Ohio Board of Psychology

<u>FORM E</u>: VERIFICATION OF POST-INTERNSHIP (INCLUDING POST-DOCTORAL) TRAINING
(For post-internship experiences other than APA-accredited or APPIC member postdoc fellowships)

To be completed by primary supervising psychologist

Please print, complete this 3-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.

<u>Please Print Clearly</u>

Name of Psychology Trainee/Applicant for Ohio Licensure: _____

Name of Post-Internship Facility/Training Site: _____

Address: _____

Telephone: _____

Primary Supervising Psychologist/Licensed School Psychologist: _____

License Number/Jurisdiction: _____

Telephone number: _____

Email Address: _____

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

FORM E: VERIFICATION OF POST-INTERNSHIP (INCLUDING POST-DOCTORAL) TRAINING (For post-internship experiences other than completed APA-accredited or APPIC member postdoctoral residencies)

Name of Psychology Trainee: _____

Verification of Post-Internship Requirements

Post-internship training (other than completed APA-accredited or APPIC member post-doctoral residencies), including abbreviated training experience in partial fulfillment of the 3,600 hour sequence, shall comply with OAC 4732-9-01(I)(2)(b) or (d) and shall be deemed satisfactory by the Ohio Board. Please complete the following:

1) The post-internship training occurs in a practice, agency, institution, or other setting which has among its functions the provision of psychological or school psychological services.	❍ YES ❍ NO
2) The post-internship training is a planned, structured, and programmed sequence of professionally supervised experiences during which: the primary training method is experiential (supervised psychological service delivery); the training includes socialization into the profession; and, the training is augmented by modalities such as mentoring, didactic exposure, role-modeling, and observational learning.	❍ YES ❍ NO
3) A clearly designated licensed psychologist or school psychologist at the placement site is directly responsible for the integrity and quality of the training experience, and specifies training objectives in terms of the competencies expected of those completing a training placement.	❍ YES ❍ NO
4) The training site has at least one licensed psychologist or school psychologist who serves as the primary supervisor of the trainee with an obvious presence in the agency, clear availability to the trainee's clients/patients, and responsibility for cases being supervised.	❍ YES ❍ NO
5) On average, no less than twenty-five per cent of the weekly placement time was scheduled as face-to-face patient/client contact. **Total hours of face-to-face psychological services to patients/clients**: _____	❍ YES ❍ NO
6) On average, weekly individual face-to-face supervision devoted to the trainee's cases shall be provided at a ratio of no less than one hour per twenty hours on site. **Average weekly hours of individual face-to-face supervision:** _____	❍ YES ❍ NO
7) A minimum of 75% of the individual face-to-face supervision was provided by a supervisor who was a licensed psychologist or school psychologist licensed by the psychology licensing board in the state, territory, the District of Columbia, or Canadian province in which the supervised experience occurred, or when the psychologist or school psychologist was practicing legally in the jurisdiction (e.g. a federal employee licensed in another jurisdiction).	❍ YES ❍ NO
8) No more than 25% of the individual face-to-face supervision was provided by licensed allied mental health professionals as deemed appropriate by the designated doctoral level psychologist or licensed school psychologist specified above in #3, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, a post-doctoral trainee eligible for licensure as a psychologist and conducting supervision under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist.	❍ YES ❍ NO
9) There was on average at least one additional hour per week in learning activities such as: additional face-to-face individual supervision; group supervision; case conferences or grand rounds; didactic consultations with psychologists, school psychologists, or other appropriate mental health professionals; guided professional readings; seminars; or, co-therapy with a licensed psychologist or school psychologist, or other appropriate professional. **List qualifying activities:** _____ _____	❍ YES ❍ NO
10) For psychological trainees employed as faculty members and others in post-internship academic and research settings, graduate-level teaching and research involving the professional practice of psychology in which client welfare is directly affected shall be acceptable under this rule if specified as part of a written training plan administered by a licensed psychologist or board licensed school psychologist supervisor and if in compliance with the following: *(a)* Research projects and the teaching of graduate courses shall relate to courses or investigations concerning the professional practice of psychology or school psychology; *(b)* The teaching and research shall be part of a planned and organized post-internship training experience under the supervision of a licensed psychologist or school psychologist; *(c)* The teaching and research shall not count as a substitute for the required direct client contact hours. ***If "YES" please enclose copies of research abstracts or protocols and/or syllabi/lesson plans of the trainee's graduate-level instruction for the Board's review.***	❍ YES ❍ NO ❍ N/A

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Name of Psychology Trainee: _____

Post-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.

① **List the candidate's specific psychological activities/experiences by estimated percentages during the training:**

Psychological Training Activity	%

② **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 Primary Supervising Psychologist: _____

License# _____ **State/Province** _____

Signature _____

Date: _____

Fax this completed, signed form to 614-728-7081 or email to info@psy.ohio.gov

Thank you.