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**PSYCHOLOGY EXAMINING BOARD MEETING
Room 121C, 1400 E. Washington Avenue, Madison WI
Contact: Dan Williams (608) 266-2112
MARCH 7, 2012**

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. For Board Information, please contact via Email at DSPSBoards@wisconsin.gov or via phone at (877) 617-1565 (Toll Free For Callers Outside of Madison, WI; for local calls, dial (608) 266-2112

8:15 A.M.

APPLICATION REVIEW COMMITTEE, RM 121B

CONVENE TO CLOSED SESSION to consider discipline (s. 19.85(1)(b), Stats., and to consider individual histories (s. 19.85(1)(f), Stats.

- Review of Applications for approval recommendation to the Full Board. The Committee consists of two (2) board members and Department staff.

ADJOURNMENT

8:30 A.M.

PSYCHOLOGY BOARD SCREENING PANEL, RM 121C

1. Call Open Session to Order.
2. Convene to Closed Session to consider discipline (s. 19.85(1)(b), Stats., and to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.
 - a. Screen complaints received from the public against credential holders. The panel consists of two (2) board members and Department staff.
3. Reconvene to Open Session.
4. Vote on items considered or deliberated upon in Closed Session.
5. Adjournment

9:00 A.M.

MEETING OF THE PSYCHOLOGY EXAMINING BOARD, ROOM 121C

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. **Approval of Agenda (1-4)**
- B. **Approval of Meeting Minutes of February 8, 2012 (5-14)**
- C. Secretary Matters
- D. **Administrative Matters**

- E. **9:05 A.M. APPEARANCE – Amanda Barbian, Office of Education and Examinations: 2009-2011 Psychologist Continuing Education Audit Compliance Report (15-16)**
- F. **Discussion and Review of Application Forms for Psychology Licensure (17-48)**
- G. **Discussion and Possible Action Regarding Streamlining of the Licensure Process (49-50)**
 - 1) Discussion Regarding the Oral Interview Process for Reciprocity Applicants
- H. **Discussion: What Are the Boundaries for Issues to Which the Board Will Respond or What are the Boundaries of the Board’s Mission? (51-52)**
 - 1) Board Review and Discussion as to the Board’s Draft Boundary Statement
- I. **Discussion of Electronic Medical Records and Confidentiality (53-54)**
- J. **Review of the Psychology Examining Board Related Pages of the Department Website Including Frequently Asked Question (FAQ) Pages (55-56)**
- K. **Legislation/Administrative Rule Matters:**
 - 1) Board Review and Consideration of Adoption of Scope Statement for Proposed Amendments to Wis. Admin. Code. § PSY 2.09(4), Requiring Applicants to Appear Before the Board, and Wis. Admin. Code. § PSY 2.12(2), Addressing Licensure by Reciprocity (*Red Folder*)
 - 2) 2011 Senate Bill 450, Relating to the Collection of Workforce Survey Information from Health Care Providers (**57-62**)
- L. **Discussion of Wisconsin Statutes and Administrative Codes Regarding the Possibility of Issuing Provisional Licensure for Postdoctoral Experience – Colleen Baird, Legal Counsel**
- M. Items Received After Printing of the Agenda:
 - 1) Presentations of Petition(s) for Summary Suspension
 - 2) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 3) Presentation of Proposed Final Decision and Order(s)
 - 4) Informational Item(s)
 - 5) DOE Matters
 - 6) Education and Examination Matters
 - 7) Credentialing Matters
 - 8) Practice Questions/Issues
 - 9) Legislation/Administrative Rule Matters
 - 10) Liaison Report(s)
 - 11) Speaking Engagement(s), Travel, or Public Relation Request(s)
- N. Informational Items
- O. Other Board Business
- P. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; consider closing disciplinary investigation with administrative warning s.19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

Q. Review of Additional Information Requested of Applicants for Licensure:

- 1) Additional Information Submitted for Review in the Application of Margaret Bloom, Ph.D. **(63-84)**
- 2) Additional Information Submitted for Review in the Application of Shauna Fuller, Ph.D. *
- 3) Additional Information Submitted for Review in the Application of Pamela Kaczmarek, Psy.D. *
- 4) Additional Information Submitted for Review in the Application of David Marx, Psy.D. *
- 5) Additional Information Submitted for Review in the Application of Kristin Miles, Psy.D. *
- 6) Additional Information Submitted for Review in the Application of Uliana Skibicky, Ph.D. **(85-90)**

** Denotes review information to be provided at the meeting.*

R. Oral Interview of Applicants for Licensure – Final Approval for Licensure:

- 1) Margaret Bloom, Ph.D.
- 2) Patrick Finn, Psy.D.
- 3) Shauna Fuller, Ph.D.
- 4) Pamela Kaczmarek, Psy.D.
- 5) Athena Lickel, Ph.D.
- 6) David Marx, Psy.D.
- 7) Duane Majeres
- 8) Kristin Miles, Psy.D.
- 9) Uliana Skibicky, Ph.D.
- 10) Manbeena Sekhon, Ph.D.

S. Review of Applications for Licensure:

- 1) Review of Application for Licensure Submitted by Lori Ansari, Psy.D. **(91-138)**
- 2) Review of Application for Licensure Submitted by Maria Arcila Duncan, Ph.D. **(139-176)**
- 3) Review of Application for Licensure Submitted by Courtney Endres, Psy.D. **(177-210)**
- 4) Review of Application for Licensure Submitted by Danielle Shallcross, Psy.D. **(211-256)**
- 5) Review of Application for Licensure Submitted by Katherine Thomas, Psy.D. **(257-300)**

T. Deliberation of Proposed Stipulation(s), Final Decision(s) and Order(s): NONE

U. Deliberation of Administrative Warning(s): NONE

V. Deliberation of Items Received After Printing of the Agenda:

- 1) Application Issues and/or Reviews
- 2) Professional Assistance Procedure (PAP)
- 3) Monitoring Matters
- 4) Proposed Stipulations, Final Decisions and Orders
- 5) Administrative Warnings
- 6) Orders Fixing Costs/Matters Related to Costs
- 7) Proposed Final Decisions and Orders
- 8) Petitions for Summary Suspension
- 9) Petitions for Re-hearings
- 10) Case Closings
- 11) Education or Examination Matters
- 12) Review Additional Information Requested of Applicants for Licensure
- 13) Oral Interviews of Applicants for Licensure – Final Approval for Licensure
- 14) Review of Applications for Licensure
- 15) Supervision Reviews
- 16) Credential Issues
- 17) Appearances from Requests Received or Renewed
- 18) Motions

W. Consulting with Legal Counsel

X. **Division of Enforcement:**

- 1) Case Status Report
- 2) Case Closings

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Vote on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

DOE – Signatures for Orders

Y. Other Board Business

ADJOURNMENT

**PSYCHOLOGY EXAMINING BOARD
MEETING MINUTES
FEBRUARY 8, 2012**

PRESENT: Rebecca Anderson, Ph.D.; Bruce Erdmann, Ph.D.; Teresa Rose (via phone connected at 9:40 a.m., disconnected at 10:47 a.m., and reconnected upon conclusion of the oral examinations: 3:25 p.m.); Daniel Schroeder, Ph.D.;

EXCUSED: Melissa Westendorf, J.D., Ph.D.

STAFF: Dan Williams, Executive Director; Colleen Baird, Legal Counsel; Kimberly Wood, Bureau Assistant; and other Department Staff

GUESTS: Sarah Bowen, Wisconsin Psychological Association (WPA)

CALL TO ORDER

Bruce Erdmann, Ph.D., Chair, called the meeting to order at 9:41 a.m. A quorum of four (4) members was present.

APPROVAL OF AGENDA

Amendments to the Agenda:

- Item "J-12" (open session) Under the agenda item titled: "J. Items Received After Printing of the Agenda; 12) Speaking Engagement(s), Travel, or Public Relation Request(s)" **ADD:**
 - Discussion of the Ability of the Board to Hold a Board Meeting in Conjunction with the Wisconsin Psychological Association
 - Consideration of Attendance at the Association of State and Provincial Psychology Boards (ASPPB) 27th Midyear Meeting – April 12-15, 2012 – New Orleans, Louisiana
- Item "R" (closed session) Correct the agenda item titled "R. Deliberation of Administrative Warning(s)" as follows: **09 05** PSY 069
- Item "S-1" (closed session) Under the agenda item titled: "S. Deliberation of Items Received After Printing of the Agenda; 14) Review of Applications for Licensure" **ADD:**
 - Review of Application for Licensure Submitted by Karen Dunst (*Deliberation to occur under item "P. Review of Applications for Licensure"*)

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to approve the agenda as amended. Motion carried unanimously.

APPROVAL OF MEETING MINUTES OF DECEMBER 7, 2011

Amendments to the Minutes:

- 1) Page 3 of the Minutes: Under the item titled of agenda: "Speaking Engagement(s), Travel, or Public Relation Request(s)" correct the sentence below this header to read as follows: "...present on its behalf ~~to the Board~~ at a Wisconsin Psychological Association convention"

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Rebecca Anderson, Ph.D., to approve the minutes of December 7, 2011 as amended. Motion carried unanimously.

BOARD APPOINTMENTS FOR 2012

Bruce Erdmann, Ph.D., Chair, retained the 2011 appointments for 2012.

Screening Panel: Rebecca Anderson, Ph.D., Melissa Westendorf, J.D., Ph.D.

Application Review Sub-Committee: Daniel Schroeder, Ph.D., Bruce Erdmann, Ph.D.

DOE Monitoring Liaison: Rebecca Anderson, Ph.D.

Credentialing Liaison: Melissa Westendorf, J.D., Ph.D., Bruce Erdmann, Ph.D.

Continuing Education Liaison: Melissa Westendorf, J.D., Ph.D.

Practice Question Liaison: Melissa Westendorf, J.D., Ph.D., Bruce Erdmann, Ph.D.

Professional Assistance Procedure (PAP) Liaison: Rebecca Anderson, Ph.D.

ADMINISTRATIVE MATTERS

Annual Policy Review – Board Member Guidebook

Dan Williams informed the Board that the Department has requested review of the Board Member Guidebook and that each board member should acknowledge receipt and understanding of this information by signing the statement page at the end of this publication. Dan Williams asked that completed signature forms be returned within 30 days of the meeting.

DISCUSSION AND REVIEW OF APPLICATION FORMS FOR PSYCHOLOGY LICENSURE

The Board received new copies of the draft application forms. The Board discussed the feasibility of offering a temporary license for applicants conducting their post doctoral experience. The Board will continue discussion if this topic as its March meeting.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Daniel Schroeder, Ph.D., to direct Colleen Baird, Legal Counsel to review Wisconsin Statutes and Administrative Codes to research the possibility of issuing a temporary license while applicants are working to accumulate their last 1500 hours of experience (post-doctoral experience). Motion carried unanimously.

BOARD DISCUSSION AND POSSIBLE ACTION REGARDING STREAMLINING OF THE LICENSURE PROCESS

Discussion Regarding the Oral Interview Process for Reciprocity Applicants

The Board discussed the elimination of the oral interview process. Bruce Erdmann, Ph.D. informed the Board that it can withdraw from the ASPPB reciprocity agreement at any time; however the Administrative Code still requires an oral interview and as such, the Board will need to conduct rule writing to eliminate oral interviews.

Sharon Henes, Paralegal, was present at the meeting and provided the Board with an overview of the rule making process.

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to request that a scope statement be drafted to address the issue of Wis. Admin. Code. § PSY 2.09(4), requiring applicants to appear before the Board, and Wis. Admin. Code. § PSY 2.12(2), addressing licensure by reciprocity. Motion carried unanimously.

MOTION: Teresa Rose moved, seconded by Daniel Schroeder, Ph.D., to designate Bruce Erdmann, Ph.D. to assist Department staff in the drafting of the scope statement amending Wis. Admin. Code. §§ PSY 2.09(4), and PSY 2.12(2). Motion carried unanimously.

DISCUSSION: WHAT ARE THE BOUNDARIES FOR ISSUES TO WHICH THE BOARD WILL RESPOND OR WHAT ARE THE BOUNDARIES OF THE BOARD'S MISSION?

Board Review and Discussion as to the Board's Draft Boundary Statement

Rebecca Anderson, Ph.D., informed the Board that the boundary statement document is still a work in progress. The Board deferred deliberation of this item until its March meeting.

REVIEW OF THE PSYCHOLOGY EXAMINING BOARD RELATED PAGES OF THE DEPARTMENT WEBSITE INCLUDING FREQUENTLY ASKED QUESTION (FAQ) PAGES

Bruce Erdmann, Ph.D. noted that the practice frequently asked question (FAQ) page has been revised so that the questions are sorted by category. He asked that the Board review the practice FAQs prior to the next meeting for the purpose of providing feedback.

ITEMS RECEIVED AFTER PRINTING OF THE AGENDA

- 1) Presentations of Petition(s) for Summary Suspension – *None*
- 2) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s) – *None*
- 3) Presentation of Proposed Final Decision and Order(s) – *None*
- 4) Informational Item(s) – *None*
- 5) DOE Matters – *None*
- 6) Status of Statute and Administrative Rule Matters – *None*
- 7) Education and Examination Matters – *None*
- 8) Credentialing Matters – *None*
- 9) Practice Questions/Issues – *None*
- 10) Legislation/Administrative Rule Matters – *None*
- 11) Liaison Report(s) – *None*
- 12) **Speaking Engagement(s), Travel, or Public Relation Request(s)**

Discussion of the Ability of the Board to Hold a Board Meeting in Conjunction with the Wisconsin Psychological Association (WPA)

Colleen Baird informed the Board that the proposed meeting cannot occur in 2012 due to the timing of the WPA Annual Meeting. Colleen Baird indicated that although it may be permissible for the Board to hold an event in the future in conjunction with the WPA it would need to plan carefully in order to avoid any ethical concerns. Furthermore she indicated that the Board would be required to abide by the Department reimbursement guidelines if the WPA provided any funds to defray the cost of the event. She expressed that continuing education credit could be provided to attendees if the event conforms to the standards set forth in Chapter PSY 4, Wis. Admin. Code.

Sarah Bowen, WPA, was invited to join the Board for discussion of this topic. She reiterated that it will not be possible to plan the proposed meeting in 2012 due to timing issues, but suggested that this meeting be planned for 2013. Board discussion ensued.

**Consideration of Attendance at the Association of State and Provincial Psychology Boards (ASPPB)
27th Midyear Meeting – April 12-15, 2012 – New Orleans, Louisiana**

The Board decided not to designate a representative to attend the ASPPB 27th Midyear Meeting – April 12-15, 2012 – New Orleans, Louisiana.

PUBLIC COMMENTS

Sarah Bowen provided comments regarding language provided on the draft application forms for psychology licensure. She also provided comments relating to a WPA workgroup that is currently researching and compiling data documenting all the Wisconsin healthcare professional licenses, and healthcare professional licenses offered by other states, offering a provisional or temporary license. She informed the Board of her intent to provide this data to the Board at a later date.

CLOSED SESSION

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g), for the purpose of conducting oral interviews, reviewing monitoring requests, requests to extend practice, application reviews, consulting with Legal Counsel and Division of Enforcement case status reports. Roll Call Vote: Rebecca Anderson, Ph.D.-yes; Bruce Erdmann, Ph.D.-yes; Teresa Rose-yes; and Daniel Schroeder, Ph.D.-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:45 a.m.

(Teresa Rose was reconnected via phone at 3:25 p.m.)

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 4:09 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

Melissa Westendorf, J.D., Ph.D., was connected by phone at 3:58 p.m. expressly for the purpose of achieving a voting quorum of the Board to act upon the following closed session application matters:

- 1) Agenda Item “N. Review of Additional Information Requested of Applicants for Licensure; 3) Additional Information Submitted for Review in the Application of Ana Garcia, Ph.D.”
- 2) Agenda Item “O. Oral Interview of Applicants for Licensure – Final Approval for Licensure; 3) Ana Garcia, Ph.D.”
- 3) Agenda Item “P. Review of Applications for Licensure; 1) Review of Application for Licensure Submitted by Patrick Finn, Psy.D.”
- 4) Agenda Item “P. Review of Applications for Licensure; 6) Review of Application for Licensure Submitted by David Marx, Psy.D.”

Dr. Westendorf did not participate in voting on closed session matters other than what is listed above.

MOTION: Melissa Westendorf, J.D., Ph.D. moved, seconded by Teresa Rose, to reaffirm all motions made in closed session. Motion carried unanimously.

**REVIEW OF ADDITIONAL INFORMATION REQUESTED OF
APPLICANTS FOR LICENSURE**

- 1) Lindsey Duca, Psy.D.
- 2) Elizabeth Frei, Ph.D.
- 3) Sheila Gissibl, Psy.D.
- 4) Angela Lowery, Ph.D.
- 5) Amanda Messina, Psy.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to accept the additional information submitted by Lindsey Duca, Psy.D.; Elizabeth Frei, Ph.D.; Sheila Gissibl, Psy.D.; Angela Lowery, Ph.D.; Amanda Messina, Psy.D. Motion carried unanimously.

ANA GARCIA, PH.D.

MOTION: Teresa Rose moved, seconded by Melissa Westendorf, J.D., Ph.D., to accept the additional information submitted by Ana Garcia, Ph.D. Motion carried. Recused: Bruce Erdmann, Ph.D.

(Bruce Erdmann, Ph.D. recused himself from deliberation and voting in the application matter of Ana Garcia, Ph.D.)

**ORAL INTERVIEW OF APPLICANTS FOR LICENSURE
FINAL APPROVAL FOR LICENSURE**

- 1) Lindsey Duca, Psy.D.
- 2) Elizabeth Frei, Ph.D.
- 3) Sheila Gissibl, Psy.D.
- 4) Valerie Gonsalves, Ph.D.
- 5) Angela Lowery, Ph.D.
- 6) Amanda Messina, Psy.D.
- 7) Parrish Paul, Ph.D.
- 8) Stephanie Raszkievicz, Ph.D.
- 9) Jeffrey Willems, Ph.D.

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to grant licensure to practice psychology to Lindsey Duca, Psy.D.; Elizabeth Frei, Ph.D.; Sheila Gissibl, Psy.D.; Valerie Gonsalves, Ph.D.; Angela Lowery, Ph.D.; Amanda Messina, Psy.D.; Parrish Paul, Ph.D.; Stephanie Raszkievicz, Ph.D.; and Jeffrey Willems, Ph.D. Motion carried unanimously.

ANA GARCIA, PH.D.

MOTION: Teresa Rose moved, seconded by Rebecca Anderson, Ph.D., to grant licensure to practice psychology to, Ana Garcia, Ph.D. Motion carried. Recused: Bruce Erdmann, Ph.D.

(Bruce Erdmann, Ph.D. recused himself from deliberation and voting in the application matter of Ana Garcia, Ph.D.)

REVIEW OF APPLICATIONS FOR LICENSURE

PATRICK FINN, PSY.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Patrick Finn, Psy.D. Motion carried. Recused: Bruce Erdmann, Ph.D.

(Bruce Erdmann, Ph.D. recused himself from deliberation and voting in the application matter of Patrick Finn, Psy.D.)

SHAUNA FULLER, PH.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Shauna Fuller, Ph.D., and to request further clarification in the following areas: Marital/Conjoint Therapy, a request to recalculate hours listed on form # 2553 (NIP), and please check intended areas of competency, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

PAMELA KACZMAREK, PSY.D.

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Pamela Kaczmarek, Psy.D., and to request further clarification in the following areas: Consultation, Pre-school Children, and Play Therapy, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

ATHENA LICKEL, PH.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Athena Lickel, Ph.D. Motion carried unanimously.

DUANE MAJERES

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Duane Majeres. Motion carried unanimously.

DAVID MARX, PSY.D.

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview, David Marx, Psy.D., and to request further clarification in the following areas: please remove Forensic Psychology as a specialty area from form # 2553 (NIP) at the time of your oral interview, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried. Recused: Bruce Erdmann, Ph.D.

(Bruce Erdmann, Ph.D. recused himself from deliberation and voting in the application matter of David Marx, Psy.D.)

KRISTIN MILES, PSY.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Kristin Miles, Psy.D., and to request further clarification in the following areas: Eating Disorders and Group Therapy, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

MANBEENA SEKHON, PH.D.

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Manbeena Sekhon, Ph.D. Motion carried unanimously.

ULIANA SKIBICKY, PH.D.

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Uliana Skibicky, Ph.D., and to request further clarification in the following areas: Evaluation, please recalculate evaluation hours, and a request for the Department to provide a copy of the definitions of evaluation and assessment to this applicant, with a reminder of the requirement to limit practice to those areas in which competence is established by adequate education, training, and experience. Motion carried unanimously.

KAREN DUNST**

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to admit to Ethics, Jurisprudence Exam and Oral Interview Karen Dunst. Motion carried unanimously.

*(**Denotes items received after printing of the agenda.)*

DELIBERATION OF PROPOSED STIPULATION(S), FINAL DECISION(S) AND ORDER(S)

JEFFREY A. ADAMCZAK, PSY.D.
(10 PSY 011)

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of disciplinary proceedings against Jeffrey A. Adamczak, Psy.D. (10 PSY 011). Motion carried unanimously.

DELIBERATION OF ADMINISTRATIVE WARNING(S)

05 PSY 069

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to issue an administrative warning in the matter of case number 05 PSY 069. Motion carried unanimously.

(Dan Williams, Executive Director, left the table and recused himself from Board review and discussion of this proposed administrative warning.)

DELIBERATION OF ITEMS RECEIVED AFTER PRINTING OF THE AGENDA

- 1) Application Issues and/or Reviews – *None*
- 2) Professional Assistance Procedure (PAP) – *None*
- 3) Monitoring Matters – *None*
- 4) Proposed Stipulations, Final Decisions and Orders – *None*
- 5) Administrative Warnings – *None*
- 6) Orders Fixing Costs/Matters Related to Costs – *None*
- 7) Proposed Final Decisions and Orders – *None*
- 8) Petitions for Summary Suspension – *None*
- 9) Petitions for Re-hearings – *None*
- 10) Case Closings – *None*
- 11) Education or Examination Matters – *None*
- 12) Review Additional Information Requested of Applicants for Licensure – *None*
- 13) Oral Interviews of Applicants for Licensure – Final Approval for Licensure – *None*
- 14) **Review of Applications for Licensure**

a. Review of Review of Application for Licensure Submitted by Karen Dunst

Deliberation of this item occurred under item: “P. Review of Applications for Licensure”

- 15) Supervision Reviews – *None*
- 16) Credential Issues – *None*
- 17) Appearances from Requests Received or Renewed – *None*
- 18) Motions – *None*

CONSULTING WITH LEGAL COUNSEL

Legal Counsel, Colleen Baird, was available for consultation throughout the duration of closed session.

DIVISION OF ENFORCEMENT

Case Status Report

The Board reviewed a report detailing its pending enforcement cases. Chad Koplien, Interim Administrator – Division of Enforcement, joined the meeting in review of enforcement matters and provided the Board with additional statistical data.

Case Closings

05 PSY 040

MOTION: Rebecca Anderson, Ph.D. moved, seconded by Teresa Rose, to close case # 05 PSY 040 for insufficient evidence. Motion carried unanimously.

OTHER BOARD BUSINESS

The Board discussed scheduling preferences in terms of the timing for oral interviews of applicants for licensure.

ADJOURNMENT

MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 4:15 p.m.

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**State of Wisconsin
Department of Safety and Public Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Amanda Barbian, CE Specialist		Date When Request Submitted: 2/14/2012
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards
Name of Board, Committee, Council: Psychology Examining Board		
Board Meeting Date: 3/7/2012	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? 2009-2011 Psychologist Continuing Education Audit Compliance Report
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input checked="" type="checkbox"/> Yes by <u> Amanda Barbian </u> <input type="checkbox"/> No	Name of Case Advisor(s), if required:
Describe the issue and action the Board should address: The 2009-2011 psychologist continuing education audit compliance report lists the number and percent of those licensees who are not in compliance and the reasons for noncompliance. After review of the report, make recommendations for final report modifications and make motion to refer the list of noncompliant licensees to the Division of Enforcement.		
If this is a "Late Add" provide a justification utilizing the Agenda Request Policy: 		
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Documents submitted to the agenda must be single-sided. 3. Only copies of the original document will be accepted. 4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.		
Authorization:		
Amanda Barbian	2-14-2012	
Signature of person making this request	Date	
Jill M. Remy	2-14-2012	
Supervisor signature (if required)	Date	
Bureau Director signature (indicates approval to add late items to agenda)	Date	

2009-2011 Psychologist Continuing Education Audit Compliance Board Report

Psychologist (57) Audit

Of 149 licensees audited, fourteen (14) were not in compliance representing a 91 % compliance rate. Following are the reasons for noncompliance:

- Three licensees did not submit any documentation
 - One certified second notice letter was returned to the Department
 - One licensee stated that he was retired; however, this was not the choice chosen on the renewal form
 - One licensee is out of state and unable to access documentation
- Ten (10) licensees had less than forty (40) documented hours completed during the 09-11 biennium.
- Five (5) licensees did not complete the 6-hour ethics, legal issues and/or risk management requirement during the 09-11 biennium.
- Seven (7) licensees had completed continuing education that is not recognized under Wis. Admin. Code Ch. PSY 4.02

Private Practice School Psychologist (58) Audit

Of 5 licensees audited, one was not in compliance representing an 80 % compliance rate. Following is the reason for noncompliance:

- One licensee had less than forty (40) documented hours completed during the 09-11 biennium.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Bureau Assistant		2) Date When Request Submitted: 2/9/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 3/7/2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion and Review of Application Forms for Psychology Licensure	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board should review the attached application forms and consider final approval of the forms for the purpose of psychology licensure.			
11) Authorization			
<i>Kimberly Wood</i>		2/9/2012	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: web@drl.state.wi.us
 Website: <http://drl.wi.gov>

PSYCHOLOGY EXAMINING BOARD

FORM 2557: VERIFICATION OF PROFESSIONAL EXPERIENCE

Please Note: This form is used to document areas of competence gained and demonstrated outside of the 3000 hours of required supervised experience, or to describe the scope of competence demonstrated by those who have been licensed for about 5 years or more. It is not acceptable to attach letters in lieu of completing this form.

Part 1. Applicant will complete Part I and forward to a psychologist who can attest their scope of practice to complete Part 2.

I have carefully read the instructions (Form 615) before completing this form.

A. APPLICANT INFORMATION			
Applicant	NAME:		Degree:
	CURRENT ADDRESS:		
	CITY/STATE/ZIP		
	TELEPHONE #:		
	LICENSED IN STATE OF :		LICENSE NUMBER:

B.	List place(s) where you engaged in professional practice	Begin date	End date
Location(s)	LOCATION:		
	ADDRESS:		
	CITY/STATE/ZIP:		
	LOCATION:		
	ADDRESS:		
	CITY/STATE/ZIP:		
	LOCATION:		
	ADDRESS:		
	CITY/STATE/ZIP:		
	LOCATION:		
	ADDRESS:		
	CITY/STATE/ZIP:		

Please transfer the relevant information from FORM 2553 NATURE OF INTENDED PRACTICE to the section below:
Competencies for Independent Practice:

DEFINITIONS: Based on your self-assessment and review of the instructions, rate yourself “C” for *Competent* or “Ex” for *Experienced*. If you do not have sufficient knowledge, experience, and supervision to rate yourself in one of these categories, leave the item blank.

- COMPETENCE:** On this form, “C” refers to the level of skill and knowledge necessary to work independently with routine and challenging cases or clients, combined with the wisdom to seek consultation for unusual or difficult cases.
- EXPERIENCE:** “Ex” refers to the level of skill and knowledge development (i.e., developing ability) necessary to work with routine cases, although supervision/consultation or guidance is needed for non-routine cases. Applicants typically attain this level of competence at the completion of internship in their areas of focus.

FOUNDATIONAL COMPETENCIES

C	Ex	
<input type="checkbox"/>	<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	<input type="checkbox"/>	Self-Assessment: Reflective Practice
<input type="checkbox"/>	<input type="checkbox"/>	Cultural Identity and Diversity

C	Ex	
<input type="checkbox"/>	<input type="checkbox"/>	Relationship Skills/Interdisciplinary Systems
<input type="checkbox"/>	<input type="checkbox"/>	Ethical-Legal Standards and Policy

Wisconsin Department of Safety and Professional Services

VERIFICATION OF PROFESSIONAL EXPERIENCE

FUNCTIONAL COMPETENCIES

	Infant-toddler (ages birth-2)		preschool children. (ages 3-5)		children (ages 5-12).		adolescents (ages 13-17).		adults (approximately ages 19-65).		geriatric (approximately over 65).		other specific subpopulations (list):	
	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex
Evaluation/Assessment/Diagnosis/Case Conceptualization														
Evaluation (interviewing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment (testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate treatment plans/recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic (e.g., competency) evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention (treatment/therapy)	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C	Ex	CONSULTATION
<input type="checkbox"/>	<input type="checkbox"/>	with peers
<input type="checkbox"/>	<input type="checkbox"/>	with other professionals
<input type="checkbox"/>	<input type="checkbox"/>	with family members
<input type="checkbox"/>	<input type="checkbox"/>	with industry / organizations
C	Ex	RESEARCH/PROGRAM EVALUATION
<input type="checkbox"/>	<input type="checkbox"/>	conduct research
<input type="checkbox"/>	<input type="checkbox"/>	program evaluation
<input type="checkbox"/>	<input type="checkbox"/>	other:

C	Ex	SUPERVISION/TEACHING
<input type="checkbox"/>	<input type="checkbox"/>	supervise students/peers/other service providers
<input type="checkbox"/>	<input type="checkbox"/>	teach students in planned courses
<input type="checkbox"/>	<input type="checkbox"/>	Other:
C	Ex	MANAGEMENT-ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/>	staff development, planning, implementation
<input type="checkbox"/>	<input type="checkbox"/>	facilitate communication across all levels
<input type="checkbox"/>	<input type="checkbox"/>	quality improvement
<input type="checkbox"/>	<input type="checkbox"/>	manage direct delivery of service
<input type="checkbox"/>	<input type="checkbox"/>	Other:

C	Ex	OTHER AREAS OF PRACTICE: Describe
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

PART 2: TO BE COMPLETED BY THE SUPERVISOR, CONSULTANT, OR COLLEAGUE

Instructions to psychologist completing Part II:
 The Applicant (named above) is applying for licensure as a psychologist in Wisconsin and has identified you as having knowledge of her or his range of competence as related to his or her scope of practice. Please review **Part 1** of this form and answer the following questions where indicated. Return the entire form to the Wisconsin Department of Regulation and Licensing by either returning it to the applicant or mailing it directly to the address indicated below. If your responses need explanation, please provide appropriate comments on an attached sheet.

Thank you for your time and effort.
 The Wisconsin Psychology Examining Board

Wisconsin Department of Safety and Professional Services

VERIFICATION OF PROFESSIONAL EXPERIENCE

1. Supervisor/Consultant/Colleague Information				
Name of supervisor, consultant, or colleague		Degree		Year Degree Conferred
Agency Name				
Address				
City		State/Province		Zip/Postal Code
Email Address:			Daytime Phone #:	
State/Province/Territory of Licensure/Registration/Certification:				Credential Number:
Other states/provinces/ territories where licensed				
Your area of specialty, if any:				
Briefly describe your relationship with this applicant and the basis of your knowledge about the applicant's practice (if you were a predoctoral supervisor, describe the Number of hours of face-to-face, direct service, supervision and total time per week, and the number of weeks of supervision):				

Draft

<p>Do you have any concerns about the applicant's scope of practice or other information that would aid the Wisconsin Psychology Examining Board in evaluating this applicant's ability to pursue independent practice? Please explain (use additional sheets as needed):</p>

I have reviewed Part 1 of this form and find the information therein is consistent with my knowledge of the applicant and his or her range of competence and scope of practice. Further, I declare that the information provided in Part 2 is true and correct.

I am completing this form in the role of:
 supervisor, consultant, colleague

 Printed name of supervisor, consultant, or colleague

 Signature of supervisor, consultant, or colleague

 Date (mo/day/yr)

 Telephone Number

<p>Please return this completed form to:</p>	<p>Wisconsin Department of Regulation and Licensing P.O. Box 8935, Madison WI 53708-8935 Email: dorl@drl.state.wi.us Fax: 608-261-7083 Tele: 608-266-2112</p>
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Wisconsin Department of Safety and Professional Services

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PSYCHOLOGY EXAMINING BOARD

APPLICATION FOR LICENSE TO PRACTICE PSYCHOLOGY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public
 Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name	First Name	MI
-----------	------------	----

Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of birth _____ <small>month day year</small>	Daytime Telephone Number () _____ - _____
---	---

List all former names and aliases and identify the state in which you were licensed using that name: _____

Ethnic/gender status information is optional	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Ethnic	<input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
--	-----	--	--------	---	---

School Name: _____

School Address: _____

Date Degree Conferred: _____ (City) _____ (State) _____
month/day/year

Date all degree requirements met: _____ Optional: _____
month/day/year

Degree: _____ Specialty: _____

<p>APPLICATION FEES: Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).</p> <p>____ EXAM APPLICANTS (EPPP & State Law Exam) \$ 75.00 Initial Credential Fee \$ 75.00 State Law Exam \$ 15.00 Contract Exam Fee \$ 165.00 Total Fee Attached</p> <p>____ RECIPROCAL APPLICANTS (Licensed in another state that is part of the ASPPB-Reciprocity Agreement. For a list of current members go to www.asppb.org) \$ 170.00 Reciprocal fee \$ 75.00 State Law Exam \$ 245.00 Total Fee Attached</p> <p>____ COMITY APPLICANTS (Licensed in another state which is not a member of the ASPPB Reciprocity Agreement.) \$ 170.00 Reciprocal fee \$ 75.00 State Law Exam \$ 245.00 Total Fee Attached</p> <p>____ HOLDERS OF CERTIFICATE OF PROFESSIONAL QUALIFICATIONS OR SENIOR PSYCHOLOGIST APPLICANTS (State Law Exam) \$ 170.00 Reciprocal Fee \$ 75.00 State Law Exam</p>	<p>For Receipting Use Only</p>
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Wisconsin Department of Safety and Professional Services

\$ 245.00 Total Fee Attached

Education:

Date Doctoral Degree Received	Educational Institution	Check if regionally accredited	Department	Major as Shown on Transcript	Date Degree Requirements Fulfilled

Title of Dissertation: _____
 Dissertation Committee
 Chair (Name): _____

EXPERIENCE AND PRACTICE:

1. Place of current employment (name, address, supervisor). Describe your duties here.

2. Please attach a vita which includes all experience you believe is pertinent to the practice of psychology.

I am or was previously credentialed in the following states and have requested each to complete Form XOX CERTIFICATION VERIFICATION, or I have attached a copy of a web-page that meets the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA) standards for primary source verification. (If none, enter N/A or “not applicable.”)

State	Name or type of certification

Attach additional listings on a separate sheet of paper

Wisconsin Department of Safety and Professional Services

Please list any diplomate certifications by the American Board of Professional Psychology¹:

Specialty Board Name:	Issue Date	Expiration date	Certification number

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)		YES	NO
1.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? • If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever failed any state board examination, national board examination, or EPPP examination? • If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? • If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is disciplinary action pending against you in any jurisdiction? • If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any felony or misdemeanor charges pending against you? • If yes, complete FORM 2252 CONVICTION AND PENDING CHARGES. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever been convicted of a misdemeanor or a felony? Are you on probation, incarcerated, or on parole/extended supervision for any conviction? • If yes to either question, complete FORM 2252 CONVICTION AND PENDING CHARGES, following all instructions. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have any suits or claims ever been filed against you as a result of professional services? • If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of questions 8-11, the following phrases or words have the following meanings:

"Ability to practice psychology" includes all of the following:

1. The cognitive capacity to make appropriate diagnoses, provide competent services, and exercise reasoned psychological judgment; and to learn and keep abreast of developments pertaining to the practice of psychology; and
2. The ability to communicate and convey those judgments and psychological information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform psychology tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, cognitive or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer,

¹ See <http://www.abpp.org/i4a/pages/index.cfm?pageID=3286>

Wisconsin Department of Safety and Professional Services

heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" includes alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**. It does not mean "on the day of", or "in the weeks or months preceding" the completion of this application.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled dangerous substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets as necessary)		YES	NO
8.	Do you have a medical condition that may (or whose treatment may) impair or limit your ability to practice psychology with reasonable skill and safety? <ul style="list-style-type: none"> • If yes, please attach a separate sheet explaining how you have reduced or ameliorated the impairment or limitation by: <ol style="list-style-type: none"> a. treatment (with or without medications), b. participation in a monitoring program, or c. adjustments to the setting or the manner in which you have chosen. 	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your use of chemical substance(s) in any way impair or limit your ability to practice psychology with reasonable skill and safety? <ul style="list-style-type: none"> • If yes, please attach a separate sheet explaining how you have reduced or ameliorated the impairment or limitation. 	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are you currently abusing or dependent on alcohol or a controlled dangerous substances? <ul style="list-style-type: none"> • If yes, attach an explanation on a separate sheet describing any current participation (or lack of participation) in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not engage in the illegal use of controlled dangerous substances. 	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been diagnosed with or have you ever been treated for a paraphilia? <ul style="list-style-type: none"> • If yes, please attach an explanation on a separate sheet. 	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANTS CREDENTIALLED IN ANOTHER STATE MUST COMPLETE THE FOLLOWING STATEMENTS:

- I understand that if any jurisdiction has suspended, revoked, or issued any other sanction against any state issued credential, it may constitute sufficient grounds for similar actions against my Wisconsin license.
- I understand that I am agreeing to a waiver of confidentiality for any state, territory, province or jurisdiction reporting any and all complaints pending against me.

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

- a citizen or national of the United States, or
- a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Wisconsin Department of Safety and Professional Services

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT (Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of _____ 20

by _____
(Applicant name)

Signature of Notary Public

Date Commission Expires

S E A L

Wisconsin Department of Safety and Professional Services

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Website: http://drl.wi.gov

PSYCHOLOGY EXAMINING BOARD

PSYCHOLOGY APPLICANT'S SELF EVALUATION FORM

APPLICANT:	Date form completed:
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Definition: In this worksheet, “**competence**” and “**competency**” refer to the level of skill and knowledge development necessary to work with routine and challenging cases or clients and the wisdom to seek consultation for unusual or difficult cases in independent practice. No entry level psychologist (or any psychologist) is expected to demonstrate this level of competence in all the areas in which psychologists may practice. It is expected that all psychologists will be aware of the limits of their competency.

I read the instructions in form 615 before completing this form.

Instructions: Each statement provides a behavioral description of what is expected for *entry* into independent practice. Carefully consider each statement, trying to answer, “*On the basis of what education, supervision/consultation, and experience do I claim competence?*” or “*Do my clients/patients, peers, supervisors/consultants, co-workers, supervisees/consultees see me this way?*” If you do not have a good answer, you may not have achieved the level of competence.

Competencies can be conceptualized as either **foundational** or **functional** (Rodolfa, et. al, 2005¹). **FOUNDATIONAL COMPETENCIES** refer to the knowledge, skills, attitudes, and values that serve as the foundation for the functions of a licensed psychologist. By virtue of completing your doctoral degree and passing the EPPP, you established foundational competence in the areas of **scientific mindedness, knowledge of current research, and knowledge of theory.**

Part 1: Foundational Competencies

Directions:	None/Not Applicable	Limited Exposure	Developing Ability	Competent for Independent Practice
Check the column that represents your self-assessment of your competence. If an item lies outside the scope of your education, training, supervised experience, consultation, study, or professional experience, check “None/Not Applicable.”				

PROFESSIONALISM: behavior and comporment that reflects the professional values and ethics of psychology.

Integrity–Honesty: articulate professional values and independently act to correct situations that conflict with those professional values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department: Use verbal and nonverbal communications (e.g., speech, actions, dress) appropriately and in a professional manner considering the context, including in challenging interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability:				
• accept personal responsibility across settings and contexts .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• work to fulfill client-provider contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• use external review of quality of services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for the welfare of others				
• communicate and act with sensitivity to other’s experiences and needs while retaining professional demeanor and deportment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• respect the beliefs and values of colleagues even when inconsistent with my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• act to benefit the welfare of others, especially those in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Identity				
• keep up with advances in profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• contribute to the development & advancement of colleagues and the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, 36, 347–354.
#2870 Draft 9 (09/25/2010)

Competency Worksheet Continued

Directions:				
Check the column that represents your self-assessment of your competence.				
If an item lies outside the scope of your education, training, supervised experience, consultation, study, or professional experience, check “None/Not Applicable.”	None /Not Applicable	Limited Exposure	Developing Ability	Competent for Independent Practice

<ul style="list-style-type: none"> • integrate science into professional practice. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SELF-ASSESSMENT: REFLECTIVE PRACTICE:

Use self as an evaluative/therapeutic tool: habitually monitor internal states and behavior in the context of professional practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-monitor: accurately assess individual strengths and areas in need of improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-corrective practice: avoid or ameliorate impact of weaknesses on professional functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prompt intervention: change behavior and improve professional effectiveness based on self-monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CULTURAL IDENTITY AND DIVERSITY:

Cultural awareness and bias: articulate, understand, and monitor cultural identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural sensitivity:				
<ul style="list-style-type: none"> • understand, discuss, and modify treatment approaches and goals considering a client’s cultural background by using culturally appropriate skills and techniques to improve client outcomes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • understand, discuss, and modify assessment methods considering a client’s cultural background. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • in reports, articulate the influence of a client’s/patient’s cultural background on the testing situation. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural knowledge:				
<ul style="list-style-type: none"> • understand and appreciate nuances of the client’s culture. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • know how to gain knowledge and understanding of cultural groups (expand cultural knowledge). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek consultation or supervision when relevant, when uncertain about diversity issues, or in response to feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELATIONSHIP SKILLS AND INTERDISCIPLINARY SYSTEMS:

Possess good relationship skills (ability to negotiate conflictual, difficult, and complex relationships) in interactions with :				
<ul style="list-style-type: none"> • peers/co-workers. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • supervisors/consultants (establish and maintain a productive learning alliance). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • allied professionals (e.g., effective participation in multidisciplinary meetings). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • other individuals (e.g. support staff). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand professional boundaries (e.g., you apply ethical guidelines and communicate with other providers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act appropriately in a professional setting (e.g., handle role conflicts, understand and appreciate role of other professionals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive skills:				
<ul style="list-style-type: none"> • effectively communicate with peers and colleagues: eloquent and articulate command of language and ideas in both written and verbal forms. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • effectively communicate with clients/patients: ability to communicate ideas in ways clients/patients can understand. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive/ Listening skills:				
<ul style="list-style-type: none"> • demonstrate advanced interpersonal skills (understand diverse viewpoints, accept and use feedback from others). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • comprehend and clarify complex or confusing communication. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • empathize with others. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Competency Worksheet Continued

<p>Directions:</p> <p>Check the column that represents your self-assessment of your competence.</p> <p>If an item lies outside the scope of your education, training, supervised experience, consultation, study, or professional experience, check “None/Not Applicable.”</p>	None /Not Applicable	Limited Exposure	Developing Ability	Competent for Independent Practice
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ETHICAL-LEGAL STANDARDS AND POLICY: Applying codes of ethics to professional behavior and boundaries.

Possess a working knowledge of ethical guidelines (e.g., APA Ethical Principles and Code of Conduct, Wisconsin Administrative Code PSY 5 Conduct, ASPPB Code of Conduct) and other public policy, legal, and professional standards and guidelines.	□	□	□	□
Identify and analyze potential ethical conflicts spontaneously, reliably, and accurately.	□	□	□	□
Address ethical conflicts proactively.	□	□	□	□
Prevent ethical problems and unprofessional conduct.	□	□	□	□
Foster ethical behavior among peers and within organizations.	□	□	□	□
Seek consultation with other professionals.	□	□	□	□

Part 2: Functional Competency Domains

Functional competencies encompass the major skills or functions used by psychologists in the practice of psychology.

EVALUATION/ASSESSMENT/DIAGNOSIS/CASE CONCEPTUALIZATION:

Psychologists use these basic skills in formulating a diagnosis, devising a treatment plan, or answering referral questions (consultation); they serve as a starting point for assessment, intervention, and consultation activities.

Definitions:

- *Evaluation:* evaluative or diagnostic interview performed to write an intake report or mental status report, formulate a treatment plan, or arrive at a clinical diagnosis.
- *Assessment:* an evaluation that adds psychological testing to the process resulting in a written psychological assessment report.

Use clinical/diagnostic interviewing to identify a client’s/patient’s concerns in the context of her or his history.	□	□	□	□
Use behavioral observation skills in evaluation, assessment, diagnosis, or case conceptualization.	□	□	□	□
Formulate a problem or case description that includes the ICD/DSM (current eds.) (Axes I–III, IV–V optional) or other recognized diagnostic system.	□	□	□	□
Select appropriate assessment procedures.	□	□	□	□
Projective personality test(s): List: administration and scoring.	□	□	□	□
----- interpretation.	□	□	□	□
Objective personality test(s): List: administration and scoring.	□	□	□	□
----- interpretation.	□	□	□	□
Cognitive-intelligence tests: List: administration and scoring.	□	□	□	□
----- interpretation.	□	□	□	□
Neuropsychological screening tests: List: administration and scoring.	□	□	□	□
----- interpretation.	□	□	□	□
Neuropsychological assessment battery or evaluation procedures: List: administration and scoring.	□	□	□	□
----- interpretation.	□	□	□	□

Competency Worksheet Continued

Directions:				
Check the column that represents your self-assessment of your competence.				
If an item lies outside the scope of your education, training, supervised experience, consultation, study, or professional experience, check "None/Not Applicable."	None /Not Applicable	Limited Exposure	Developing Ability	Competent for Independent Practice
Special tests (e.g., BDI, STAI, EDI, SIRS): List: administration and scoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interpretation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation/assessment competencies for specific populations:				
infant/toddler (ages birth-2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preschool children (ages 3-5).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
children (ages 5-12).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adolescents (ages 13-17).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adults (approximately ages 19-65).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
geriatric (approximately over age 65).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other specific subpopulations: list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use evaluation/assessment data to write an integrated report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use evaluation/assessment data to formulate meaningful treatment plans/treatment recommendations in reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate ongoing treatment changes and modify treatment plan accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERVENTION/THERAPY AREA:

Articulate and use one or more theoretical approaches to interventions including its evidence base.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use theoretical knowledge to plan therapeutic interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage and de-escalate crises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use listening and communication to establish a productive therapeutic alliance (relationship building).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjust therapeutic intervention techniques during course of a session to meet client needs (therapeutic flexibility).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively time therapeutic interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify my affect and its appropriate use in therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate realistic treatment goals in the context of therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct short-term treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct long-term treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish appropriate inclusion/exclusion criteria (i.e., know with which clients you can and cannot work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific group treatment competencies:				
<input type="checkbox"/> lead or <input type="checkbox"/> supervise support groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> lead or <input type="checkbox"/> supervise psycho-educational treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
facilitate symptom focused groups (e.g., AODA, trauma, grief, depression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
facilitate group processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific population treatment competencies: conceptualize and understand treatment issues and practice specific to:				
infant/toddler (ages birth-2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preschool children (ages 3-5).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
children (ages 5-12).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adolescents (ages 13-17).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adults (approximately ages 19-65).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
geriatric (approximately over age 65).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other specific subpopulations: list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Competency Worksheet Continued

Directions:				
Check the column that represents your self-assessment of your competence.				
If an item lies outside the scope of your education, training, supervised experience, consultation, study, or professional experience, check "None/Not Applicable."	None /Not Applicable	Limited Exposure	Developing Ability	Competent for Independent Practice
Conceptualize and understand setting-specific issues (e.g., correctional, counseling center, inpatient, industrial organizational, etc.): list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptualize and understand service-specific issues (e.g., family therapy, eating disorders, hypnosis, legal process, etc.): list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately terminate with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSULTATION AREA:

Definition: *psychological consultation* is the work or business of providing expert advice or services such as conducting psychological assessments at the request of other professionals, taking part in multidisciplinary team meetings, participating in a peer "supervision" group, etc.

Scope of consultation: identify situations in which providing consultation lies within my scope of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task clarification: analyze, clarify, and refine the consultation question and gather information necessary to answer it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility: shift roles and role functions according to situational demands to meet the needs of a referral source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication: prepare useful consultation reports in routine and most complex cases with clear and precise recommendations to all appropriate parties (see section on ASSESSMENT).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESEARCH/ PROGRAM EVALUATION:

Conduct research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply research to professional activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISION/TEACHING of others:

Supervision:				
model: use a philosophy or model of supervision to negotiate the complexity of the supervisor role including ethical, legal, and contextual issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
process: use the supervisory relationship to foster development of supervisees and their clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diversity: foster appreciation of the complex relationships among an individual, the peer-group, the cultural group, and the society-at-large and how it might affect the interactions among the supervisor, supervisee, and client(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
service delivery: provide supervision independently to less advanced students, peers or other service providers in typical or routine cases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ethics: identify and analyze complex ethical and legal issues in supervision and act proactively to address them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching:				
plan: identify concepts to be taught and their research/empirical support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evaluation: evaluate effectiveness of teaching skills and methods and achievement of learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANAGEMENT-ADMINISTRATION: (manage the direct delivery of services and/or the administration of organizations, programs, or agencies.)

Leadership:				
develop systems for evaluating supervisees/staff/employees (staff development).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
communicate appropriately to parties at all levels in the system (communication).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Competency Worksheet Continued

Directions:				
Check the column that represents your self-assessment of your competence.				
If an item lies outside the scope of your education, training, supervised experience, consultation, study, or professional experience, check "None/Not Applicable."	None /Not Applicable	Limited Exposure	Developing Ability	Competent for Independent Practice
provide direction to others within the system(s) (guidance).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
identify opportunities for quality improvement of delivery of services to organizations, programs, or agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
identify resources needed to develop a business plan (vision).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management: manage direct delivery of professional services:				
develop a system for educating and evaluating supervisees/staff/employees (staff development).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
respond promptly to organizational demands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
participate in the development of policies and guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
implement state and federal worker protection and non-discrimination laws (if appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective program development:				
recognize a setting's needs and take steps to address them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
possess and demonstrate awareness of an organization's, program's, or agency's principle policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
provide others with face-to-face and written direction (staff direction).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: COMPETENCY SUMMARY:

Based on your self-assessment and review of these guidelines, rate yourself "C" for *Competent* to practice independently, and "Ex" for *Experienced* enough (i.e., "Developing Ability") to perform tasks with supervision/consultation on the following tasks. Leave blank if you do not expect to practice in the area.

FOUNDATIONAL COMPETENCIES

<i>C</i>	<i>Ex</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	<input type="checkbox"/>	Self-Assessment: Reflective Practice
<input type="checkbox"/>	<input type="checkbox"/>	Cultural Identity and Diversity

<i>C</i>	<i>Ex</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Relationship Skills/Interdisciplinary Systems
<input type="checkbox"/>	<input type="checkbox"/>	Ethical-Legal Standards and Policy
<input type="checkbox"/>	<input type="checkbox"/>	

3. FUNCTIONAL COMPETENCIES

	Infant-toddler (ages birth-2)		preschool children. (ages 3-5)		children (ages 5-12).		adolescents (ages 13-17).		adults approx. ages 19-65).		geriatric (approx. over 65).		other specific subpopulations (list):	
	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>
Evaluation/Assessment/Diagnosis/Case Conceptualization														
Evaluation (interviewing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment (testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate treatment plans/recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic (e.g., competency) evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wisconsin Department of Regulation & Licensing

	Infant-toddler (ages birth-2)		preschool children. (ages 3-5)		children (ages 5-12).		adolescents (ages 13-17).		adults approx. ages 19-65).		geriatric (approx. over 65).		other specific subpopulations (list):	
Intervention (treatment/therapy)	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>C</i>	<i>Ex</i>	CONSULTATION
<input type="checkbox"/>	<input type="checkbox"/>	with peers
<input type="checkbox"/>	<input type="checkbox"/>	with other professionals
<input type="checkbox"/>	<input type="checkbox"/>	with family members
<input type="checkbox"/>	<input type="checkbox"/>	with industry / organizations

<i>C</i>	<i>Ex</i>	SUPERVISION/TEACHING
<input type="checkbox"/>	<input type="checkbox"/>	supervise students/peers/other service providers
<input type="checkbox"/>	<input type="checkbox"/>	teach students in planned courses
<input type="checkbox"/>	<input type="checkbox"/>	Other:

<i>C</i>	<i>Ex</i>	RESEARCH/PROGRAM EVALUATION
<input type="checkbox"/>	<input type="checkbox"/>	conduct research
<input type="checkbox"/>	<input type="checkbox"/>	program evaluation
<input type="checkbox"/>	<input type="checkbox"/>	other:

<i>C</i>	<i>Ex</i>	MANAGEMENT-ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/>	staff development, planning, implementation
<input type="checkbox"/>	<input type="checkbox"/>	facilitate communication across all levels
<input type="checkbox"/>	<input type="checkbox"/>	quality improvement
<input type="checkbox"/>	<input type="checkbox"/>	manage direct delivery of service
<input type="checkbox"/>	<input type="checkbox"/>	Other:

<i>C</i>	<i>Ex</i>	OTHER AREAS OF PRACTICE: Describe
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

These competencies can be transferred to form #2553 NATURE OF INTENDED PRACTICE OF PSYCHOLOGY

Applicant's Signature:	Date:
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Wisconsin Department of Safety and Professional Services

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PSYCHOLOGY EXAMINING BOARD

FORM 615: INSTRUCTIONS FOR PSYCHOLOGY LICENSURE APPLICANTS

PLEASE READ BEFORE COMPLETING YOUR APPLICATION

Thank you for applying for a psychologist license in Wisconsin. The Examining Board encourages you to start this process early if this is your first ever application. It is especially important that you familiarize yourself, and your post-doctoral supervisor(s) with the supervision requirements listed in the table on page 3.

Wisconsin's Generic License: The Wisconsin license is a "generic license," which means there is no inherent restriction on a psychologist's scope of practice. Thus, the board and the public rely on a psychologist's self-assessment and commitment to the following ethical principle to protect the public and competently deliver psychological services.

Ethical Principles of Psychologists and Code of Conduct, Standard 2: Competence, 2002 [see <http://www.apa.org/ethics/code/index.aspx#>].

2.01 Boundaries of Competence

- (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience...
- (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study...

2.03: Maintaining Competence Psychologists undertake ongoing efforts to develop and maintain their competence.

Definition: In our licensure process, "**competence**" and "**competency**" refer to the level of skill and knowledge necessary to work effectively with routine and challenging situations, patients, or clients, and the wisdom to seek consultation for unusual or difficult cases in independent practice.

Wisconsin recognizes 5 categories of applicants for the psychology license:

1. **Exam Applicants** (New licensees), who must take the EPPP and the Ethics (State Law) Exam;
2. **Comity Applicants**, who are licensed in another state which is not a member of the ASPPB Reciprocity Agreement;
3. **Reciprocal Applicants**, who are licensed in a state that is part of the ASPPB-Reciprocity Agreement. For a list of current *reciprocity* members go to www.asppb.org;
4. **Holders of the CPQ** (Certificate of Professional qualification) issued by ASPPB; and
5. **Senior Psychologists**, who have been licensed for more than 20 years in jurisdiction that had similar requirements and have never been disciplined.

Basic Requirements¹: In summary, an applicant must:

- a) hold a doctoral degree in psychology from a regionally accredited institution [Psy 2.09 (1)], and
- b) have 3,000 hours of supervised experience, of which a minimum of 1,500 hours follows completion of all requirements for the doctoral degree [Psy 2.09(3)(a)].

¹ See Wisconsin Administrative code Psy 2.09(1) for a complete description.

Form 615: Instructions for Psychology Licensure Applicants

Additional requirements for licensure in Wisconsin are identified in Wisconsin Administrative codes Psy 2.01, which provides the legal basis for the forms and collection of information [see legend at bottom of page]. The board reserves the right to ask for additional information, the completion of forms not otherwise required, or both, on a case-by-case basis.

Applicants shall:	This applies to:	Exam	Comity	Reciprocity, CPQ, & Senior
Psy 2.01(1) Submit a completed and signed application form [Form 634],		#	#	#
Psy 2.01(2) Pay the application fee [Form 634],		#	#	#
Psy 2.01(3) Submit official transcripts [originals mailed directly to DRL],		#	#	
Psy 2.01(4) Document any additional relevant education and appropriate experience,		#	#	
Psy 2.01(5) Submit the “ Verification of Supervised Psychological Experience ” [Form 2555] completed by a psychologist who has firsthand knowledge of the applicant’s experience relating to psychology		#	#	
Psy 2.01(6) Submit the “ Nature of Intended Practice of Psychology ” [Form 2553],		#	#	#
Psy 2.01(7) Successfully pass the “EPPP”,		#	#	
Psy 2.01(8) Pass a written examination on the elements of practice essential to the public health, safety, or welfare. [State Law or “Ethics exam”],		#	#	#
Psy 2.01(9) For Doctoral psychology degrees earned outside the U.S. and Canada, document supervised experience in the U.S. and document English proficiency,		&	&	
Psy 2.01(10) Verify licensure in all states or countries in which the applicant has ever held a license. [Form XOX],		#	#	#
Psy 2.01(11) Necessary information on pending criminal charges or convictions [Form 2252],		#	#	#
Psy 2.01(12) Proof of completion of continuing education requirements.			#	#

To comply with these legal requirements, various forms are used by applicants in the various categories. Review this table carefully; omission of a required form means your application is incomplete and board cannot act on incomplete applications.

Step	Form #	Pages	Title	Exam	Comity	Reciprocal	CPQ	Senior
1	615		Instructions For Psychology Licensure Applicants	X	X	X	X	X
	1988	1	Notices (procedural information)	X	X	X	X	X
	2070	1	Application Information	X	X	X	X	X
2	634	6	Application for License to Practice Psychology	#	#	#	#	#
3	XOX	2	Certification Verification	&	#	#	#	#
4	2252	2	Conviction and Pending Charges and all relevant information	&	&	&	&	&
5	2870	7	Psychology Applicant’s Self Evaluation	#	#	#	#	#
6	2553	2	Nature of Intended Practice	#	#	#	#	#
7	2555	6	Verification of Supervised Psychological Experience	#	#			
8	2557	3	Verification of Professional Experience	&	&	#	#	#
9			Official transcript - doctorate degree	#	#			
			A copy of your resume or CV	#	#	#	#	#
			Copy of rules and statutes in effect in your state of initial licensure when you were licensed		#			#
			Copies of malpractice suit(s) and relevant court documents with allegations and settlement.	&	&	&	&	&
			Provide proof of completion of continuing education requirements		#	#	#	#

X = Form not returned to the Board.

& = Form or attachment not required of every applicant.

= Form or attachment necessary for a complete application.

SUPERVISION REQUIREMENTS FOR LICENSURE IN WISCONSIN

This table provides a summary of the supervised experience requirements for licensure in Wisconsin. This information does not substitute for understanding the statutes and rules pertaining to requirements of licensure in statute 455.04 and Administrative Code Psy 2.09

SUPERVISOR RESPONSIBILITIES	WI Admin. Code
Supervisor is responsible for the integrity and quality of the training and services delivered	Psy 2.09(3)(a)2 & 7
Primary supervisor must be a licensed psychologist for at least 3 years	Psy 2.09(3)(b)
Supervisor shall have training or experience in supervision of psychological work	Psy 2.09(3)(b) & (c)
Supervisor must be qualified to provide the services offered by supervisee	Psy 2.09(3)(b)
Supervisors are responsible for insuring both they and the supervisee have the education and training in the areas to be supervised	Psy 2.09(3)(b) & (c)
Supervisors shall not be related by blood or marriage nor be involved in any other dual relationship which obliges the supervisor to the supervisee	Psy 2.09(3)(b)
Supervisor must be able to interrupt or terminate the supervisee's activities whenever necessary to ensure adequate training and the protect the public	Psy 2.09(3)(a)7 Psy 2.09(3)(c)
Supervisors shall be available or make provisions for emergency consultation and intervention	Psy 2.09(3)(c)
Quarterly written evaluations of supervised experience and the trainee's competence are required	Psy 2.09(3)(c)
Supervisors are responsible for determining adequacy of supervisee's preparation for the tasks to be performed	Psy 2.09(3)(d)
Legal, ethical, and professional responsibility is assumed by the supervisor for all services rendered	Psy 2.09(3)(c)
SETTING ELEMENTS	
Inform clients in writing of training status, role of supervisor	Psy 2.09(3)(a)8
Supervisors have sufficient knowledge of supervisee's clients to insure effective service	Psy 2.09(3)(a)7
Not less than 16 hours or more that 40 hours per week	Psy 2.09(3)(a)1
25% face-to-face client contact	Psy 2.09(3)(a)9
40% minimum direct service ²	Psy 2.09(3)(a)9
Fees for client services may not be billed independently or accepted by trainee	Psy 2.09(3)(a)8
It is desirable to team trainees with other psychologists and other trainees	Psy 2.09(3)(a)10
Trainees participate in multidisciplinary activities	Psy 2.09(3)(a)10
1st 1500 HOURS OF SUPERVISION (PRE- or POST-DOCTORAL)	
1500 hours (post practicum, clerkship, externship, other employment)	Psy 2.09(3)(a)2 & 6
Two (2) hours of formal, individual, face-to-face supervision every week	Psy 2.09(3)(a)2
Two (2) hours of additional supervisory experience such as: case conferences, seminars addressing practice issues, co-therapy, group supervision.	Psy 2.09(3)(a)2
2nd 1500 HOURS OF SUPERVISION (POST-DOCTORAL)	
1500 hours must follow completion of all requirements for doctoral degree	Psy 2.09(3)(a)4
One (1) hour of formal, individual, face-to-face supervision every week	Psy 2.09(3)(a)3
Planned, organized, integrated, and appropriate to the intended practice	Psy 2.09(3)(a)3
For diversity of training, the supervisor of the pre-doctoral experience shall not continue as the primary supervisor of the post-doctoral experience.	Psy 2.09(3)(a)3
RESPONSIBILITIES OF SUPERVISEE	
Demonstrate that the training setting and the activities are appropriateness to the area of intended practice	Psy 2.09(3)(a)1
Have background training and experience in preparation for supervised activities	Psy 2.09(3)(d)
Inform clients in writing of lack of license and possibility that insurance may not reimburse for services	Psy 2.09(3)(a)1
Demonstrate that applicant had a variety of role models within the field of psychology	Psy 2.09(3)(a)10
Demonstrate appropriateness of setting and activities to the intended area of licensed practice	Psy 2.09(3)(a)1

² *Direct service* means those activities a psychologist performs that are directly related to providing psychological services to a client, such as note and report writing, studying test results, case consultation and reviewing published works relating to the client's needs [Psy 2.09(3)(a)9].

STEP ONE: FORM 1988 NOTICES and FORM 2070 APPLICATION INFORMATION (all applicants)

Please review the information contained in the FORM 1988 NOTICES, and FORM 2070 APPLICATION INFORMATION.

STEP TWO: FORM 634 APPLICATION FOR LICENSE TO PRACTICE PSYCHOLOGY (all applicants)

Please complete this form in its entirety, and have it notarized. Page 6 requires submission of your Social Security Number. Completion of this form, paying the application fee, and submission of an official transcript noting the award of a doctoral degree officially initiates the application process. For Exam (new) applicants, this will enable you to take the EPPP.

STEP THREE: FORM XOX CERTIFICATION VERIFICATION

If you have been previously credentialed in any jurisdiction, you will have to complete FORM XOX CERTIFICATION VERIFICATION for each mental health related credential you held, and send a copy to the respective credentialing agency. If that state's website meets the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA) standards for primary source verification, send a copy of the web-page instead of this form.

STEP FOUR: FORM 2252 CONVICTION AND PENDING CHARGES

If you have pending charges or were ever convicted of either Driving While Intoxicated or of a state or federal misdemeanor or felony, you will have to complete FORM 2252 CONVICTION AND PENDING CHARGES and enclose all relevant court documents.

STEP FIVE: FORM 2870 PSYCHOLOGY APPLICANT'S SELF EVALUATION (all applicants)

The fifth step in our process, regardless of pre-existing status, involves a self-assessment of your competency. Applicants for licensure rely on two sources of information to identify their range of competency: self-assessment and supervisory or consultative assessment.

- **Self-assessment:** Please do a careful self-assessment of your scope of competence using Form 2870 as part of the licensure process. An accurate self-assessment develops from consensual validation derived from discussions with supervisors, consultants, and peers. The self-assessment is *Summative* of your *previous supervised training* and accumulated experience as it relates to readiness for independent practice.
- **Supervisory or consultative assessment:** Internship and post-doctoral supervisors can provide new licensees with a summative assessment of your performance at the end of a training period, and describes your skills and areas of competence. Previously licensed psychologists can draw on peers, co-workers and consultants, among others to provide helpful information about one's scope of competence.

1. FOUNDATIONAL COMPETENCIES and 2. FUNCTIONAL COMPETENCIES: Rate these areas based on your self-assessment, indicating the age(s) you work with in the relevant areas.

This document guides you in identifying your areas of practice that are developed to the level of independent practice or beyond³. Each statement provides a behavioral description of expectations for entry to independent practice. No psychologist expects to be *Competent for Independent Practice* in every area of this self-assessment. Carefully consider each statement, trying to answer, "On the basis of what education, supervision/ consultation, and experience do I claim competence?" or "Do my clients/patients, peers, supervisors/consultants, co-workers, supervisees/consultees see me this way?" If you lack a good answer, you lack the necessary level of competence.

3. COMPETENCY SUMMARY: After completing the detailed section, summarize your self-assessment in the COMPETENCY SUMMARY section of the Form using these definitions.

³ See Fouad, N.A.; Grus, C. L.; Hatcher, R. L.; Kaslow, N.J.; Hutchings, P. S.; Madson, M. B.; Collins Jr., F. L.; Crossman, R.E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*. 3(4, Suppl), pp. 5-26.

DEFINITIONS: Based on your self-assessment and review of the instructions, rate yourself “C” for *Competent* or “Ex” for *Experienced*. If you do not have sufficient knowledge, experience, and supervision to rate yourself in one of these categories, leave the item blank.

- **COMPETENCE:** On this form, “C” refers to the level of skill and knowledge necessary to work independently with routine and challenging cases or clients, combined with the wisdom to seek consultation for unusual or difficult cases.
- **EXPERIENCE:** “Ex” refers to the level of skill and knowledge development necessary to work with routine cases, although supervision/consultation or guidance is needed for non-routine cases. Applicants typically attain this level of competence at the completion of internship in their areas of focus.

You can transfer this information to the next form, the Nature of Intended Practice form (2553).

STEP SIX: FORM 2553 NATURE OF INTENDED PRACTICE OF PSYCHOLOGY (NIP) (all applicants)

1. In the box provided, describe the setting and nature of your intended practice of psychology. Include the services you intend to provide, the setting of your intended practice, and the population(s) you intend to serve. (**For example:** “*I intend to provide therapy, including group and individual therapy, in private practice for adolescents and adults.*”)
2. **FOUNDATIONAL COMPETENCIES:** Transfer your ratings from FORM 2870 PSYCHOLOGY APPLICANT’S SELF EVALUATION to FORM 2553 NATURE OF INTENDED PRACTICE
3. **FUNCTIONAL COMPETENCIES:** Transfer your ratings from FORM 2870 PSYCHOLOGY APPLICANT’S SELF EVALUATION to FORM 2553 NATURE OF INTENDED PRACTICE.
4. Identify all languages in which you are competent to function as a psychologist.

Before a Notary Public, sign the Nature of Intended Practice form (2553) attesting to the accuracy of your application and your agreement to practice within your scope of competence.

STEP SEVEN: FORM 2555 VERIFICATION OF SUPERVISED PSYCHOLOGICAL EXPERIENCE

This form is to be completed by:

- all “**Exam**” (first-time) applicants⁴,
- all **Comity** applicants with less than 5 years of experience,
- **Comity** applicants with more than 5 years experience (whose prior licensing process was similar to Wisconsin’s) should be able to complete this form for both Pre-doctoral and Post-doctoral supervision, but may request waiver of this requirement if all best faith efforts to obtain this information is unsuccessful,
 - *To request a waiver*, submit a letter to the board describing your efforts, the reasons they were unsuccessful, and any basis on which the board may reasonably assume the standards have been met (e.g., completion of internship is documented on a transcript, the licensing law at the time required 3,000 hours of experience, no history of regulatory action, etc.),
 - Applicants with more than 20 years experience and no history of regulatory action against them may apply as a Senior Psychologist, obviating the need for this form.

Part 1 is completed by the applicant. *Sections A, B, and D* are quite straightforward. *Section C* usually is, although applicants from sites with high productivity standards may have difficulty where it states, “*The experience shall consist of at least 25% face-to-face client contact and at least 40% direct service for the purpose of providing psychological service.*” For example, if the site required 65% of face-to-face time, meeting the 40% direct service minimum is impossible. If this is the case for you, submit an explanation on a separate sheet of the site’s requirements and describe the reasons that the amount of direct service falls below 40%.

Note: Complete *Section E* carefully: It is **NOT** a reproduction of FORM 2553 NATURE OF INTENDED PRACTICE OF PSYCHOLOGY (NIP); instead, it describes the experiences and competence you attained at that training site, and

⁴ “Exam” applicants should review this form with all supervisors before beginning supervision so they can meet the requirements of the Wisconsin Administrative Code Psy 2 summarized in the SUPERVISION REQUIREMENTS FOR LICENSURE IN WISCONSIN table in an earlier section. APA approved internships and most internship programs that belong to APPIC will meet these requirements. Failure to meet the requirements of supervision *may result in denial of licensure* in Wisconsin.

Form 615: Instructions for Psychology Licensure Applicants

to which your primary supervisor can attest. The section should look different on the form submitted to an internship director than to a post-doctoral supervisor. Usually, you will have demonstrated a broader scope of competency to the post-doctoral supervisor. For new applicants, the final Form 2553 (NIP) should resemble a summation of the versions sent to your primary supervisors.

Part 2: After completing **Part 1**, forward a copy to the appropriate supervisor (you may wish to provide a stamped addressed envelope) with instructions to return the form to you or mail it directly to the board.

STEP EIGHT: FORM 2557 VERIFICATION OF PROFESSIONAL EXPERIENCE

Part 1: Who completes this form?

- **Exam applicants:** the form may be used to identify competencies and experiences gained outside internship and postdoctoral supervision that a supervisor/consultant can attest are developed to the level of independent psychological practice.
- **Early Comity applicants:** the form should contain only competencies and experiences gained or demonstrated since the end of post-doctoral supervision.
- **Later Comity (over 5 years of experience), CPQ, Reciprocity, and Senior Psychologist applicants:** the competencies recorded here should match the description on Form 2553 Nature of Intended Practice.

Part 2: After completing **Part 1**, forward a copy to the appropriate supervisor, consultant, or colleague (you may wish to provide a stamped addressed envelope) with instructions to return the form to you or mail it directly to the board.

STEP NINE: SUPPLEMENTAL INFORMATION

Information Needed:	Exam	Comity	Reciprocal	CPQ	Senior
Official transcript - doctorate degree.	#	#			
A copy of your resume or CV,	#	#	#	#	#
Copy of rules and statutes in effect in the state of your initial licensure when you were licensed,		#			#
Copies of pending or resolved malpractice suit(s) including all court documents with allegations and settlement (if any),	&	&	&	&	&
Proof of completion of continuing education requirements.		#	#	#	#

& = Form or attachment not required of every applicant.
 # = Form or attachment necessary for a complete application.

Congratulations! This completes the application paperwork.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: web@drl.state.wi.us
 Website: <http://drl.wi.gov>

PSYCHOLOGY EXAMINING BOARD

CREDENTIAL VERIFICATION

SECTION 1: Instructions for Applicant: Complete the form as indicated.

Last Name	First Name	Middle Initial
List any other names you may have used:		

1. Were you licensed or registered as:	No	Yes	
As a Psychologist,	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Practice,	<input type="checkbox"/>	<input type="checkbox"/>	
Other License,	<input type="checkbox"/>	<input type="checkbox"/>	
As a Mental Health Practitioner,	<input type="checkbox"/>	<input type="checkbox"/>	
As a Nurse,	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (please list):			

2. If not licensed at the doctoral level, please indicate your current educational/licensure status::	
<input type="checkbox"/>	Enrolled in a graduate program in psychology
<input type="checkbox"/>	Enrolled in graduate program leading to a doctoral degree
<input type="checkbox"/>	Completing predoctoral supervised experience
<input type="checkbox"/>	Obtained doctoral degree
<input type="checkbox"/>	Obtained doctoral degree and completing post doctoral experience
<input type="checkbox"/>	Obtained license to practice psychology based on a doctoral degree
<input type="checkbox"/>	Obtaining post-licensure supervised experience or work experience
<input type="checkbox"/>	Other (please explain)

3. If licensed, please list all states and/or provinces in which you currently hold or have previously held a license/registration to practice psychology and identify where such license is based on receipt of a doctoral degree. Use an additional sheet if necessary. **Please submit photocopies of your most recent license renewal documentation to verify possession of current active licensure.**

NOTE: If the state's website meets the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA) standards for primary source verification, send a copy of the web-page in lieu of this form.

State/Province	License/ Registration Number	Based On		Date Acquired Month/Year	Date Surrendered Month/Year	Reason Surrendered (If Applicable)
		Doctoral Degree Yes	No			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION

I attest that the information contained in my responses to this form are true and correct to the best of my knowledge. I also acknowledge that the information provided in this application may have to be verified including any and all complaints adjudicated, stipulated, or pending against me including participation in any program to which I have acknowledged impairment (physical, mental or substance).. I hereby waive any claim of confidentiality of such information and hereby grant the Wisconsin Department of Safety and Professional Services and the Psychology Examining Board permission to make such inquiries.

Signature	Date
-----------	------

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: web@drl.state.wi.us
 Website: <http://drl.wi.gov>

PSYCHOLOGY EXAMINING BOARD
NATURE OF INTENDED PRACTICE OF PSYCHOLOGY
TO BE COMPLETED BY APPLICANT

Printed Name of Applicant:	Date:
----------------------------	-------

INSTRUCTIONS:

I have carefully read the instructions (Form 615) before completing this form.

1. Describe the setting and nature of your intended practice of psychology in the box below. Include the services you intend to provide, the setting of your intended practice, and the population(s) you intend to serve.

DEFINITIONS: Based on your self-assessment and review of the instructions, rate yourself “C” for *Competent* or “Ex” for *Experienced*. If you do not have sufficient knowledge, experience, and supervision to rate yourself in one of these categories, leave the item blank.

- **COMPETENCE:** On this form, “C” refers to the level of skill and knowledge necessary to work independently with routine and challenging cases or clients, combined with the wisdom to seek consultation for unusual or difficult cases.
- **EXPERIENCE:** “Ex” refers to the level of skill and knowledge development (i.e., developing ability) necessary to work with routine cases, although supervision/consultation or guidance is needed for non-routine cases. Applicants typically attain this level of competence at the completion of internship in their areas of focus.

2. FOUNDATIONAL COMPETENCIES

	C	Ex	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Assessment: Reflective Practice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural Identity and Diversity

	C	Ex	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Skills/Interdisciplinary Systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethical-Legal Standards and Policy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. FUNCTIONAL COMPETENCIES

	Infant-toddler (ages birth-2)		preschool children. (ages 3-5)		children (ages 5-12).		adolescents (ages 13-17).		adults approx. ages 19-65).		geriatric (approx. over 65).		other specific subpopulations (list):	
	Evaluation/Assessment/Diagnoses/Case Conceptualization	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C
Evaluation (interviewing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment (testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate treatment plans/recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic (e.g., competency) evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PSYCHOLOGY EXAMINING BOARD: NATURE OF INTENDED PRACTICE OF PSYCHOLOGY

	Infant-toddler (ages birth-2)		preschool children (ages 3-5)		children (ages 5-12)		adolescents (ages 13-17)		adults approx. ages 19-65)		geriatric (approx. over 65)		other specific subpopulations (list):	
Intervention (treatment/therapy)	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>C</i>	<i>Ex</i>	CONSULTATION
<input type="checkbox"/>	<input type="checkbox"/>	with peers
<input type="checkbox"/>	<input type="checkbox"/>	with other professionals
<input type="checkbox"/>	<input type="checkbox"/>	with family members
<input type="checkbox"/>	<input type="checkbox"/>	with industry / organizations

<i>C</i>	<i>Ex</i>	SUPERVISION/TEACHING
<input type="checkbox"/>	<input type="checkbox"/>	supervise students/peers/other service providers
<input type="checkbox"/>	<input type="checkbox"/>	teach students in planned courses
<input type="checkbox"/>	<input type="checkbox"/>	Other:

<i>C</i>	<i>Ex</i>	RESEARCH/PROGRAM EVALUATION
<input type="checkbox"/>	<input type="checkbox"/>	conduct research
<input type="checkbox"/>	<input type="checkbox"/>	program evaluation
<input type="checkbox"/>	<input type="checkbox"/>	other:

<i>C</i>	<i>Ex</i>	MANAGEMENT-ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/>	staff development, planning, implementation
<input type="checkbox"/>	<input type="checkbox"/>	facilitate communication across all levels
<input type="checkbox"/>	<input type="checkbox"/>	quality improvement
<input type="checkbox"/>	<input type="checkbox"/>	manage direct delivery of service
<input type="checkbox"/>	<input type="checkbox"/>	Other:

<i>C</i>	<i>Ex</i>	OTHER AREAS OF PRACTICE: Describe
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

4. I am competent to provide services in: Sign Language; English; French; Spanish; Others (list): _____

AFFIDAVIT

I declare that all of the foregoing is true and correct and I have reviewed the above describing the foundational and functional competencies with the help of my supervisors and/or consultants. Based on my review, I certify that I understand my areas of competence for independent practice, and my areas of emerging competence. I further pledge to fulfill the ethical responsibility to comply with the board rules and regulations, and with professional ethical guidelines. I understand I can expand my areas of competence with appropriate training and supervision/consultation.

The undersigned, being sworn, deposes and says that he or she is the person who executed this application; that the statements herein contained are true in every respect; that he or she has not suppressed any information that might affect this application; that he or she will conform to the ethical standards of conduct in his or her profession; and that he or she has read and understands this affidavit.

Signature of Applicant _____
Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of _____ 20_____

by _____
(Applicant name)

Signature of Notary Public

Date Commission Expires

S E A L

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: web@drl.state.wi.us
 Website: <http://drl.wi.gov>

PSYCHOLOGY EXAMINING BOARD

FORM 2555: VERIFICATION OF SUPERVISED PSYCHOLOGICAL EXPERIENCE

CHECK ONE
<input type="checkbox"/> 1 st 1500 Hours (can be pre-doctoral)
<input type="checkbox"/> 2 nd 1500 Hours (must be post-doctoral)

For exam applicants (first license as a psychologist) and some comity applicants

THIS FORM IS USED TO DOCUMENT COMPLETION OF SUPERVISED HOURS OF EXPERIENCE NEEDED TO MEET THE REQUIREMENTS FOR LICENSURE (3,000 CLOCK HOURS MINIMUM). Separate forms should be used for separate agencies, and for the 1st 1500 and the 2nd 1500 hours

Please Note: It is not acceptable to attach letters in lieu of completing this form.

PART 1: TO BE COMPLETED BY THE APPLICANT

Applicant for Licensure will complete Part 1 and forward to the primary supervisor to complete Part 2.

A. APPLICANT INFORMATION		
<input type="checkbox"/> I (applicant) have carefully read the instructions (Form 615) before completing this form.		
Last Name:	First Name:	Middle Initial:
Title/Position	Begin Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Name of Agency where experience was completed:		
Describe the nature of this setting (e.g., private practice, Health service):		
Was this experience: <input type="checkbox"/> a formal internship? If so was it <input type="checkbox"/> APPIC listed and/or <input type="checkbox"/> APA approved		
<input type="checkbox"/> a pre-doctoral supervised experience? <input type="checkbox"/> a formal Residency? Was it <input type="checkbox"/> APA approved <input type="checkbox"/> Other supervised post-doctoral experience?		
Description of your duties and responsibilities		

B. SUMMARY OF SUPERVISION HOUR TOTALS						
Total number of hours of supervised experience.						
	Total Number of Weeks	MULTIPLY	Average Number of Hours per Week	EQUALS = Initial Number of Hours	MINUS – number of hours of training missed during the period for such things as vacation, holidays, sick days, personal days, snow days, etc.	EQUALS = Total Number of Hours Earned
EXAMPLE	50 weeks	X	40 hours	= 2,000 hours	-160 hours	= 1,840 hours
Applicant						

Please note: Wisconsin Administrative Code Chapter Psy 2.09(3)9 reads:

“The experience shall consist of at least 25% face-to-face client contact and at least 40% direct service for the purpose of providing psychological service. For the purposes of this subsection direct service means those activities a psychologist performs that are directly related to providing psychological services to a client, such as note and report writing, studying test results, case consultations and reviewing published works relating to the client’s needs.” Direct service does not include face-to-face contact. Supervised hours are to be accumulated at not more than 40 nor less than 16 hours per week.

Form 2555: Verification of Supervised Psychological Experience

C. TOTAL NUMBER OF HOURS PER WEEK OF PSYCHOLOGICAL EXPERIENCE						
	Total No. Hours/Week	PERCENT	Total no. of hours / week of direct supervised service	PERCENT	Total no. of hours/ week of face-to-face client contact	PERCENT
EXAMPLE	40 hrs / week	100%	23 hours/week	57.5%	12 hours/week	30.0%
Applicant						

D. TOTAL NUMBER OF HOURS PER WEEK OF SUPERVISION			
	Total no. of hours/ week of one-on-one, face-to-face supervision from all licensed Psychologists	Total no. of hours/week of other types of group supervision from all licensed psychologists	Total no. of hours/week of individual and other types of supervision from non-psychologists
EXAMPLE	3 hours per week	2 hours per week	5 hours per week
Applicant			

E. DESCRIBE THE SCOPE OF EXPERIENCE AND COMPETENCE ATTAINED AT THIS SITE

DEFINITIONS: Based on your self-assessment and review of the instructions, rate yourself “C” for *Competent* or “Ex” for *Experienced*. If you do not have sufficient knowledge, experience, and supervision to rate yourself in one of these categories, leave the item blank.

- COMPETENCE:** On this form, “C” refers to the level of skill and knowledge necessary to work independently with routine and challenging cases or clients, combined with the wisdom to seek consultation for unusual or difficult cases.
- EXPERIENCE:** “Ex” refers to the level of skill and knowledge development (i.e., developing ability) necessary to work with routine cases, although supervision/consultation or guidance is needed for non-routine cases. Applicants typically attain this level of competence at the completion of internship in their areas of focus.

NOTE: This is NOT a reproduction of FORM 2553 NATURE OF INTENDED PRACTICE OF PSYCHOLOGY, instead it is a description of the experiences and competence you attained at this training site to which your primary supervisor can attest.

1. FOUNDATIONAL COMPETENCIES

C	Ex	
<input type="checkbox"/>	<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	<input type="checkbox"/>	Self-Assessment: Reflective Practice
<input type="checkbox"/>	<input type="checkbox"/>	Cultural Identity and Diversity

C	Ex	
<input type="checkbox"/>	<input type="checkbox"/>	Relationship Skills/Interdisciplinary Systems
<input type="checkbox"/>	<input type="checkbox"/>	Ethical-Legal Standards and Policy
<input type="checkbox"/>	<input type="checkbox"/>	

2. FUNCTIONAL COMPETENCIES

	Infant-toddler (ages birth-2)		preschool children. (ages 3-5)		children (ages 5-12).		adolescents (ages 13-17).		adults approx. ages 19-65).		geriatric (approx. over 65).		other specific subpopulations (list):	
	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex
Evaluation/Assessment/Diagnosis/Case Conceptualization														
Evaluation (interviewing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment (testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate treatment plans/recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic (e.g., competency) evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 2555: Verification of Supervised Psychological Experience

	Infant-toddler (ages birth-2)		preschool children. (ages 3-5)		children (ages 5-12).		adolescents (ages 13-17).		adults approx. ages 19-65).		geriatric (approx. over 65).		other specific subpopulations (list):	
Intervention (treatment/therapy)	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>C</i>	<i>Ex</i>	CONSULTATION
<input type="checkbox"/>	<input type="checkbox"/>	with peers
<input type="checkbox"/>	<input type="checkbox"/>	with other professionals
<input type="checkbox"/>	<input type="checkbox"/>	with family members
<input type="checkbox"/>	<input type="checkbox"/>	with industry / organizations

<i>C</i>	<i>Ex</i>	SUPERVISION/TEACHING
<input type="checkbox"/>	<input type="checkbox"/>	supervise students/peers/other service providers
<input type="checkbox"/>	<input type="checkbox"/>	teach students in planned courses
<input type="checkbox"/>	<input type="checkbox"/>	Other:

<i>C</i>	<i>Ex</i>	RESEARCH/PROGRAM EVALUATION
<input type="checkbox"/>	<input type="checkbox"/>	conduct research
<input type="checkbox"/>	<input type="checkbox"/>	program evaluation
<input type="checkbox"/>	<input type="checkbox"/>	other:

<i>C</i>	<i>Ex</i>	MANAGEMENT-ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/>	staff development, planning, implementation
<input type="checkbox"/>	<input type="checkbox"/>	facilitate communication across all levels
<input type="checkbox"/>	<input type="checkbox"/>	quality improvement
<input type="checkbox"/>	<input type="checkbox"/>	manage direct delivery of service
<input type="checkbox"/>	<input type="checkbox"/>	Other:

<i>C</i>	<i>Ex</i>	OTHER AREAS OF PRACTICE: Describe
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

3. I demonstrated competence to provide services in: Sign Language; English; French; Spanish;
 Others (list): _____

I declare that all of the foregoing in this form is true and correct.

 Printed name of Applicant

 Signature of Applicant

 Date (mo/day/yr)

 Telephone Number

PART 2: TO BE COMPLETED BY THE PRIMARY SUPERVISOR

Instructions to Supervisor completing Part II:

The supervisee (named above) is applying for licensure in Wisconsin and has identified you as having overall responsibility for his/her pre-doctoral or post-doctoral training. Please review each page of this reference form and answer questions where indicated. Return the entire form may be mailed directly to the Wisconsin Department of Regulation and Licensing (address indicated below) or returned to the applicant. If your responses need explanation, please provide appropriate comments on an attached sheet.

Thank you for your time and effort.

The Wisconsin Psychology Examining Board

Form 2555: Verification of Supervised Psychological Experience

1. Training Director/Primary Supervisor Information				
Training Director's/ Supervisor's Name		Degree	Year Degree Conferred	
Agency Name				
Address				
City		State/Province	Zip/Postal Code	
Email Address:			Daytime Phone #:	
Were you licensed as a doctoral level psychologist during the period of supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No				
State/Province/Territory of Licensure/Registration/Certification			Credential Number	
Other states/provinces/territories where licensed				
Your area of specialty, if any:				
<input type="checkbox"/> I verify that all supervisors and the training site complied with the supervision requirements attached to this form.				
Briefly describe any activities you supervised for this applicant (e.g., presenting problem, type of service, area of practice, age of clients, assessment instruments used, treatment interventions, etc.)				

2. Summary of Individual Supervision								
Supervisor's Name, degree (List Primary First)	Licensed Psychologist?		Jurisdiction where licensed/registered/certified	A. No. of Weeks of Supervised Training	B. No. of Hrs/Week Indiv. Supervision	Total hours of Supervision (A x B)	Dates of Supervision	
	Yes	No					From MM/YY	To MM/YY
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

3. Summary of Group Supervision									
Supervisor's Name (include highest degree) (List Primary First)	Was Supervisor a Licensed Psychologist?		Jurisdiction where licensed/registered/certified	No. of Weeks of Supervised Training provided A	No. of Hours/Week of Group Supervision B	No. in Group	Total hours of Supervision (A x B)	Dates of Supervision	
	Yes	No						From MM/YY	To MM/YY
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							

Form 2555: Verification of Supervised Psychological Experience

<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

4. Quality of Supervised Experience

	Yes	No
1. Was any supervisor's license to practice psychology subjected to discipline by any state or country or on probationary status or in a delinquent status at any time during the period of supervision? If yes, explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you or were you or any of the trainee's supervisors involved in a dual relationship that obliges you to the supervisee? Dual relationships would include: a. a non-supervisory relationship, including a familial or financial relationship, b. acceptance of fees, honoraria, favors or gifts directly from the supervisee, c. being an employee or employer of the applicant.	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive any complaints about the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered Yes to 1, 2, or 3, please attach an explanation on a separate sheet.	Yes	No
4. Did you (and others who supervised this individual) have education and training in supervision?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you and all other supervisors observe current standards of supervision including: a. ensuring that the supervisee's status as a psychology trainee was made known to clients/patients and to third-party payers, b. direct observation, co-facilitation, reviewing recordings, c. providing written quarterly evaluations that delineated the supervisee's strengths and weaknesses, d. having the ability to interrupt or terminate the supervisee's activities, e. being competent to practice in the areas that the applicant practiced?	<input type="checkbox"/>	<input type="checkbox"/>
6. To the best of your knowledge: a. does the applicant appear to have good moral character, b. has the applicant exhibited professional conduct consistent with the "Code of Ethics" for Psychologists, c. did the applicant perform his/her duties as a supervisee competently, d. did the applicant satisfactorily complete all aspects of the pre-doctoral or post-doctoral training?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered No to 4, 5, or 6 please attach an explanation on a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>

I am including copies of all final evaluations for this applicant.

I attest that _____ has worked as a pre-doctoral or post-doctoral psychology trainee, (or the equivalent in a position intended primarily to train as a psychologist), and that the applicant attained the scope of competence and experience described in Part 1 under my supervision. I declare that all of the foregoing in Part 2 of this form is true and correct.

Printed name of Supervisor

Signature of Supervisor

Date (mo/day/yr)

Telephone Number

Please return this completed form to:

Wisconsin Department of Regulation and Licensing P.O. Box 8935, Madison, WI 53708-8935 Email: dorl@drl.state.wi.us Fax: 608.261.7083 Tele: 608.266.2112
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SUPERVISION REQUIREMENTS FOR LICENSURE IN WISCONSIN

This table provides a summary of the supervised experience requirements for licensure in Wisconsin. This information does not substitute for understanding the statutes and rules pertaining to requirements of licensure s.455.04 and AC Psy 2.09

SUPERVISOR RESPONSIBILITIES		Statute/Admin. Code
Supervisor is responsible for the integrity and quality of the training and services delivered		Psy 2.09(3)(a)2 & 7
Primary supervisor must be a licensed psychologist for at least 3 years		Psy 2.09(3)(b)
Supervisor shall have training or experience in supervision of psychological work		Psy 2.09(3)(b) & (c)
Supervisor must be qualified to provide the services offered by supervisee		Psy 2.09(3)(b)
Supervisors are responsible for insuring both they and the supervisee have the education and training in the areas to be supervised		Psy 2.09(3)(b) & (c)
Supervisors shall not be related by blood or marriage nor be involved in any other dual relationship which obliges the supervisor to the supervisee		Psy 2.09(3)(b)
Supervisor must be able to interrupt or terminate the supervisee's activities whenever necessary to ensure adequate training and the protect the public		Psy 2.09(3)(a)7 Psy 2.09(3)(c)
Supervisors shall be available or make provisions for emergency consultation and intervention		Psy 2.09(3)(c)
Quarterly written evaluations of supervised experience and the trainee's competence are required		Psy 2.09(3)(c)
Supervisors are responsible for determining adequacy of supervisee's preparation for the tasks to be performed		Psy 2.09(3)(d)
Legal, ethical, and professional responsibility is assumed by the supervisor for all services rendered		Psy 2.09(3)(c)
SETTING ELEMENTS		
Clients must be informed in writing of training status, role of supervisor		Psy 2.09(3)(a)8
Supervisors have sufficient knowledge of supervisee's clients to insure effective service		Psy 2.09(3)(a)7
Not less than 16 hours or more that 40 hours per week		Psy 2.09(3)(a)1
25% face-to-face client contact		Psy 2.09(3)(a)9
40% minimum direct service ¹		Psy 2.09(3)(a)9
Fees for client services may not be billed independently or accepted by trainee		Psy 2.09(3)(a)8
It is desirable to team trainees with other psychologists and other trainees		Psy 2.09(3)(a)10
Trainees participate in multidisciplinary activities		Psy 2.09(3)(a)10
1st 1500 HOURS OF SUPERVISION (PRE- or POST-DOCTORAL)		
1500 hours (post practicum, clerkship, externship, other employment)		Psy 2.09(3)(a)2 & 6
Two (2) hours of formal, individual, face-to-face supervision every week		Psy 2.09(3)(a)2
Two (2) hours of additional supervisory experience such as: case conferences, seminars addressing practice issues, co-therapy, group supervision.		Psy 2.09(3)(a)2
2nd 1500 HOURS OF SUPERVISION (POST-DOCTORAL)		
1500 hours must follow completion of all requirements for doctoral degree		Psy 2.09(3)(a)4
One (1) hour of formal, individual, face-to-face supervision every week		Psy 2.09(3)(a)3
Planned, organized, integrated, and appropriate to the intended practice		Psy 2.09(3)(a)3
For diversity of training, the supervisor of the pre-doctoral experience shall not continue as the primary supervisor of the post-doctoral experience.		Psy 2.09(3)(a)3
RESPONSIBILITIES OF SUPERVISEE		
Demonstrate that the training setting and the activities are appropriateness to the area of intended practice		Psy 2.09(3)(a)1
Have background training and experience in preparation for supervised activities		Psy 2.09(3)(d)
Inform clients in writing of lack of license and possibility that insurance may not reimburse for services		Psy 2.09(3)(a)1
Demonstrate that applicant had a variety of role models within the field of psychology		Psy 2.09(3)(a)10
Demonstrate appropriateness of setting and activities to the intended area of licensed practice		Psy 2.09(3)(a)1

NOTE: Failure to meet these requirements for supervision may jeopardize the applicant's eligibility for licensure in Wisconsin.

¹ *Direct service* means those activities a psychologist performs that are directly related to providing psychological services to a client, such as note and report writing, studying test results, case consultation and reviewing published works relating to the client's needs [Psy 2.09(3)(a)9].

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Bureau Assistant		2) Date When Request Submitted: 2/9/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 3/7/2012	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion and Possible Action Regarding Streamlining of the Licensure Process 1) Discussion Regarding the Oral Interview Process for Reciprocity Applicants	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>At the February meeting the Board made motions (below) in support of rule changes eliminating the requirement for oral interview. The scope statement will be provided in the Board's red folder and considered under the topic titled "Legislation/Administrative Rule Matters"</p> <p>MOTION: Daniel Schroeder, Ph.D. moved, seconded by Teresa Rose, to request that a scope statement be drafted to address the issue of Wis. Admin. Code. § PSY 2.09(4), requiring applicants to appear before the Board, and Wis. Admin. Code. § PSY 2.12(2), addressing licensure by reciprocity. Motion carried unanimously.</p> <p>MOTION: Teresa Rose moved, seconded by Daniel Schroeder, Ph.D., to designate Bruce Erdmann, Ph.D. to assist Department staff in the drafting of the scope statement amending Wis. Admin. Code. §§ PSY 2.09(4), and PSY 2.12(2). Motion carried unanimously.</p>			
11) Authorization			
<i>Kimberly Wood</i>		2/9/2012	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Bureau Assistant		2) Date When Request Submitted: 2/9/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 3/7/2012	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion: What Are the Boundaries for Issues to Which the Board Will Respond or What are the Boundaries of the Board's Mission? 1) Board Review and Discussion as to the Board's Draft Boundary Statement	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board should review the draft boundary statement, once complete, and approve this document for posting to the Department website.			
11) Authorization			
<i>Kimberly Wood</i>		2/9/2012	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Bureau Assistant		2) Date When Request Submitted: 2/9/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 3/7/2012	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion of Electronic Medical Records and Confidentiality	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: This item was requested by Rebecca Anderson. The Board should discuss electronic medical recordkeeping practices and the confidentiality of these records.			
11) Authorization			
<i>Kimberly Wood</i>		2/9/2012	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Bureau Assistant		2) Date When Request Submitted: 2/9/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 3/7/2012	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of the Psychology Examining Board Related Pages of the Department Website Including Frequently Asked Question (FAQ) Pages	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: At the February meeting Bruce Erdmann requested that the members of the Board review the new format of the Practice FAQ page on the Department website and provide feedback at the March meeting.			
11) Authorization			
<i>Kimberly Wood</i>		<i>2/9/2012</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Bureau Assistant		2) Date When Request Submitted: 2/9/2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 3/7/2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation/Administrative Rule Matters: <ol style="list-style-type: none"> 1) Board Review and Consideration of Adoption of Scope Statement for Proposed Amendments to Wis. Admin. Code. § PSY 2.09(4), Requiring Applicants to Appear Before the Board, and Wis. Admin. Code. § PSY 2.12(2), Addressing Licensure by Reciprocity 2) 2011 Senate Bill 450, Relating to the Collection of Workforce Survey Information from Health Care Providers 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board should discuss Items 1 and 2 as outlined below: <ol style="list-style-type: none"> 1) Board Review and Consideration of Adoption of Scope Statement for Proposed Amendments to Wis. Admin. Code. § PSY 2.09(4), Requiring Applicants to Appear Before the Board, and Wis. Admin. Code. § PSY 2.12(2), Addressing Licensure by Reciprocity <p>The Board requested rule changes to eliminate its oral interview requirement. Please review the scope statement (to be provided at the meeting) and consider adoption of this scope.</p> <ol style="list-style-type: none"> 2) 2011 Senate Bill 450, Relating to the Collection of Workforce Survey Information from Health Care Providers <p>The Board should review the text of Senate Bill 450 and consider taking action if so desired.</p>			
11) Authorization			
<i>Kimberly Wood</i>		2/9/2012	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting. 			



2011 SENATE BILL 450

February 9, 2012 – Introduced by JOINT LEGISLATIVE COUNCIL. Referred to Committee on Workforce Development, Small Business, and Tourism.

1 **AN ACT** *to renumber* 447.05 and 455.06; and *to create* 440.033, 447.05 (2),
2 448.07 (1m), 448.55 (4), 450.08 (3), 455.06 (2) and 457.20 (5) of the statutes;
3 **relating to:** collecting workforce survey information from health care
4 providers.

Analysis by the Legislative Reference Bureau

This bill is explained in the NOTES provided by the Joint Legislative Council in the bill.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

JOINT LEGISLATIVE COUNCIL PREFATORY NOTE: This bill was prepared for the Joint Legislative Council's Special Committee on Health Care Access.

Current law requires the board of nursing to require each applicant for renewal of a credential to complete a workforce survey developed by the department of workforce development. The board may not renew a credential unless the renewal applicant has completed the nursing workforce survey to the satisfaction of the board. In addition, current law requires each applicant for renewal to pay a nursing workforce survey fee of \$4.

SENATE BILL 450

This bill creates similar statutes with respect to workforce surveys of persons seeking renewal of a license as a dentist, dental hygienist, physician, psychologist, physical therapist, physician assistant, pharmacist, or clinical social worker. The survey is to be developed jointly by the department of safety and professional services, the department of health services, and the department of workforce development. However, the bill does not include a workforce survey fee.

1 **SECTION 1.** 440.033 of the statutes is created to read:

2 **440.033 Health care provider workforce survey. (1) DEFINITION.** In this
3 section, “health care provider” means a dentist or dental hygienist licensed under s.
4 447.04, a physician or physician assistant licensed under s. 448.04, a physical
5 therapist licensed under s. 448.51, a pharmacist licensed under s. 450.03, a
6 psychologist licensed under s. 455.04 (1), and a clinical social worker licensed under
7 s. 457.08 (4).

8 **(2) SURVEY FORM.** The department, the department of health services, and the
9 department of workforce development jointly shall develop, and revise as those
10 agencies deem appropriate, one or more survey forms to gather data under ss. 447.05
11 (2), 448.07 (1m), 448.55 (4), 450.08 (3), 455.06 (2), and 457.20 (5). The data gathered
12 shall be used to assist the department of workforce development in evaluating the
13 supply of, demand for, and turnover among health care providers in this state and
14 whether there are regional shortages of health care providers, shortages of health
15 care providers in any specialty areas, or impediments to entering a health care
16 provider profession in this state, and shall be used to assist the department of health
17 services in identifying health professional shortage areas in this state.

18 **(3) SURVEY RESULTS.** (a) The department, the dentistry examining board, the
19 medical examining board, the physical therapy examining board, the pharmacy
20 examining board, the psychology examining board, and the marriage and family
21 therapy, professional counseling, and social work examining board shall share the

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1 results of the survey with the department of health services and the department of
2 workforce development.

3 (b) Every 2 years, the department shall compile, process, and evaluate the
4 survey results and submit a report of its findings to the speaker of the assembly and
5 the president of the senate under s. 13.172 (3) and to the governor.

6 **SECTION 2.** 447.05 of the statutes is renumbered 447.05 (1).

7 **SECTION 3.** 447.05 (2) of the statutes is created to read:

8 447.05 (2) (a) The examining board shall require each applicant for the renewal
9 of a license as a dentist or dental hygienist, as a condition for renewing the license,
10 to complete and submit to the department with the application for renewal of the
11 license a workforce survey developed under s. 440.033 (2).

12 (b) The examining board may not renew a license of a dentist or dental
13 hygienist unless the renewal applicant has completed the workforce survey to the
14 satisfaction of the examining board. The examining board shall establish standards
15 to determine whether the survey has been completed.

16 **SECTION 4.** 448.07 (1m) of the statutes is created to read:

17 448.07 (1m) WORKFORCE SURVEY. (a) The board shall require each applicant for
18 the renewal of a license as a physician or physician assistant, as a condition for
19 renewing the license, to complete and submit to the department with the application
20 for renewal of the license a workforce survey developed under s. 440.033 (2).

21 (b) The board may not renew a license of a physician or physician assistant
22 unless the renewal applicant has completed the workforce survey to the satisfaction
23 of the board. The board shall establish standards to determine whether the survey
24 has been completed.

25 **SECTION 5.** 448.55 (4) of the statutes is created to read:

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1 448.55 **(4)** (a) The examining board shall require each applicant for the renewal
2 of a license as a physical therapist, as a condition for renewing the license, to
3 complete and submit to the department with the application for renewal of the
4 license a workforce survey developed under s. 440.033 (2).

5 (b) The examining board may not renew a license of a physical therapist unless
6 the renewal applicant has completed the workforce survey to the satisfaction of the
7 examining board. The examining board shall establish standards to determine
8 whether the survey has been completed.

9 **SECTION 6.** 450.08 (3) of the statutes is created to read:

10 450.08 **(3)** (a) The board shall require each applicant for the renewal of a license
11 as a pharmacist, as a condition for renewing the license, to complete and submit to
12 the department with the application for renewal of the license a workforce survey
13 developed under s. 440.033 (2).

14 (b) The board may not renew a license of a pharmacist unless the renewal
15 applicant has completed the workforce survey to the satisfaction of the board. The
16 board shall establish standards to determine whether the survey has been
17 completed.

18 **SECTION 7.** 455.06 of the statutes is renumbered 455.06 (1).

19 **SECTION 8.** 455.06 (2) of the statutes is created to read:

20 455.06 **(2)** (a) The examining board shall require each applicant for the renewal
21 of a license as a psychologist, as a condition for renewing the license, to complete and
22 submit to the department with the application for renewal of the license a workforce
23 survey developed under s. 440.033 (2).

24 (b) The examining board may not renew a license of a psychologist unless the
25 renewal applicant has completed the workforce survey to the satisfaction of the

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1 examining board. The examining board shall establish standards to determine
2 whether the survey has been completed.

3 **SECTION 9.** 457.20 (5) of the statutes is created to read:

4 457.20 (5) (a) The examining board shall require each applicant for the renewal
5 of a license as a clinical social worker, as a condition for renewing the license, to
6 complete and submit to the department with the application for renewal of the
7 license a workforce survey developed under s. 440.033 (2).

8 (b) The examining board may not renew a license of a clinical social worker
9 unless the renewal applicant has completed the workforce survey to the satisfaction
10 of the examining board. The examining board shall establish standards to determine
11 whether the survey has been completed.

12 (END)