

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.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 successful completion of one academic year of experience or internship consisting of at least 1,200 hours in school psychology under the supervision of a school psychologist licensed by the Department of Public Instruction.

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? Yes No

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:

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12: Did you provide this applicant with a written evaluation of his or her work?

- Yes
- No

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(Please print or type)

Supervisor Credentials:

Name of Supervisor:

Degree:

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: (Print and Sign Form)

Title:

Mailing Address: (city, state, zip)

Phone Number: - -

Date Signed: / /