



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
www.tn.gov/health**

**Tennessee Board of Examiners in Psychology
(800) 778-4123, ext. 741-5735 or (615) 741-5735**

**APPLICATION INSRUCTIONS FOR CERTIFICATION AS A PSYCHOLOGICAL TESTING
TECHNICIAN**

ALL APPLICATION AND STATE REGULATORY FEES ARE NON-REFUNDABLE

1. Complete and mail application pages one through five to 665 Mainstream Dr., Nashville, TN 37243.
2. The application form shall be accompanied by a check or money order in an appropriate amount (\$335.00) payable to "State of Tennessee". Applications will not be processed without applicable payment.
3. Submit a clear and recognizable recently taken bust photograph of yourself that shows the full head, face forward from at least the shoulders up. Attach the photograph to application page 1 and sign the front of the photograph.
4. Submit a copy of legal proof of U.S. Citizenship or legal authorization to work in the U.S.
5. All applicants must complete, sign and have notarized the Declaration of Citizenship form. This form is available online at: <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>. A copy of all documents provided to the notary, based on the instructions of this form, must be submitted.
6. Request three (3) letters of recommendation as evidence of good moral character and of not being engaged in unethical practice and who have personal knowledge to your education, training, and performance. One (1) of the three (3) letters must be from a licensed Psychologist or licensed Senior Psychological Examiner who oversaw your required training hours for administering and scoring tests. All letters must be on official letterhead, dated within the last twelve (12) months, and attest to your good moral character and professional ethics. The letters must be submitted by the author of the letter to the Boards mailing address above or e-mail address at Unit1HRB.Health@tn.gov.
7. Request that the applicable institution(s) of higher education submit your official undergraduate and graduate transcript directly to the Board's Administrative Office. Our office will accept official transcripts by mail or e-mail. We will not accept transcripts submitted by the applicant or transcripts issued to the applicant.
8. Complete and submit the Completed Training Verification form (Attachment 1). This form must show completion of at least sixty (60) hours of education and training in total.
9. Complete and submit proof of at least twelve (12) hours of additional education and topics related to best practices for the functions identified in TCA 63-11-207(c)(2). This proof shall be provided by one or more of the following: a) submission of a Completed Educational Hours Proof form (Attachment 2), b)

applicable completion certificates awarding credit for continuing education, and/or c) an official graduate transcript submitted directly to the Board's Office from the institution by mail or e-mail.

Graduate-level coursework must be at a regionally accredited university, college, or professional school relating to psychology, or education with a specialization in educational psychology, counseling psychology, or school psychology. *You may be currently enrolled and completing the coursework at the time of application.*

10. All applicants must complete a criminal background check through IdentGO. Instructions are available online at: <http://tn.gov/health/article/CBC-instructions>. When registering use the applicable OCA code: 1430.
11. Request primary source license and/or certificate verification(s) for any jurisdiction you have ever been licensed or certified through as a testing technician or its equivalent, regardless of current status.
12. Complete and submit the Educational Attestation form (Attachment 3).
13. Complete and submit the Affidavit of Supervisor Verification form (Attachment 4).

UNDERSTANDING THE APPLICATION PROCESS

1. **All application and state regulatory fees are non-refundable. Accordingly, please familiarize yourself with the laws, rules and requirements for certification prior to submitting your application.** The requirements for application are supported by TCA 63-11 and Rule Chapter 1180 found here online: <https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board/statutes-and-rules.html>
2. The application and fees must be sent to:
**Tennessee Board of Examiners in Psychology
665 Mainstream Drive
Nashville, TN 37243 (37228 for courier service only)**

Supporting required documents may be e-mailed to Unit1HRB.Health@tn.gov.
3. Communication from the Board's Office will be through e-mail. Please provide a legible e-mail address within the application. If an e-mail address is unavailable, communication will be sent via certified mail. Once you receive correspondence from the Board's Office, you will be prompted to create a login account with the Department's communication platform, Zendesk (if you have not already created one). Failure to create an account, when prompted, may delay your application processing and receipt of your initial approval letter.
4. Allow fourteen (14) business days for information mailed to our office to be received and placed in your file. Federal express or special courier services will not appreciably reduce the processing time. Additionally, if Federal express or special courier services are used, you will be responsible for the charges incurred.
5. Our office will make every effort to provide all applicants with an update within two (2) weeks of the Board's Office receiving your application. Graduation seasons may increase this timeline. You must provide written authorization for us to communicate with others regarding the process of your application.
6. All applicants will receive at least two (2) deficiency notices regarding missing documentation and/or an update on the status of their application. All required documents must be received in our office within sixty (60) days from the date of your initial deficiency notice. Applicants should make all requests for required documents by other entities prior to submitting their application to ensure timely file completion. Application files not completed within sixty (60) days will be closed. All application and state regulatory fees are considered non-refundable.
7. Absent any complicating factors, the average processing time is six (6) to eight (8) weeks. Once the application file is complete, your complete file will receive a final review, and an initial determination made. You will be notified by e-mail, if available, regarding the initial determination. Applicants approved for certification will receive a right to work letter and may begin practicing while waiting to be considered for ratification by the full Board at their next meeting.

8. All applicants should create an account at lars.tn.gov after you receive your initial deficiency notice. Once you are certified, you will use this account to manage your certificate (e.g. renewal, address changes and name changes).
9. If an address change occurs at any time during the application process, you **must** notify the Board's Office, at Unit1HRB.Health@tn.gov. Failure to change your address may delay receipt of your certification certificate(s). You are required by statute to notify the Department of an address change within thirty (30) days of any such change.
10. All Certified Psychological Testing Technicians must practice under appropriate supervision. Certificate holders and Supervisors must notify the Board's Office within thirty (30) days of a change in supervision. Failure to notify the Board of a change in supervision could result in disciplinary action for the certified psychological testing technician and/or supervisor. Notification should be sent to the Board's Office at Unit1HRB.Health@tn.gov by supplying a completed Affidavit of Supervisor form (Attachment 4).
11. It is strongly recommended that you do not make arrangements to accept employment as a certified psychological testing technician in Tennessee until you are granted a certificate number by the Board. Requests to expedite licensure cannot be honored to ensure efficiency and fairness to all applicants.
12. All documents which are provided to the Board's Office becomes part of the public record and must be released pursuant to a public records request.

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CHECKLIST

SENT BY YOU:

- _____ Application signed and dated
- _____ One (1) recent passport sized photograph (front signed)
- _____ Fee for application \$175.00 (non-refundable)
- _____ Fee for initial certificate \$150.00
- _____ State Regulatory Fee \$10.00 (non-refundable)
- _____ Completed Training Verification Form (60 hours) – Attachment 1
- _____ Completed Educational Hours Proof (12 hours) – (Attachment 2, CE certificates, and/or graduate coursework)
- _____ Educational Attestation Form – Attachment 3
- _____ Affidavit of Supervisor Verification form (completed and notarized) – Attachment 4
- _____ Notarized Declaration of Citizenship form:
<https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>.
- _____ Proof of citizenship/legal right to work in the U.S. (e.g. U.S. birth certificate copy, U.S. passport copy, I-94 & foreign passport copy)
- _____ Criminal Background Check Completed. The instructions can be found online here:
<https://www.tn.gov/health/health-professionals/criminal-background-check/cbc-instructions.html>.

REQUESTED BY YOU:

- _____ Transcripts requested must:
 1. Be submitted directly from institution to the Board's office.
 2. Show degree earned, coursework, and credits.
 3. Have official seal of the institution.
 4. This application requires submission of your undergraduate transcript. You will submit your graduate level transcript only if you are using that coursework as completion of additional education hours. *You may be currently enrolled and completing the coursework at the time of application.*
- _____ Three letters of recommendation. Recommendation letters must comply with the following:
 1. Dated within the last twelve (12) months.
 2. Original letters, attesting to your education, training, and performance.
 3. Include a statement specifying certification as a CPTT is being recommendation.
 4. Attest to your good moral character and professional ethics.
 5. On official letterhead of the author, which may include their contact information and licensure credentials.
 6. One (1) letter must be from a licensed Psychologist with HSP designation or a licensed Senior Psychological Examiner. The individual must have overseen your required training hours for administering and scoring tests.
 7. Letters must be sent directly to the Board's office by the author by email at Unit1HRB.Health@tn.gov or by mail:
Board of Examiners in Psychology
665 Mainstream Drive
Nashville, TN 37243
- _____ Official Licensure/Certification Verification from any state in which you have ever held a license/certificate be sent directly to the Board's Office by email at Unit1HRB.Health@tn.gov.

ATTACH

PHOTO

FOR OFFICE USE ONLY

1430-000- \$175.00

1430-001- \$150.00

1430-006- \$10.00

Total: \$335.00



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APPLICATION FOR CERTIFICATION AS A PSYCHOLOGICAL TESTING TECHNICIAN

PERSONAL INFORMATION

Name as it will appear on certificate: _____
(First) (Middle) (Last)

Have you been known by any other names? Y N If yes, list names: _____

Date of Birth: Mo. _____ Day _____ Yr. _____ Social Security Number: _____ - _____ - _____

Are you a U.S. Citizen? Y N Gender: M F Race: _____

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? Y N (If yes, please provide a copy of DD214.)

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? Y N (If yes, please provide proof.)

Present Mailing Address: _____ Home Phone: (_____) _____ - _____
_____ Work Phone: (_____) _____ - _____
_____ Email address: _____

Do you wish to receive notification(s), including renewal notification, from the Department of Health via email? Y N

Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office, aside from your licensure certificates which are mailed.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of this page if you need additional space.

| From: | To: | Educational Institution | City, State | Degree Earned | Date Graduated |
|-------|-------|-------------------------|-------------|---------------|----------------|
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |
| _____ | _____ | _____ | _____ | _____ | ____/____/____ |

Have you ever been employed in a healthcare field? YES NO

If "yes", please complete your last ten (10) years of healthcare employment history starting with the most current position first. Use the back of this page if you need additional space. Dates of employment must be included. Please provide a written explanation for any gaps in healthcare employment.

| Company/Employer: | City, State: | Position | Duties: | From: | To: |
|-------------------|--------------|----------|---------|----------------|----------------|
| _____ | _____ | _____ | _____ | ____/____/____ | ____/____/____ |
| _____ | _____ | _____ | _____ | ____/____/____ | ____/____/____ |
| _____ | _____ | _____ | _____ | ____/____/____ | ____/____/____ |
| _____ | _____ | _____ | _____ | ____/____/____ | ____/____/____ |
| _____ | _____ | _____ | _____ | ____/____/____ | ____/____/____ |

CERTIFICATION AND LICENSURE INFORMATION

Have you ever been licensed/certified to practice as a psychological testing technician in Tennessee or another state? YES NO

Are you or have you ever been licensed/certified in any other profession? YES NO

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified. Use the back of this page if you need additional space.

| STATE | PROFESSION | NUMBER | CURRENT STATUS |
|-------|------------|--------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

COMPETENCY INFORMATION

Please answer the following questions. If you answer “yes” to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. In support of your explanation, you must provide copies of final documents or orders from the issuing states, courts, and/or agencies.

For the purposes of these questions, the following phrases or words have the following meanings:

1. “Ability to practice your profession” is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned professional judgments, to learn, and keep abreast of professional developments; and
 - b. The ability to communicate those judgments and professional information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform professional tasks and procedures required of your profession, without the use of aids or devices, such as corrective lenses or hearing aids.
2. “Medical Condition” includes physiological, mental, or psychological conditions including, but not limited to orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. “Minor Traffic Offense” generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. “Chemical substances” is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
5. “Currently” does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
6. “Illegal use of illicit or controlled substances” means the use of substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

This part left blank intentionally.

COMPETENCY QUESTIONS

YES NO

(1) Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated because of ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? _____ _____

(2) Do you currently use any chemical substances within any way impair or limit your ability practice your profession with reasonable skill and safety? _____ _____

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]

(3) At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances? _____ _____

(4) Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances? _____ _____

(5) Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? _____ _____

(6) Have ever held or applied for a license or certificate to practice as a psychological testing technician in any state, country, or province, that had been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____ _____

(7) Do you have a pending complaint, allegation, or investigation pending in any regulatory jurisdiction in the United States or in another country for unprofessional conduct? _____ _____

(8) Have you ever held staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action? _____ _____

(9) Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, otherwise disciplined, or voluntarily under threat of investigation or disciplinary action? _____ _____

(10) Have you ever been convicted (including a "nolo contendere" plea or guilty plea) of a felony or a misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? _____ _____

(11) Have you ever been rejected or censured by a professional association? _____ _____

(12) In relation to the performance of your professional services in any profession:
 a. Have you ever had a final judgment rendered against you; _____ _____

b. Have you ever had settlement of any legal action rendered against you; or _____ _____

c. Are there any legal actions pending against you or to which you are a party? _____ _____

(13) Have ever held a license or certificate in any health care profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____ _____

(14) My name has been placed on the registry of persons who have abused, neglected, or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state). _____ _____

APPLICANT: FILL OUT THE FOLLOWING RELEASE AND SIGN

I, _____, of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application, solemnly swear or affirm 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. I further swear or affirm, that I have read the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (<https://www.apa.org/ethics/code>) and acknowledge that this is the ethical code in which Certified Psychological Testing Technicians in the State of Tennessee are governed by.

I hereby attest that I have read Title 63, Professions Of The Healing Arts, Chapter 11 Psychologists, Part 2 General Provisions, Tenn. Code Ann. § 63-11-201 through Tenn. Code Ann. § 63-11-226 (<http://www.lexisnexis.com/hottopics/tncode/>) and the General Rules & Regulations Governing the Practice of Certified Psychological Testing Technicians Rule 1180-01 and 1180-06 (<http://publications.tnsosfiles.com/rules/1180/1180.htm>).

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Certified Psychological Testing Technician in the State of Tennessee.

AUTHORIZE the Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and other qualifications.

RELEASE from liability the Board, its staff and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications and for resolving any doubts about such qualifications.

AUTHORIZE release, use of disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

UNDERSTANDING CERTIFICATION REQUIREMENTS

This section is intended to help explain how you will maintain your state certification after your application is complete and your certificate is granted.

Rules and Regulations

As a Tennessee Certified Psychological Testing Technician, you should stay apprised of current laws, rules and policies which regulate your professional certificate. You can access this information from the Board's website at this link: <https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board.html>.

Renewal

Your first certification cycle will not be an exact two years. Upon being issued a certificate, your expiration date will be determined based on the current calendar date and its alignment with the month you were born and whether you were born in an even or odd year. For example, if you were born in March 1990, you will be due to renew your certificate every even year in the month of March.

Your expiration date will be printed on your renewal certificate. Your renewal application will open ninety (90) days prior to your expiration date. If you renew within those ninety (90) days, then you only pay the current renewal fee and the state regulatory fee. If you renew within sixty (60) days after your expiration date, you must pay an additional late renewal fee. If you fail to renew, you must reinstate your certification by completing the Board's reinstatement application available here: <https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board/psych-board/applications.html>.

All certificate holders can renew their certificate online through their LARS account at lars.tn.gov after their renewal application is open. If you opted in for electronic notifications, on your initial application, then you will receive your "It's time to Renew" notice by email. If you opted out, then you will receive your "It's time to Renew" notice by mail. Your e-mail address and mailing address must be current with our office. Failure to receive such renewal notice does not relieve the certificate holder from the responsibility of meeting all requirements for renewal prior to the expiration date.

Continuing Education

All certificate holders must complete continuing education requirements as directed by their supervisor.

Updating your address

All certificate holders are required by law to notify the Board's office of a new address within thirty (30) days of a change of address. Proper notification can be given by completing the Change of Address application in your LARS account at lars.tn.gov OR by emailing the Board's office at Unit1HRB.Health@tn.gov with this completed form: <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3619.pdf>.

Changing your name

All certificate holders are required by law to notify the Board's office of a name change within thirty (30) days of a change. Proper notification can be given by completing the Name Change application in your LARS account at lars.tn.gov OR by emailing the Board's office at Unit1HRB.Health@tn.gov with this completed form and supporting documentation: <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3619.pdf>.

Updating your supervisor

All Certified Psychological Testing Technicians must practice under appropriate supervision. Certificate holders and Supervisors must notify the Board's Office within thirty (30) days of a change in supervision. Failure to notify the Board of a change in supervision could result in disciplinary action for the Certified Psychological Testing Technician and/or supervisor. Notification should be sent to the Board's Office at Unit1HRB.Health@tn.gov by supplying a completed Affidavit of Supervisor Verification form (Attachment 4) found on the Board's website.

COMPLETED EDUCATIONAL HOURS PROOF

This form accompanies the application for Certification as a Certified Psychological Testing Technician. This form is to assist the Board of Examiners in Psychology in the evaluation of your additional education.

1. This form should be provided to your direct supervisor responsible for your individual and/or group instruction and/or independent learning. If you did not complete the required additional twelve (12) hours of education in this manner, then this form is not required of you.
2. Your supervisor must hold a Psychologist or Senior Psychological Examiners Tennessee license.
3. This completed and notarized form may be submitted by the applicant or by the supervisor. This form may be e-mailed directly to Unit1HRB.Health@tn.gov or submitted with the application.

Name of Applicant: _____
(First) (M.I.) (Last)

A.

1. INDEPENDENT OR GROUP SUPERVISION

TOTAL HOURS: _____

and/or

2. INDEPENDENT LEARNING

TOTAL HOURS: _____

B. **These hours included the following topics:** *(circle all that apply)* law & ethics, multi-cultural competency and/or skill-based training.

Supervisor's Name: _____
(First) (Last)

TN Psychologist or SPE License #: _____ **HSP:** ___ YES ___ NO

I certify that the information on this form is true and correct.

Supervisor's Signature

Date

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

Notary Public

(Affix Seal Here)

My Commission Expires:

EDUCATIONAL ATTESTATION

This form is to assist you and the Board of Examiners in Psychology in the evaluation of your education to determine whether your academic preparation meets the requirements for certification as a Certified Psychological Testing Technician in Tennessee. This form must be submitted at the time your application for certification as a Certified Psychological Testing Technician is submitted.

Certification as a Certified Psychological Testing Technician requires twelve (12) hours of additional education. Of the twelve (12) hours, three (3) must include instruction on law and ethics, three (3) must include instruction on multicultural competency and six (6) hours of skill-based training. **The twelve (12) hours of additional education may be obtained through one or more of the following options, check all that apply:**

- a. _____ **Graduate coursework in Educational Psychology, Counseling Psychology or School Psychology.** Request your official graduate transcript be sent to the Board's office directly from the school to Unit1HRB.Health@tn.gov or 665 Mainstream Drive, Nashville, TN 37243. *You may be enrolled and completing this coursework at the time of application.*
- b. _____ **Independent or group supervision by a psychologist or Senior Psychological Examiner.** Submit a Completed Educational Hours Proof form (Attachment 2).
- c. _____ **Independent learning by a psychologist or Senior Psychological Examiner.** Submit a Completed Educational Hours Proof form (Attachment 2).
- d. _____ **Proof of completion certificates for continuing education.** Submit copies of certificates awarding you continuing education credits.

I attest that I have checked above which pathway(s) I utilized to complete the required additional hours of education.

Applicant Signature

Date

Applicant Printed Name

AFFIDAVIT OF SUPERVISOR VERIFICATION

Certified Psychological Testing Technicians (CPTT's) may only provide services under the supervision of their supervisor(s) of record with the Board. It is the responsibility of the CPTT and Supervisor to notify the Boards office of changes in supervision within thirty (30) days of a change (Rule 1180-06-.01(4)). Pursuant to TCA § 63-11-207(c)(2), only Tennessee licensed Psychologists or Tennessee licensed Senior Psychological Examiners are permitted to supervise CPTT's.

Name of Psychological Testing Technician: _____
(First Name) (M.I.) (Last Name)

Tennessee Certificate Number of Psychological Testing Technician (if certified): _____

I will have the responsibility of the direct supervision of the certified psychological testing services delivered by the above-named applicant/certificate holder.

Signature of Supervisor

Tennessee License Number

Name of Supervisor (Please Print)

Failure to notify the Board of a change in supervision could result in disciplinary action for the Certified Psychological Testing Technicians and/or supervisor(s).

I certify that the information on this form is true and correct.

Supervisor's Signature

Date

Supervisee's Signature

Date

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

Notary Public

(Affix Seal Here)

My Commission Expires: _____