



# Ohio Board of Psychology

## **FORM A**

### **VERIFICATION OF ACCREDITED OR APPIC-MEMBER DOCTORAL INTERNSHIP**

To be completed by Director/Coordinator of Internship Training or Designee

Please print, complete this two-page form, sign and date, and submit it directly to the Ohio Board.

Fax to 614-728-7081 or email to [info@psy.ohio.gov](mailto:info@psy.ohio.gov)

Thank you for your assistance.

Please Print Clearly

Name of Intern/Applicant for Ohio Licensure: \_\_\_\_\_

Name of Internship Facility/Training Site: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Internship Director: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Internship Dates: \_\_\_\_\_ through \_\_\_\_\_ Total Internship Hours: \_\_\_\_\_

#### Internship Director Attestation

I hereby attest that the Ohio licensure applicant named above successfully completed the goals and objectives of this pre-doctoral internship program, and that the statements herein are true. The internship was during the intern's tenure:

- Accredited by the APA Commission on Accreditation
- A Member of the Association of Psychology Postdoctoral and Internship Centers (APPIC)
- Accredited by the CPA Accreditation Panel

Name of Psychology Intern/Ohio Licensure Applicant: \_\_\_\_\_ Page 2 of 2

**Internship Training Experiences and Competencies Attained**

Pursuant to OAC § 4732-9-01, psychological training supervision shall provide sequential and increasingly complex and independent experiences to assure an organized and planned development of: attitudes and identity as a professional psychologist; professional, ethical, and legal responsibilities; communication skills; critical judgment; and, competencies in the broad areas of interpersonal skills, psychological assessment, psychological interventions, and ethical decision making. Training experiences shall follow developmentally appropriate academic and technical preparation. Please write a final evaluation of intern's performance and recommendations for post-doctoral training and/or areas of independent practice and needs for additional professional development. Please feel free to attach a final evaluation in lieu of completing this section.

**Printed Name of Internship Director/Designee** \_\_\_\_\_

**License#** \_\_\_\_\_ **State/Province** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

Fax this completed, signed form to 614-728-7081 or email to [info@psy.ohio.gov](mailto:info@psy.ohio.gov)

Thank you.