

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703

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Website: http://dps.wi.gov

PSYCHOLOGY EXAMINING BOARD

EXPERIENCE VERIFICATION

Please complete this form and return it to the PSYCHOLOGY EXAMINING BOARD, P.O. BOX 8935, MADISON, WISCONSIN, 53708-8935. The application for licensure cannot be processed until this form is received.

APPLICANT NAME: _____

The above-named individual has applied for a license for the private practice of school psychology in the State of Wisconsin. One of the requirements is either one year of successful experience as a school psychologist under the supervision of a cooperating school psychologist and a written recommendation from the school system administration or one year of internship in school psychology under the supervision of a licensed school psychologist and a written recommendation from the school system administration. The internship shall occur after completion of most or all course work in a training program. The internship shall be part of an approved program and shall be taken for a maximum of 12 graduate semester credits.

Recognizing that you are legally and ethically responsible for the activities of the applicant during the period of time you were his/her supervisor, please use utmost care in being specific in the details you provide on the following form.

1. Name and address of agency where supervised experience was gained:

2. The applicant's title and position during the year of supervised psychological experience:

Title _____

Position _____

3. Beginning and ending dates of the supervised psychological experience:

Was the applicant working full-time?

4. Indicate type of experience gained:

_____ a. One year of successful experience

_____ b. One year of internship in school psychology

5. If "b," identify the University in which graduate credit was earned for the internship experience and indicate course numbers and credit awarded:

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6. Please describe the type and frequency (hours, etc.) of supervision provided by you:
7. If internship, please describe the type and frequency (hours, etc.) of supervision provided by University faculty:
8. Was the functioning of the applicant successful?
9. Based upon your overall experience with this applicant, do you personally attest to sufficient competence and professional judgment requisite to independent, unsupervised private practice of school psychology?
10. Do you have any reservations that would aid the Psychology Examining Board in evaluating this applicant's ability to pursue the private practice of school psychology? Please delineate.
11. Do you have any relationship with this applicant outside of the supervisory relationship?
Yes _____
No _____
- If yes, explain:
12. Did you provide this applicant with a written evaluation of his or her work?
Yes _____
No _____

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SUPERVISOR CREDENTIALS

NAME OF SUPERVISOR _____ DEGREE: _____
(Please print or type)

YOUR TITLE AT TIME APPLICANT WAS SUPERVISED: _____

ARE YOU LICENSED AS A PSYCHOLOGIST UNDER CH. 455, STATS.?

YES _____ NO _____ NUMBER OF YEARS _____

ARE YOU LICENSED FOR THE PRIVATE PRACTICE OF SCHOOL PSYCHOLOGY?

YES _____ NO _____ NUMBER OF YEARS _____

ARE YOU LICENSED AS A SCHOOL PSYCHOLOGIST BY DPI?

YES _____ NO _____ NUMBER OF YEARS _____

DPI LICENSE NUMBER _____ DATE OF LICENSURE _____

Signature

Title

Mailing Address

City, State, Zip

Phone Number

Date Signed