

# Wisconsin Department of Safety and Professional Services

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## PSYCHOLOGY EXAMINING BOARD

### NATURE OF INTENDED PRACTICE OF PSYCHOLOGY

#### TO BE COMPLETED BY APPLICANT

Printed Name of Applicant:	Date:
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**INSTRUCTIONS:**

I have carefully read the instructions for psychology applicants (Form #615) before completing this form.

- 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"/>	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

**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):	
	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex
<b>Evaluation/Assessment/Diagnoses/Case Conceptualization</b>														
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"/>

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	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex	C	Ex		
<b>Intervention (treatment/therapy)</b>														
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	<b>CONSULTATION</b>
<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	<b>SUPERVISION/TEACHING</b>
<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	<b>RESEARCH/PROGRAM EVALUATION</b>
<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	<b>MANAGEMENT-ADMINISTRATION</b>
<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	<b>OTHER AREAS OF PRACTICE: Describe</b>
<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**