



TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

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PROOF OF RULE 882.26 EXEMPTION FOR POST-DOCTORAL PROGRAM

This form is only to be completed by a supervising psychologist representing a post-doctoral supervised experience program that occurred **in Texas after 9/1/2016** and 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.*

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

By signing this form, you affirm that the post-doctoral program listed above provides 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)), 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 provided services supervised by a licensed psychologist and part of the formal program.
- All program participants required to use appropriate titles indicating their supervisory status, such as fellow, intern, resident, or trainee.

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: