TN Department of Health

ATTACHMENT 1

COMPLETED TRAINING VERIFICATION

Pursuant to TCA § 63-11-207(c)(4), applicants for certification as a Certified Psychological Testing Technician must have completed seventy-two (72) hours of total education and training relating to psychological or neuropsychological test administration and scoring. This form should be provided to your direct supervisor for completion. If you had multiple supervisors, provide a different form for each supervisor and each supervisor should only attest to the hours in which they provided supervision. **Submission of the training verification form(s) should account for a total of sixty (60) hours of direct observation.**

1. At least twenty (20) hours of direct observation training relating to psychological or neuropsychological test administration and scoring.
   a. At least ten (10) direct observation hours must be from a licensed Psychologist or licensed Senior Psychological Examiner.
   b. The other ten (10) hours may be from a licensed Psychologist or licensed Senior Psychological Examiner, or a Certified Psychological Testing Technician.
2. Forty (40) hours of administering and scoring tests must be with the presence of a licensed Psychologist or licensed Senior Psychological Examiner.
3. The completed and notarized form may be submitted by the applicant at the time of application.

APPLICANT NAME: _____
(First) *(M.I.)* *(Last)*

____I attest that I have **directly observed**, for_____ hours, the above-named applicant in administering and scoring tests; and/or

____I attest that **in my presence**, the applicant has completed _____ additional hours of administering and scoring tests.

SUPERVISOR'S NAME: _____ HSP: _____ YES _____ NO

Tennessee Psychologist or Senior Psychological Examiner License #: _____

OR

Tennessee Certified Psychological Testing Technician Certificate #: _____

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: