

VERIFICATION OF PRE-DOCTORAL INTERNSHIP

If you are applying for licensure as a psychologist with designation as a Health Service Provider, you must have successfully completed an Internship. Please complete the top portion of this form and have the director of your internship complete the verification portion and mail it directly to the Board. This form is considered part of your application; therefore, your file will not be reviewed if you are applying for licensure as a psychologist with Health Service Provider designation until this form is in your file. A notarized copy of a signed serialized certificate of completion of an APA approved pre-doctoral internship in professional psychology may be sent in lieu of the Internship Director Verification form.

I am applying for a license to practice as a psychologist in Tennessee. The Tennessee Board of Examiners in Psychology requires that I submit evidence of successful completion of an internship. Please complete the form and return it to:

Board of Examiners in Psychology
665 Mainstream Drive
Nashville, TN 37243

You are hereby authorized to release any information, favorable or otherwise, directly to the Tennessee Board of Examiners in Psychology. Your prompt attention will be appreciated.

Signature: _____

Print or type name: _____

Credentials of Director (to be completed by director)

This is to certify that I was the training director of the internship for _____
(applicant's name)

and the following information is true and complete to the best of my knowledge.

Your name: _____
(Signature)

Print or type name: _____

Office Address: _____

Your highest degree: _____

Are you licensed as a psychologist? Yes _____ No _____

State(s) and license number(s): _____

What specialty designation if any? _____

Are you in the National Register of Health Service Providers in Psychology? Yes _____ No _____

Are you a fellow/diplomat of ABPP? Yes _____ No _____

If yes, specialty: _____

What is your title within your organization? _____

Internship Information:

Person supervised: _____

Title and location of Internship: _____

APA approved: Yes _____ No _____

Listed in the Directory of Internships for Doctoral Students in School Psychology (until December 31, 1999). Yes ___ No ___

APPIC listed: Yes _____ No _____

Number of Internship hours: _____

Date Internship began: _____ Date Internship ended: _____

I certify that _____ successfully
(Name of Candidate)

completed this Internship on : _____
(Date)

PLEASE SIGN:

Signature

Title

If the internship described was APA approved or APPIC listed STOP HERE and return this entire form to the Board of Examiners in Psychology. If the internship was **NOT** APA approved or APPIC listed, please fill out the following additional information:

How many hours (per week) were spent in regularly scheduled, formal face-to-face individual supervision with a psychologist, dealing with the psychological services rendered by the intern? _____

What percentage of the total Internship hours does this represent? _____

Was the Internship training post-clerkship and post-practicum? Yes _____ No _____

How many Interns were present during the trainee's training period? _____

Is there a written statement or brochure describing the goals and content of the Internship and expectations regarding the trainee's work available to intern applicant? Yes _____ No _____

If there is such a statement or brochure, please include it with this form.