**Rule 882.26 exemption for post-doctoral Program**

This form is only to be provided by applicants who wish to receive credit for experience accrued during post-doctoral supervised experience that occurred **in Texas after 9/1/2016** at a program that was **NOT** an APA-accredited or APPIC-member program. *If APA accredited or APPIC member, please provide supporting documentation from corresponding agency’s website(s). Exemption does not apply to supervision obtained in another jurisdiction.*

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| **Applicant Name:**  (First, Last) |  |
| **Employer/Site Name:** |  |

By signing this form, you affirm that the post-doctoral program completed by the above-named applicant provided the applicant with the following:

* An organized experience with a planned and programmed sequence of supervised training experiences, which includes documented goals, content, and organization for the program.
* A designated psychologist responsible for the program who possesses expertise or competence in the program’s area.
* Two or more licensed psychologists on staff, at least one designated as supervisor with expertise in area of practice
* A minimum of 2 hours per week of face-to-face supervision.
* A minimum of 2 additional hours per week of learning activities.
* A minimum of 25% of the fellow’s time is spent providing professional psychological services.
* Mechanisms for a minimum of 2 evaluations per year.
* An informal due process procedure regarding deficiencies and grievances.
* Admission requirements that require the applicant to complete all professional degree requirements and a pre-doc internship, which at a minimum meets Council’s rule requirements ([See 22 TAC §463.11(d)](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=F&p_rloc=187043&p_tloc=14855&p_ploc=1&pg=2&p_tac=&ti=22&pt=21&ch=463&rl=11)), and a statement that the program meets Texas’ licensure requirements.
* A written requirement for at least 1500 hours of supervised practice to be completed in not less than 9 months and not more than 24 months.
* All services provided were supervised by a licensed psychologist and were part of the formal program.
* All program participants were required to and only used appropriate titles indicating their supervisory status, such as fellow, intern, resident, or trainee.

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| **SIGNATURE AND ACKNOWLEDGEMENT** | | |
| I acknowledge that the information provided herein is true and correct and that any misrepresentation may constitute a criminal violation under Tex. Penal Code §37.10. | | |
| **Licensed Psychologist Supervisor Name:**  (printed) | | |
| **Signature:** |  | |
| **License Number:** | | **Date:** |