



Ohio Board of Psychology

FORM D: VERIFICATION OF ACCREDITED OR APPIC-MEMBER POST-DOCTORAL TRAINING

To be completed by Director/Coordinator of Training and submitted Directly to the Board

Please print, complete this 2-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

Thank you for your assistance.

Name of Applicant for Ohio Licensure: _____

Name of Post-Doctoral Facility/Training Site: _____

Address: _____

Telephone: _____

Director of Training: _____ License Number/Jurisdiction: _____

Telephone number: _____

Email Address: _____

Training Dates: _____ through _____ Total Post-Doctoral Training Hours: _____

Post-Doctoral Director Attestation

I hereby attest that the Ohio licensure applicant named above successfully completed the goals and objectives of this post-doctoral training program, which was during the applicant'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: _____

Post-Doctoral 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.

Final training evaluation and recommendations for areas of independent practice and needs for additional professional development *(please feel free to attach an 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

Thank you.