NO

➤ **For this requirement, please include proof of completion with this form.**

(a) Practicum – The minimum practicum experience is 400 hours, of which at least 150 hours must have been in direct service experience and at least 75 hours in formally scheduled supervision.

Course Title	Course #	Year Taken
Hours of Experience	Hours of Supervision	Total # of Hours

(b) Internship – To be acceptable, internships must have at least a full-time experience, either for one year or for two years of half-time experience, and must encompass at least 1,500 experience hours. To be acceptable, internships must be accredited by the American Psychological Association (APA) or be substantially equivalent when compared with the guidelines and principles for accreditation of internships published by the APA.

- One year full-time
- Two years half-time

Course Title	Course #	Total # of Hours
Course Title	Course #	Total # of Hours
Course Title	Course #	Total # of Hours
Course Title	Course #	Total # of Hours
Course Title	Course #	Total # of Hours
Course Title	Course #	Total # of Hours

If you have questions, please refer to the [Board of Psychologist Examiners Rule 17](#).

Please return this form to:
Division of Registrations
Office of Licensing—Psychologist
1560 Broadway, Suite 1350
Denver, CO 80202

Post-Degree Experience and Supervision Form Psychologist

Instructions:

- Make copies as needed and submit ONE form for EACH supervisor.
- The supervisor must be approved and licensed during the time of supervision.
- Original signatures are required. Copies will not be accepted.
- **The supervisor MUST initial ANY corrections to the form(s). White-outs or crossed-out information require the supervisor's initials.**
- Submit all Post-Degree Experience and Supervision forms together once all hours have been completed.
- All fields must be completed.
- Experience and supervision hours must be acquired subsequent to the date on which all degree requirements have been met.
- Time frames for experience and supervision must be concurrent.
- Signatures cannot be dated prior to the last date of experience/supervision.
- If you completed all requirements for your doctoral degree prior to the conferral date posted on your transcript, and wish to begin counting your post-degree supervised experience from the earlier date, a letter verifying the date all requirements were met for the specific degree awarded must be provided from the Department Chair (or a staff member of similar status).

Experience:

- 1500 clock hours must be documented over a **minimum** of 12 months.

Supervision:

- 75 clock hours of supervision, 50 of which must be face-to-face/individual over a minimum of 12 months.
- Experience and supervision must be concurrent. Beginning and ending dates for both experience and supervision must be provided.
- Supervision is defined in Rule 17.

COMPLETED POST-DOCTORAL EXPERIENCE AND SUPERVISION—Psychologist

Applicant Name _____

The information listed below must reflect only those post-doctoral activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see Rule 17 and the Colorado Mental Health Statute for applicable Board's rules and definitions). Experience not done concurrently with appropriate supervision will not count toward fulfillment of this requirement.

Place of Employment _____

Address of Employment _____

EXPERIENCE and SUPERVISION was conducted and completed between _____ and _____ as follows:
(month/day/year) (month/day/year)

EXPERIENCE (1500 clock hours over a <u>minimum</u> of 12 months)	SUPERVISION (75 clock hours, with 50 hours individual supervision)
a. _____ hours practicing psychology (other than teaching, research, or under psychiatrist supervision)	_____ hours of individual supervision _____ hours of group supervision
b.* _____ hours teaching (up to 500 hours) ➤ <i>Please attach a description of the course(s) taught</i>	_____ hours of supervision (up to 25 hours)
c.* _____ hours under supervision of board-certified psychiatrist (up to 375 hours)	_____ hours of supervision (up to 17.75 hours)
d.* _____ hours research experience (up to 500 hours)	_____ hours of supervision (up to 25 hours)
e. _____ TOTAL HOURS of post-doctoral experience	_____ TOTAL HOURS of post-doctoral supervision
<i>* areas b, c, d may equal 0</i>	

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Title 12, Article 43, Colorado Revised Statutes and Rule 17 of the Colorado Board of Psychologist Examiners. I further affirm that the supervisee's work, which was done toward completion of his/her hours of experience and was done under my supervision, met the generally accepted standards of practice.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.

Printed Name and Address of Supervisor _____

Degree	State sup./exp. took place	Type of License	License #	License issue date(m/d/y)	Expiration Date
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Applicant's Signature _____

Date Signed _____

Supervisor's Signature _____

Date Signed _____

Please return this form to: Division of Registrations, Office of Licensing—Psychologist, 1560 Broadway, Suite 1350, Denver, CO 80202

VERIFICATION OF LICENSE FORM—Psychologist

APPLICANT: Please complete the top portion of this form and forward entire form to each state in which you have or ever had a license to practice psychotherapy or any related occupation.

SECTION 1: To be completed by the Applicant

_____ Last Name	_____ First Name	_____ Middle	_____ Previous Name(s)	_____ Social Security Number
_____ Mailing Address (PO Box, street, city, state, zip)				
_____ State	_____ Type of License	_____ License #	_____ Dates of Licensure	

SECTION 2: To be completed by the State

THIS CERTIFIES that the above named individual was licensed as a _____ (profession) with license number _____, issued _____ (original date of licensure), expired _____ (expiration date), entitling him / her to practice psychotherapy or a related occupation.

- Current license status: ACTIVE INACTIVE LAPSED
- Licensed on the basis of:
 - EPPP. Date: _____ Score: _____
 - State Exam which tested knowledge in psychology, including professional ethics.
 - Oral Exam.
 - Endorsement. Please identify licensing states: _____
 - Credentials. Please attach an explanation.
 - Other. Please attach an explanation.
- If licensed as a psychologist, did applicant show proof of having a doctoral degree in psychology or equivalent degree from an approved college, university, or other institution? YES NO
- Was your state the state of original licensure? YES NO
- If licensed as a psychologist: at the time this applicant was licensed, please provide the requirements regarding post-doctoral supervised experience:
 - Number of months _____
 - Number of experience hours _____
 - Number of supervision contact hours: _____
 - Supervised by licensed psychologist? YES NO
- Has this license ever been encumbered in any way or has the license been subjected to discipline (e.g. revoked, suspended, surrendered, restricted, limited, placed on probation)? YES NO
 - If YES, please attach an explanation.
- Are there any complaints pending? YES NO
 - If YES, please attach an explanation.

I certify that the information I have provided on this application is true and correct to the best of my knowledge.

_____ Print Name	_____ Title		
_____ Signature	_____ Date		
_____ Name of State Board			
_____ Address	_____ City	_____ State	_____ Zip
_____ Phone Number			
_____ Web Address			

(SEAL)

Please return this form – in an officially sealed envelope – to the applicant listed in Section 1 above.