



**State of Tennessee
Department of Health
Board of Examiners in Psychology**

(Local) (615) 741-5735 or (Toll Free) (800) 778-4123 ext. 741-5735
<http://www.tn.gov/health/>

Psychologist Application

Dear Applicant:

This application packet is for those who are applying for a Psychologist license and includes the form for those applying for Health Service Provider (HSP) designation. The requirements for application are detailed in the Board Rules (<http://share.tn.gov/sos/rules/1180/1180-01.20140703.pdf>) and State licensure statutes (Title 63, Chapter 11 <http://tn.gov/health/article/psych-statutes>). Please read the instructions, statutes and rules carefully to ensure that your application is complete.

All documents submitted to the Board become part of your file and are not returnable or transferable. Your application will be reviewed for completeness and you will be notified when the review is completed. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you by mail.

Typically, application materials are in the applicant's file within two weeks of the postmarked date. Absent any complicating factors, the average application processing time is four to six weeks. The Board's administrative staff is dedicated to the professional management of all applicant files. If you would like to personally review your file, please call the board office and make an appointment.

Acceptability of licensure application is a Board decision, not an administrative staff decision. Please be aware that the review for completeness of your file does not indicate whether you are accepted as a candidate for licensure.

The Board meets regularly throughout the year and at these meetings the Board considers applications, written examination results, and HSP support materials for the purpose of licensure. The Division of Health Related Boards is empowered to issue licenses to those applicants deemed qualified by the Board of Examiners in Psychology. Licenses are generally issued within thirty days of the Board meeting.

Please understand that applicants and licensees have the responsibility to notify the board office whenever a change of name or mailing address occurs. Notification needs to be in writing. Please reference your profession and the board in your correspondence. A change of name request must be accompanied by the document that changed your name (i.e., marriage certificate, divorce decree, etc.).

Every effort will be made to keep you informed of your application's status and to process your application in a timely manner. Inquiries regarding your file will receive a response by mail.

To ensure timely receipt of materials, all information is to be addressed as follows:

Board of Examiners in Psychology
665 Mainstream Drive
Nashville, Tennessee 37243

Directions for Application for Licensure

- a) You are obligated to complete the application truthfully and completely. To ensure the accurate completion of these forms, it is recommended that you carefully read both the state law and the Board rules before completing this application. In particular, the Rules in 1180-02 provide information that might be helpful in completing your application.
- b) Identifying information is requested in **items 1 and 2** on the application form.
- c) For **items 3 through 5** please provide information about the license you are seeking. Please see the Rules in 1180-02-.02 for clarification of the terms used in these questions.
- d) **Items 6 through 22** are for providing demographic and historical information. **Item 10** All applicants need to complete the attached Declaration of Citizenship form and have it notarized.
- e) **Item 23** is for those applicants that have held a license or certificate to practice psychology in Tennessee or any other North American jurisdiction.
- f) For **item 24** you need to provide information about the three individuals whom you have asked to provide the board with letters of recommendation. Rule 1180-02-.03(6) details the credentials that are required for those who write your recommendation letters. Please review this rule before soliciting letters of recommendation.
- g) Information about your graduate training in Psychology is requested for **item 25**. See Rule 1180-02-.02 for details about the type of training required for the Psychologist license. If you attended more than one graduate program in psychology, use a separate page to provide information on other institutions.

The issue of designation or accreditation of the degree program only matters for the training program where you completed your doctoral degree or specialty retraining. Please check with the training program if you are unsure about whether your program was accredited by American Psychological Association's (APA) Committee on Accreditation or listed by Council for the National Register of Health Service Providers in Psychology/Association of State and Provincial Boards' (NR/ASPPB) "Designated Doctoral Programs in Psychology" at the time you graduated.

- h) If you are applying for the HSP Designation, you need to provide information about your internship for **item 26**. If you are **not** applying for this designation, do not complete this item. Rule 1180-02-.02 details the type of internship acceptable for HSP Designation. Please check with your internship if you are unsure about whether the internship was accredited by APA's Committee on Accreditation or a member Association of Psychology Postdoctoral and Internship Centers (APPIC).
- i) If you are applying for the HSP Designation and you have completed at least one year of post-doctoral supervised experience, you need to provide information about this experience in **item 27**. If you are not applying for this designation or have not yet completed the post-doctoral supervised experience, do not complete this item. Rule 1180-02-.02 details the requirements for this post-doctoral experience. If this postdoctoral year was completed at more than one setting, please use a separate page to provide information on other settings.
- j) You are asked to provide information about previous employment where you provided mental health services in **item 28**. You need not include paid or unpaid graduate training-related practicums or placements. If you had more than one mental health employment setting, please use a separate page to provide information on other settings.
- k) You need to provide two (2) recent signed passport type photographs. Passport photos are head-and-shoulders pictures. After signing the back of the photos, attach them to the space provided under **item 29**.
- l) You have now completed the general application for licensure. This application will need to be signed and notarized. Please be aware that depending on the type of application and your current status in another jurisdiction, you might need to complete additional forms.
- m) You need to request that the institution(s) of higher education submit the **transcript(s) of all graduate coursework** directly to the Board office. The transcript needs show the highest degree granted, coursework and credits and must carry the official seal of the institution. Unofficial transcripts are not acceptable.

If the transcript shows that you have completed the required course work but have not received your degree, you need to have the Registrar submit a letter attesting to the date upon which you will graduate, affixed with the seal of the institution. We will use the transcript and letter to complete our initial review of your application. Please remember that a final transcript showing your degree must be received before licensure can be granted.

Foreign trained applicants must send their transcripts to World Education Service, P.O. Box 745, Old Chelsea Station, New York, NY 10113-0745, (212) 966-6311 for assessment and their results must be mailed directly to the Board of Examiners in Psychology, 665 Mainstream Dr., Nashville, TN 37243. Supporting documents such as course descriptions, syllabi, and thesis or dissertation summaries must be supplied in order to determine equivalency of education training.

- n) Fees related to all licenses issued by this Board are detailed in Board Rule 1180-01-.03. Payment of the application fee (\$175), licensure fee (\$200), state regulatory fee (\$10), and ethics and jurisprudence exam fee (\$200) must accompany your application. Other fees might also need to be paid. **For example, those asking for a Temporary License must pay an additional \$100 and those requesting a Provisional License must pay an additional \$125.** Please consult Chapter 1180-01 of the Board's Rules in order to determine if you will need to pay any additional fee(s). A personal check or money order should be made payable to the "State of Tennessee." The application fee is non-refundable, however the other fees may be refunded if the application is withdrawn or denied. Please contact the Board administrator if you believe that any fees should be refunded to you. Refunds will take approximately eight weeks to process. You can submit one check to pay all necessary fees.
- o) The **written examination**, or EPPP, is a computer delivered 225-item test covering basic psychological science, professional application, ethics, and related considerations in psychology. Information concerning the exam can be obtained by writing to Association of State and Provincial Psychology Boards (ASPPB), P.O. Box 3079, Peachtree, Georgia 30269. Upon approval by the board to take the EPPP the applicant's name will be submitted to the ASPPB. Written authorization for testing will be sent to the applicant by ASPPB with instructions to contact the chosen testing provider and information regarding the exam fee. Information regarding the EPPP can be found in Rule 1180-02-.04.
- p) **Ethics and Jurisprudence examinations** will be scheduled by the Board administrator after it has been determined that you have passed the EPPP. The purpose of the exam is to test your knowledge of Tennessee law related to the practice of psychology, the code of ethics as it is represented in the Board's Rules, and current professional standards and guidelines promulgated by the state and national organizations of psychologists. Relevant materials and references to sources will be provided.
- q) **Temporary License Forms.** A careful reading of Rule 1180-02-.05 will help you determine if you need to apply for a Temporary License. If you are eligible and need this license, separate forms need to be completed by you and the person who will be supervising while you work under the Temporary License. Both forms need to be notarized. If you do not need a Temporary License, then do not submit this form.

When your file is administratively complete, reviewed by the Board and approved, your Temporary License will be issued. In the event an application is not approved, a refund of the Temporary License fee may be requested in writing. Allow 6-8 weeks for processing this refund.

- r) **Provisional License Forms.** A careful reading of Rule 1180-02-.06 will help you determine if you need to apply for a Provisional License. This license is required for anyone completing a post-internship, post-doctoral supervised year of experience in Tennessee. If you are eligible and need this license, separate forms need to be completed by you and the person who will be supervising you while you work under the Provisional License. Both forms need to be notarized and submitted with the Provisional License fee. If you do not need a Provisional License, then do not submit this form.

When your file is administratively complete, reviewed by the Board and approved, your Provisional License will be issued. You may begin working toward your 1900 post-doctoral supervised hours once you receive this Provisional License. In the event an application is not approved, a refund of the Provisional License fee may be requested in writing. Allow 6-8 weeks for processing this refund.

- s) **Licensure Endorsement Form.** Please provide each person writing a letter of recommendation with a copy of this form and ask that the completed form accompany the recommendation letter. **Rule 1180-02-.03 details the credentials of the individuals writing letters of recommendation.**

Be aware that it is essential that you request references from individuals who have personal knowledge of, and can attest to, your education, training and performance. All letters shall be current (attesting to current or recent work), original letters on professional letterhead written specifically for this licensure application and mailed directly to the Board by the person providing the information. Such letters are valid for one year from date of receipt. **Make certain that the psychologists writing your letters clearly indicate that they are endorsing you as a Psychologist or Psychologist with HSP designation.** They should also avoid using a letter already written for a job application. The Board may initiate inquiries if additional information is needed.

- t) The **Postdoctoral Supervised Experience Documentation Form**. This form provides the board with verification that your post-doctoral year of supervised experience has been completed and it should not be submitted to the board until you have finished the required 1900 hours. A careful reading of Rule 1180-02-.02 and 1180-02.03 should be helpful in understanding the requirements for this year of supervised experience. The form needs to be signed by your supervisor and it must be notarized. If you accumulated your 1900 hours at more than one location, please provide the information on a copy of this form.

Checklist

You send	You request others to send
___ Signed & notarized application	___ Official transcripts
___ Certified Original or Notarized Copy of Birth Certificate	___ 3 Recommendation Letters with Licensure Endorsement Forms
___ Declaration of Citizenship form	___ Verification of Licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive)
___ 2 signed passport photographs	___ Letter from Internship Director
___ Temporary License Application (if applicable)	___ Criminal Background Check
___ Temporary License. Supervisor Affidavit (if applicable)	http://www.tn.gov/health/topic/CBC-check
___ Provisional License Application (if applicable)	
___ Provisional License Supervisor Affidavit (if applicable)	
___ Completed Mandatory Practitioner Profile Questionnaire (mail with the application)	
http://tn.gov/assets/entities/health/attachments/PH-3585.pdf	
___ Postdoctoral Supervised Experience Documentation Form (if applicable)	
___ Check or money order for all applicable fees	



1410-001 - \$175.00
1410-001 - \$200.00
1410-006 - \$10.00
1410-001 - \$200.00
\$585.00

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

Temporary License
add \$100.00

Provisional License
add \$125.00

BOARD OF EXAMINERS IN PSYCHOLOGY
Psychologist Application

1. Name _____
Last First Middle Maiden

2. Full Mailing Address (This address will be published on license verification web page.)

3. Type of license sought (check one) _____ Psychologist
_____ Psychologist with Health Service Provider Designation

4. Are you apply for a Temporary license? _____ Yes _____ No

5. Are you applying for a Provisional license? _____ Yes _____ No

6. Social Security Number _____
You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

7. Date of Birth _____
Month / Day / Year

8. Sex _____ Male _____ Female (For statistical purposes only.)

9. Place of Birth _____
City or County State Country

10. U.S. Citizen: Yes _____ No _____
All Applicants must complete the attached Declaration of Citizenship form and have it notarized.

11. Telephone Numbers Home _____
Work _____
Fax _____

12. E-Mail Address _____
Do you wish to receive notifications, including renewal notification, from the Department of Health via email?
Yes _____ No _____

- | | Yes * | No |
|--|--------------|-----------|
| 13. Have you ever taken the Examination for Professional Practice in Psychology? | ___ | ___ |
| 14. Have you ever been denied a license or certificate to practice psychology? | ___ | ___ |
| 15. Have you ever had a license or certificate for the practice of any profession, including Psychology, revoked, suspended, placed on probation or restrictions, or received a letter of reprimand? | ___ | ___ |
| 16. Have you ever been convicted of a felony? | ___ | ___ |
| 17. Have you ever been convicted of drunkenness or violation of the narcotic laws? | ___ | ___ |
| 18. Have you ever been convicted for any offense involving moral turpitude? | ___ | ___ |
| 19. Have you ever been charged with an ethics violation by any professional or scientific society? | ___ | ___ |
| 20. Have you ever had your membership in any professional or scientific organization revoked or suspended for any reason other than non-payment of dues/ | ___ | ___ |
| 21. Have you ever had clinical or staff privileges revoked or suspended? | ___ | ___ |
| 22. Have you ever had professional liability insurance canceled? | ___ | ___ |

* On a separate sheet provide details relevant to any "yes response. Please note relevant dates.

23. If you hold, or have ever held, a license/certificate to practice psychology, please list.

State(s)	Level of Licensure	Specialty (If applicable.)	License Number	Date Issued	Active Yes/no

24. Recommendation letter writers

Full name	License #	Licensing Jurisdiction
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25. Graduate Training in Psychology

Department & program name _____

Program address _____

Degree received _____ Major Professor _____

Dates of attendance from _____ (month/year) to _____ (month/year)

During the time you attended this doctoral program was it	Yes	No
Accredited by APA's Committee on Accreditation?	___	___
Listed in the NR/ASPPB's Designated Doctoral Programs in Psychology?	___	___

26. Predoctoral Internship in Psychology

Internship name _____

Internship address _____

Internship Director's Name _____

Dates of attendance from _____ (month/year) to _____ (month/year)

During the time you attended this internship program was it	Yes	No
Accredited by APA's Committee on Accreditation?	___	___
A member of APPIC?	___	___

27. Postdoctoral Supervised Experience

Facility name _____

Type of facility _____

Facility address _____

Supervisor name _____ License # _____ Licensing Jurisdiction _____

Dates of post-doctoral experience _____ (month/year) to _____ (month/year)

Hours worked per week	_____
Number of face-to-face client contact hours per week.	_____
Number of face-to-face individual supervision hours per week	_____
Number of group supervision hours per week	_____

Describe types of clients served and psychological services delivered

28. Previous Mental Health Related Employment

Employer's name _____

Type of facility _____

Facility address _____

Your job title _____

Dates of employment _____(month/year) to _____(month/year)

Describe types of clients served and psychological services delivered

Supervisor's name & position _____

Supervisor's licensure status _____

29. Please attach signed passport style photograph in the space below.

"I authorize, whenever it may be deemed necessary by the Board of Examiners in Psychology, the obtaining of information concerning my candidacy from organizations such as the Committee on Scientific and Professional Ethics and Conduct of the American Psychological Association, the Executive Secretary of the American Psychological Association, and/or any other state psychological association, the officers of any board that grants diplomas, certificates or license in the field of psychology, the officers of any association of psychologists and the faculty of any college or university attended."

I, _____, solemnly swear that the statements on this application are true and correct. In signing this affidavit, I am aware that Chapter 9, Public Acts of 1947, provides that a person filing a forged affidavit of identification is subject to punishment prescribed by law for the crime of forgery.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____,

in _____, _____
City State

Notary My commission expires _____



State of Tennessee
Department of Health
Board of Examiners in Psychology

Temporary Psychologist License Application
Supervisor Affidavit

The Temporary License will allow the applicant to perform the functions specified in T.C.A. § 63-11-203 only under qualified supervision. Statutory requirements for a Temporary License can be found in T.C.A. § 63-11-206 and detailed in section 1180-03-.05 of the Board Rules. Applicants for this license need to supply to the Board a completed, notarized application, a notarized Supervisor Affidavit, and required fees. If granted the Temporary License is valid for one year.

_____ has applied for a Temporary Psychology license. I will have the responsibility for direct supervision of psychological services delivered by the above named applicant during the tenure of his/her Temporary License in accordance with Standards of Supervision in the current Board Rules.

The applicant will provide psychological services at the following locations:

Describe the types of clients that will be seen and services that will be provided.

Signature of Supervisor

Print Name of Supervisor

Tennessee License Number

NOTE: No Temporary License will be issued until this form is completed and received in the Board office. Should the applicant's Temporary License expire, both the supervisor and the applicant will be notified by the Board within ten (10) days.

Area of Competency/Health Services Provider

Subscribed and sworn before me this _____ day of _____,

in _____, _____
City State

Notary

My commission expires _____



**State of Tennessee
Department of Health
Board of Examiners in Psychology**

Provisional Psychologist License Application

The Provisional License will allow the applicant to perform the functions specified in T.C.A. § 63-11-203 only under qualified supervision. Statutory requirements for a Provisional License can be found in T.C.A. § 63-11-206 and detailed in section 1180-02-.06 of the Board Rules. Applicants for this license need to supply to the Board a completed, notarized application, a notarized Supervisor Affidavit, and required fees. If granted the Provisional License is valid for one year.

1. Name _____
Last First Middle Maiden

2. Social Security Number _____
You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

The applicant will provide psychological services at the following location.

Describe the types of clients that will be seen and services that will be provided.

I, _____ solemnly swear that the statements on this Provisional License application are true and correct. In signing this affidavit, I am aware that Chapter 9, Public Acts of 1947, provides that a person filing a forged affidavit of identification is subject to punishment prescribed by law for the crime of forgery.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____,

in _____, _____
City State

Notary My commission expires _____

**State of Tennessee
Department of Health
Board of Examiners in Psychology**

**Provisional Psychologist License Application
Supervisor Affidavit**

The Provisional License will allow the applicant to perform the functions specified in T.C.A. § 63-11-203 only under qualified supervision. Statutory requirements for a Provisional License can be found in T.C.A. § 63-11-206 and detailed in section 1180-02-.06 of the Board Rules. Applicants for this license need to supply to the Board a completed, notarized application, a notarized Supervisor Affidavit, and required fees. If granted the Provisional License is valid for one year.

_____ has applied for a Provisional Psychology License. I will have the responsibility for direct supervision of psychological services delivered by the above named applicant during the tenure of this Provisional License in accordance with Standards of Supervision in the current Board Rules.

The applicant will provide psychological services at the following locations.

Describe the types of clients that will be seen and services that will be provided.

Signature of Supervisor

NOTE: No Provisional License will be issued until this form is completed and received in the Board office. Should the applicant's Provisional License expire, both the supervisor and the applicant will be notified by the Board within ten (10) days.

Print Name of Supervisor

Tennessee License Number

Area of Competency/Health Services Provider

Subscribed and sworn before me this _____ day of _____, _____

in _____, _____
City State

Notary

My commission expires _____



**State of Tennessee
Board of Examiners in Psychology
Verification of Licensure
Certification from Other State Boards**

I am applying for a Tennessee Psychology License. I was granted license # _____ on _____ (date) by the State of _____. The Tennessee State Board of Examiners in Psychology requests that I submit evidence that my license in the State of _____ is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee State Board of Examiners in Psychology. Your early attention is appreciated.

Applicant's Signature _____
Applicant's Name _____ License # _____

Please complete and return form to: **Board of Examiners in Psychology**
665 Mainstream Dr.
Nashville, TN 37243

Licensed by _____ EPPP _____ State exam _____ Reciprocity _____ other (Please explain.)

If licensed by EPPP examination, please provide the following information

Raw score	_____	Percentile	_____	National mean	_____
Percent score	_____	Exam Date	_____	Standard deviation	_____

If licensed, is license current? _____ Yes _____ No
If **no**, please explain. _____

If licensed, does the individual's file contain any derogatory Information? _____ Yes _____ No
If **yes**, please explain. _____

Is there any other information pertinent to this license? _____ Yes _____ No
If **yes**, please explain. _____

(Seal)

State Board

Authorized Signature

Title

Date



**State of Tennessee
Board of Examiners in Psychology
Postdoctoral Supervised Experience
Documentation Form**

1. Applicant Name _____
Last First Middle Maiden

2. Social Security # _____
You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

3. TN Provisional License # _____ Date Issued _____

4. Other Psychology License _____ State Issued _____
Date Issued _____ Current? Yes No

5. List the name and address of the facility where you provided psychological services during the postdoctoral supervised experience.

5. What type of facility was this? (e.g., Community Mental Health Center, Hospital, etc.).

6. Provide a description of the types of clients seen and services provided during the postdoctoral supervised experience.

7. What was your title? _____

8. Month and year experience started _____ completed _____

9. What was the average number of hours per week that you worked? _____

10. What was the number of hours of direct, individual face-to-face supervision per week? _____

11. Name and Degree of Supervisor _____
 License number _____ State of License _____
 Supervisor's Title _____
 Is Supervisor licensed as a Health Service Provider? Yes No
 If not, what was the Supervisor's license designation? _____
12. What was the total number of postdoctoral supervised hours completed? _____
13. What was the total number of hours of supervision? _____

I hereby attest that all the above information is true and correct to the best of my knowledge.

 Signature of Supervisor Date

 Print Name of Applicant Date

Subscribed and sworn before me this _____ day of _____,

in _____, _____
 City State

 Notary My commission expires _____

VERIFICATION OF PRE-DOCTORAL INTERNSHIP

If you are applying for licensure as a psychologist with designation as a Health Service Provider, you must have successfully completed an Internship. Please complete the top portion of this form and have the director of your internship complete the verification portion and mail it directly to the Board. This form is considered part of your application; therefore, your file will not be reviewed if you are applying for licensure as a psychologist with Health Service Provider designation until this form is in your file. A notarized copy of a signed serialized certificate of completion of an APA approved predoctoral internship in professional psychology may be sent in lieu of the Internship Director Verification form.

.....

I am applying for a license to practice as a psychologist in Tennessee. The Tennessee Board of Examiners in Psychology requires that I submit evidence of successful completion of an internship. Please complete the form and return it to:

Board of Examiners in Psychology
665 Mainstream Drive
Nashville, TN 37243

You are hereby authorized to release any information, favorable or otherwise, directly to the Tennessee Board of Examiners in Psychology. Your prompt attention will be appreciated.

Signature: _____

Print or type name: _____

Credentials of Director (to be completed by director)

This is to certify that I was the training director of the internship for _____
(applicant's name)

and the following information is true and complete to the best of my knowledge.

Your name: _____
(Signature)

Print or type name: _____

Office Address: _____

Your highest degree: _____

Are you licensed as a psychologist? Yes _____ No _____

State(s) and license number(s): _____

What specialty designation if any? _____

Are you in the National Register of Health Service Providers in Psychology? Yes _____ No _____

Are you a fellow/diplomat of ABPP? Yes _____ No _____

If yes, specialty: _____

What is your title within your organization? _____

Internship Information:

Person supervised: _____

Title and location of Internship: _____

APA approved: Yes _____ No _____

Listed in the Directory of Internships for Doctoral Students in School Psychology (until December 31, 1999).
Yes _____ No _____

APPIC listed: Yes _____ No _____

Number of Internship hours: _____

Date Internship began: _____ Date Internship ended: _____

I certify that _____ successfully
(Name of Candidate)

completed this Internship on : _____
(Date)

PLEASE SIGN NEXT PAGE

Signature

Title

If the internship described was APA approved or APPIC listed STOP HERE and return this entire form to the Board of Examiners in Psychology. If the internship was **NOT** APA approved or APPIC listed, please fill out the following additional information:

:

How many hours (per week) were spent in regularly scheduled, formal face-to-face individual supervision with a psychologist, dealing with the psychological services rendered by the intern? _____

What percentage of the total Internship hours does this represent? _____

Was the Internship training post-clerkship and post-practicum? Yes _____ No _____

How many Interns were present during the trainee's training period? _____

Is there a written statement or brochure describing the goals and content of the Internship and expectations regarding the trainee's work available to intern applicant? Yes _____ No _____

If there is such a statement or brochure, please include it with this form.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

Name: _____
Last First Middle Maiden

Mailing Address: _____

Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____

I am a United States Citizen: ___Yes ___No

Applicants Claiming United States Citizenship **MUST** provide one of the following:

1. Tennessee Driver's License, or photo ID issued by Department of Homeland Security.
2. A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Homeland Security criteria.
3. An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
4. A federally issued birth certificate.
5. A valid, unexpired U.S. passport.
6. A report of birth abroad of a U.S. citizen.
7. A certificate of citizenship.
8. A certificate of naturalization.
9. A U.S. citizen ID card.
10. Any successor document to #'s 4-9 above.
11. SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

If you checked "No" please indicate from the list below which category applies to you:

_____ Permanent Residents

_____ A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

_____ Foreign nationals not present in the United States seeking the issuance or renewal of a professional license.

_____ Asylees who meet the qualifications set out in 8 U.S.C. 1158

- _____ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- _____ Persons who have been “paroled into the United States,” under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- _____ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- _____ Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7)
- _____ An alien who has been “battered” or subjected to “extreme cruelty” by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims’ children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status**, please submit one or more of the following forms of “documentation of identity and immigration status” as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or “Green Card”)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status– “student visa”)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20__.

Signature

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee’s False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee’s False Claims Act. Upon discovery of an applicant’s false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.