



TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY CHECKLIST & LICENSURE PROCESS

APPLICATION FOR LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY

- ✓ *Application for Licensed Specialist in School Psychology (LSSP) with current application fee. See 22 TAC 885.1 for a list of the fee amounts.*
- ✓ *Official transcript sent **DIRECTLY** from the university (*mailed or electronic submission*)*
- ✓ *[Self-Query Report](#) from the National Practitioner Data Bank (NPDB) - **(in original sealed envelope)***
- ✓ *Proof of passage of the Jurisprudence Examination. This exam must be completed prior to applying. Please [click here](#) to take the Jurisprudence Examination.*
- ✓ *Proof of passage of the Praxis School Psychology Examination (*waived for holders of the NCSP*)*
- ✓ *Submission of the *Documentation of Supervised Experience Form* (*waived for holders of the NCSP*)*
- ✓ *Verification of NCSP certification - *If applicable**



CRIMINAL HISTORY RECORD CHECK

Once your application has been received by the agency, staff will mail or email you the appropriate instructions and form necessary to undergo a fingerprint criminal history record check. A fingerprint criminal history record check is required for licensure.



APPLICATION REVIEW

Applications are reviewed within six weeks of receipt, and in the order in which they are received. In the event your application is found to be incomplete or agency staff have questions regarding your application, a staff member will contact you with his or her question or regarding any missing or incomplete items. **Do not contact agency staff within this six week period unless you are responding to an inquiry from staff.** In the event you have not heard from the agency within six weeks of submitting your application, you may contact agency staff, preferably via email, to check on the status of your application. Telephone calls and emails requesting a status update within the initial six week review period only serve to increase application processing times for all applicants.



LICENSE ISSUANCE

Upon approval, applicants will be issued a license as a Licensed Specialist in School Psychology. Licensees will receive written notification of licensure along with a renewal permit by mail. A calligraphy license will be mailed within four months following the issuance of the license.



**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUNCIL**

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For Agency Use Only

APPLICATION FOR LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY

*****WARNING*****

Do not submit this application if your degree was awarded by a university or college outside of the United States of America and you have not complied with Council rule 882.11.

APPLICANT INFORMATION

Full Legal Name:

**Names Previously Used,
Including Maiden Names:**

Mailing Address:

Primary Phone No.:

Alternate Phone No.:

Email Address:

Social Security No.:

Date of Birth:

Gender: Male Female

Are you a U.S. citizen? Yes No

EDUCATION

Type of Degree (e.g., Specialists, M.S., Ph.D.): _____

Major/Field of Study: _____

Awarding University: _____

Degree Conferral Date: _____

Total Hours Earned: _____

Do you hold active certification as a Nationally Certified School Psychologist (NCSP)?

If so, applicants must request that verification of their credential be sent directly to the Council from the credentialing entity. Applicants who hold an active NCSP certification may proceed directly to the Examination History section of this application.

Yes No

If No, see next question.

For those applicants who do **not** hold an active NCSP certification, was your degree program approved by the National Association of School Psychologists (NASP) or accredited in school psychology by the American Psychological Association (APA) at the time your degree was conferred?

If so, you may proceed directly to the Examination History section of this application.

Yes No

If No, see next question.

If you did **not** graduate from a NASP approved program or a program accredited in school psychology by the APA, did you receive your graduate degree from a regionally accredited educational institution? *A regionally accredited educational institution is one accredited by one of the associations listed in 22 TAC 463.1.*

*If so, please continue to the **Description of Required Graduate Level Coursework** section of this application.*

Yes No

Description of Required Graduate Level Coursework

Applicants must demonstrate proof of the following graduate level coursework by identifying the courses or training listed on their transcripts that satisfy the required areas of study. Unless instructed otherwise, each area must have at least one course listed. If requested by agency staff, applicants must provide an official course catalogue or description from their university or training program to verify whether a course meets the requirements of this rule.

General Area	Specific Area	Course or Training as Referenced on Applicant's Transcript <i>Example: PSY 503 Abnormal Psy/Devpmt Psychopath 3.00</i>
Psychological Foundations:	Biological bases of behavior	
	Human learning	
	Social bases of behavior	
	Multi-cultural bases of behavior	
	Child or adolescent development	
	Psychopathology or exceptionalities	
Research and Statistics:		

Educational Foundations ¹ :	Instructional design	
	Organization and operation of schools	
	Classroom management	
	Educational Administration	
Assessment:	Psychoeducational assessment	
	Socio-emotional, including behavioral and cultural assessment	
Interventions:	Counseling	
	Behavior management	
	Consultation	
Professional, Legal, and Ethical Issues:		
Practicum:		

¹ You must list one or more courses for at least one specific area, but need not list a course for each specific area. Applicants are however encouraged to list courses for each specific area so that in the event a course is found to be unacceptable the application will not rest solely upon the course work listed in that specific area.

FORMAL INTERNSHIP

Have you completed a formal internship or other site based training as part of your graduate degree program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your formal internship take place in more than one placement? A school district, consortium, and educational co-op are each considered one placement. <i>If so, please print out additional pages as necessary and fill in the basic information for each additional placement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Basic Information Regarding Formal Internship	
Placement:	
Supervisor:	
Was the supervisor licensed as a psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the supervisor licensed or certified as a specialist in school psychology or school psychologist when the supervision occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the supervisor have a minimum of three years of experience providing psychological services in the public school system without supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisdiction where supervisor was licensed or certified:	
Dates of experience:	Began _____ Ended _____ (MM/DD/YY) (MM/DD/YY)
Total hours completed under supervision during the above time period?	
Total hours completed in a public school?	
Does the supervised experience satisfy the requirements of 22 TAC 463.9 and 465.2?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXAMINATION HISTORY

Have you previously taken the **Praxis School Psychology Examination**?
If so, you can request that your score be sent to this agency by [clicking here](#) and following the instructions set out on the ETS website. The submission of Praxis scores is waived for applicants who hold an active NCSP certification.

Yes No

Have you passed the **Jurisprudence Examination**?
If so, please submit a copy of the email you received reflecting your passing score. If not, please do not submit this application until you have done so.

Yes No

CURRENT PROVIDER STATUS

Are you currently providing psychological services in Texas?

Yes No

If so, which of the following serves as the basis for your delivery of services in Texas:

- Licensed by this agency.
- Providing services which are exempt under 22 TAC 882.26.
- Other: _____
- None of the above.

Please attach a detailed description of the setting and type of services being provided in order for agency staff to determine whether the setting and services fall within the scope and spirit of the law.

OTHER LICENSES AND CREDENTIALS

Do you now hold or have you ever held a license to practice psychology in this state or in any other jurisdiction?
If so, please attach a written explanation identifying the type of license, issuing jurisdiction, license number, and current status.

Yes No

Have you ever had an application denied or been refused a license to practice psychology or any other form of behavioral or mental healthcare?
If so, please attach a written explanation identifying the jurisdiction that denied the application or request for licensure and describing the basis for the denial.

Yes No

Has there been in the past or is there currently pending any administrative or disciplinary action initiated by a health or occupational regulatory agency, or an agency or office within the federal government, against you or a license currently or previously held by you?
If so, please attach a written explanation of the nature of the administrative or disciplinary action, as well as the resolution of the matter that complies with 22 TAC 884.32

Yes No

MILITARY SERVICE MEMBERS, VETERANS, AND SPOUSES

Are you a military service member, military veteran, or military spouse, as those terms are defined in [Section 55.001](#) of the Occupations Code?

If so, please submit the Military Quick Reference Sheet and supporting documentation to be considered for waivers.

Yes No

If you are a military spouse, were you licensed by this agency within the preceding five year period?

If so, please list the type of license held, together with your former license number:

Yes No

If you are a military service member or military veteran, did you deliver psychological services within the military for a period of at least one year following the conferral of your doctoral degree?

If so, please provide the dates when those services were provided:

From _____ **To**
 _____ (MM/DD/YY) (MM/DD/YY)

Applicants who can demonstrate the delivery of psychological services within the military for at least one year will receive credit toward the applicable licensing standards as indicated in 22 TAC 463.20(b).

Yes No

Criminal History and Disqualifying Factors

Excluding minor traffic violations, have you ever been convicted, sentenced, or placed on community supervision or pretrial diversion for any crime?

If so, please attach a written explanation, along with copies of relevant documentation including the charging instrument (i.e. information and complaint, or indictment), judgment, order of deferred adjudication or other dispositive order, any agreements concerning deferred disposition, and a copy of the terms and conditions of any probation or community supervision ordered.

Yes No

Have you ever engaged in the practice of psychology without a license or other legal authority in this state or any other jurisdiction?

Yes No

Have you ever aided or abetted another individual in the unlawful practice of psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically and mentally able to render competent psychological services to the public in a safe manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use drugs or alcohol to an extent that affects your professional competency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL ACKNOWLEDGEMENT	
<p>By signing and submitting this application, you are acknowledging:</p> <ul style="list-style-type: none"> • that the information contained in this application is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code and a basis for future disciplinary action; • that the Public Information Act is enforced by this agency as required by state law; • the Council has permission to seek any information or references it deems appropriate regarding your credentials pertinent to this application; • you have read the Psychologists' Licensing Act and Council rules and are familiar with both; • that pursuant to Section 232.0135 of the Family code, this application or a future renewal may be denied for failure to pay child support; • the application and examination fees submitted in connection with this application are non-refundable; • that the failure to submit all required documentation and information may delay the processing of your application, or result in your application going void or being denied; • that you have ninety (90) days following receipt of this application by the agency to ensure that all documentation and information required has been submitted; • that it may take agency staff up to six weeks to process your application; and • that you have an obligation to keep your address of record current while your application is being processed. 	
Signature:	Date:



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**Documentation of Supervised Experience Form -
Licensed Specialist in School Psychology**

The below-named applicant is seeking licensure with the Texas Behavioral Health Executive Council. The following information is needed in order to confirm that the applicant has completed a formal internship meeting the requirements of 22 TAC 463.9. Please respond as quickly as possible so that agency staff can consider the applicant's qualifications without undue delay.

Applicant Information			
Applicant Name:			
Supervisor or Director of Internship Training			
Name:			
Address:			
Email Address:			
Telephone No.:			
Current Job Position:			
Please provide the type of license(s) held, your license number(s), as well as the name of the jurisdiction where you held licenses to practice psychology at the time of the applicant's supervision.			
Type of License:	License No.:	State:	Current? Yes/No

General Information Regarding Formal Internship

Name of Placement:			
Address:			
1.	Dates Worked:	Began: (MM/DD/YY)	Ended: (MM/DD/YY)
2.	Overall total number of supervised hours earned during the above time period?		
3.	Total number of direct face-to-face supervision hours provided per week to the applicant.		
4.	Please state the type of professional setting where the supervision took place. (e.g., public school, private practice, agency)		
5.	What was your professional relationship with the applicant? (e.g. internship director, LSSP supervisor)		
6.	What title was used by the applicant?		
7.	Was the internship required as part of the applicant's graduate or doctoral degree program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Did the internship take place in not more than two placements, and in not less than one, or more than two academic years? <i>A school district, consortium, and educational co-op are each considered one placement.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	At the time of supervision, were you or any of the applicant's supervisors related to the applicant within the second degree of affinity (marriage) or consanguinity (blood)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Did any of the applicant's supervisors have a restricted license at the time of supervision?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Did the internship include direct intern application of assessment, intervention, behavior management, and consultation for children representing a range of ages, populations, and needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Please list the school psychological services you feel the applicant is NOT qualified to provide:		
13.	Did the applicant receive supervision within his or her supervisor's areas of training, knowledge, and skill?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you feel the applicant is physically and mentally competent to render school		<input type="checkbox"/> Yes <input type="checkbox"/> No

	psychological services as a licensed specialist in school psychology? <i>If not, please attach a written explanation.</i>	
15.	Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? <i>If so, please attach a written explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If the internship took place in Texas, was there a process in place to address any serious concerns regarding the applicant's performance? <i>The process must protect the rights of clients to receive quality services, assure adequate feedback and opportunities for improvement to the supervisee, and ensure due process protection in cases of possible termination of the supervisory relationship.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	If the internship took place in Texas, was the applicant provided with a written agreement that includes a clear statement of the expectations, duties, and responsibilities of each party, including the total hours to be performed, benefits and support to be provided by the supervisor, and the process by which the applicant was to be supervised and evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please answer the following questions <u>IF</u> the applicant's internship was part of a doctoral training program intended to satisfy the requirements for licensure as a psychologist. Otherwise, do not answer the questions in this section. If your answer is "No" to any of the questions, please attach a written explanation.		
1.	Was the internship provided at or near the end of the formal training period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the internship require a minimum of 35 hours per week over a period of one academic year, or a minimum of 20 hours per week over a period of two consecutive academic years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Was the internship consistent with a written plan, and did it meet the specific training objectives of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Did the internship experience occur in a setting appropriate to the specific training objectives of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did at least 600 clock hours of the internship experience occur in a school setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Did the internship provide a balanced exposure to regular and special educational programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Did the internship agency have two or more full-time equivalent psychologists/LSSPs on staff as primary supervisors, at least one of whom was employed full-time at the agency and is a school psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	List the names of the supervising psychologists/LSSPs & the jurisdiction where they are licensed:	
	Name:	Jurisdiction:
	Name:	Jurisdiction:
	Name:	Jurisdiction:
9.	Was the portion of the internship which took place in a school supervised by a licensed psychologist/LSSP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the jurisdiction in which the internship took place require a separate credential to practice in a school setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10.	Was the portion of the internship which took place in a non-school setting, if any, supervised by a licensed psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Were the field-based supervisors/LSSPs responsible for no more than two interns at any given time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Were the university supervisors responsible for no more than twelve interns at any given time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Did the field-based supervisors provide at least two hours per week of direct supervision for each intern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Did the university supervisor maintain an ongoing relationship with the field-based internship supervisors and provide at least one field-based contact per semester with each intern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Did the internship agency inform the interns concerning the period of the internship and the training objectives of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Was the internship experience systematically evaluated in a manner consistent with the specific training objectives of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Was the internship experience conducted in a manner consistent with the current legal/ethical standards of the profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Did the internship agency have a minimum of two full-time equivalent interns at the internship level during the applicant's training period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Acknowledgment

Please sign where indicated below. Thank you for your cooperation in this matter.

By signing this document you are acknowledging that the information contained in this form is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code.

By signing this document you are also acknowledging that the Public Information Act is enforced by this agency as required by state law.

Please return this completed form to the applicant.

**Supervisor's
Signature:**

Date:



LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY
MILITARY QUICK REFERENCE SHEET

MILITARY SERVICE MEMBERS AND MILITARY VETERANS	
<p>The Council will waive submission of all education, training, examination (except for the Juris Exam), and supervised experience requirements for licensure, as well as the application fee, once the items listed below have been submitted and approved by agency staff. If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application and examination fees and provide all the documents and information indicated in the application packet.</p>	
<input type="checkbox"/>	Proof of military service.
<input type="checkbox"/>	<p>A copy of the law reflecting the current licensing or certification standards for specialists in school psychology (or school psychologists if that is how a jurisdiction refers to this credential) in the jurisdiction that issued your out-of-state license or certification, with the following relevant portions highlighted for easy reference:</p> <ul style="list-style-type: none"> • The completion of a training program in school psychology approved or accredited by the American Psychological Association or the National Association of School Psychologists, or a master’s degree or higher in psychology with the specific coursework set out in 22 TAC 463.9; and • Passage of the Praxis School Psychology Examination.
<input type="checkbox"/>	Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Council.
SPOUSES of MILITARY SERVICE MEMBERS:	
<p>The Council will waive submission of all education, training, examination (except for the Juris Exam), and supervised experience requirements for licensure, as well as the application fee, once the items listed below have been submitted and approved by agency staff. If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application and examination fees and provide all the documents and information indicated in the application packet.</p>	
<input type="checkbox"/>	Proof of marriage to a military service member.
AND	

<input type="checkbox"/>	<p>A copy of the law reflecting the current licensing or certification standards for specialists in school psychology (or school psychologists if that is how a jurisdiction refers to this credential) in the jurisdiction that issued your out-of-state license or certification, with the following relevant portions highlighted for easy reference:</p> <ul style="list-style-type: none"> • The completion of a training program in school psychology approved or accredited by the American Psychological Association or the National Association of School Psychologists, or a master's degree or higher in psychology with the specific coursework set out in 22 TAC 463.9; and • Passage of the Praxis School Psychology Examination.
<input type="checkbox"/>	<p>Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Council.</p>
<p>OR</p>	
<input type="checkbox"/>	<p>Proof that within 5 years preceding the application date, the spouse held a license issued by this agency.</p>

<p>MILITARY SERVICE CREDIT</p>	
<p>A military service member or military veteran will receive credit for the required practicum course and 600 internship hours, once the items listed below have been submitted and approved by agency staff. Additionally, the application fee will also be waived.</p>	
<input type="checkbox"/>	<p>Proof the military service member or military veteran delivered psychological services within the military for at least one year.</p>