SCHOOL PSYCHOLOGIST (093) CERTIFICATE

Dear Applicant:

Thank you for inquiring about certification as a School Psychologist in the State of Maine.

Enclosed please find an application for initial certification and information about the certification process. There is a non-refundable fee (Statute Title 20-A Section 13007) for certification in Maine. The fee for School Psychologists is $100.00. Please submit all certification application materials in one package. INCOMPLETE APPLICATIONS WILL BE RETURNED.

TRANSCRIPTS

Send official transcripts only. The transcript must show all courses for which you have received credit and the date that you were awarded your degree(s).

Please allow a minimum of 4 to 6 weeks for processing of your application.

FINGERPRINTS

You may receive an evaluation for a certificate before having your fingerprints taken. However, prior to being issued any type of Maine certification, you must have your fingerprints taken through a process approved by the Maine Department of Education. Information regarding approved fingerprint sites and online registration in Maine is available at http://www.maine.gov/doe/cert/fingerprinting/ or by calling the Certification Office. For information regarding the approved process for having fingerprints taken outside of Maine, please call the Certification Office for an out-of-state fingerprint packet. There is a $55 fee for this process, whether you are fingerprinted in Maine or submit an out-of-state fingerprint packet.
INITIAL CERTIFICATION REQUIREMENTS

If you hold a current National Certified School Psychologist (NCSP) certificate, your application package should include:

1) a completed and signed application form;
2) non-refundable application fee ($100.00), if appropriate;
3) graduate and undergraduate transcripts;
4) copy of your current NCSP certificate;
5) two (2) completed Reference for Initial Certification forms; and
6) completed Ethics Compliance Statement
7) verification of approved supervision during your first year of independent practice (if applicable)

If you have a graduate degree from an accredited program in school psychology which was approved by NASP/NCATE or APA at the time the degree was awarded, your application package should include:

1) a completed and signed application form;
2) non-refundable application fee ($100.00), if appropriate;
3) graduate and undergraduate transcripts - graduate transcripts should be stamped with "approved by NASP/NCATE or APA (School Psychology Programs)", or a letter from the institution documenting that the program was approved at the time the degree was awarded;
4) two (2) completed Reference for Initial Certification forms; and
5) completed Ethics Compliance Statement
6) verification of approved supervision during your first year of independent practice (if applicable)

If you have a valid license from the Maine Board of Examiners of Psychologists, your application package should include:

1) a completed and signed application form;
2) non-refundable application fee ($100.00), if appropriate;
3) graduate and undergraduate transcripts;
4) copy of your current license from the Maine Board of Examiners of Psychologists;
5) two (2) completed Reference for Initial Certification forms; and
6) completed Ethics Compliance Statement
7) verification of approved supervision during your first year of independent practice (if applicable)

If none of the above three pathways applies to you, your application package will be reviewed by the Advisory Committee on School Psychologist using a transcript analysis pathway. Your application package should include:

1) a completed and signed application form;
2) non-refundable application fee ($100.00), if appropriate;
3) graduate and undergraduate transcripts;
4) two (2) completed Reference for Initial Certification forms; and
5) completed Ethics Compliance Statement
6) verification of approved supervision during your first year of independent practice (if applicable)
ETHICS COMPLIANCE STATEMENT

This agreement must be submitted prior to the issuance of a School Psychologist Certificate

I, ________________________________________, SS# ________________________, agree to abide by the code of ethics endorsed by the Advisory Committee of School Psychologist (ACSP) during the lifetime of my certificate.

___________________________________________
Signature

For a complete list of the codes of ethics endorsed by the ACSP, please see the Maine Department of Education School Psychologists website:
REFERENCE FOR INITIAL CERTIFICATION AS A SCHOOL PSYCHOLOGIST

Must be completed by a licensed or certified school psychologist who has reviewed the professional work of the applicant.

Applicant's Name: ____________________________________________________

Address: ____________________________________________________________

______________________________________________________________

Social Security #: _____________________________________________

This person has applied for certification as a school psychologist in the state of Maine and has submitted your name as a reference. Based on your knowledge of the applicant, please answer the following:

1. Position held, location, dates during your professional relationship:

__________________________________________________________________

__________________________________________________________________

1. What duties and functions did he/she perform? Please check all that apply:

____ Assessment
____ Oral reporting of assessment results and recommendations
____ Written reporting of assessment results and recommendations
____ Consultation
____ Behavior management
____ Social skills training
____ Group counseling
____ In-service training
____ Research
____ Other: ________________________

2. Did you provide supervision for the applicant? ________________

If yes, on the average how many hours of supervision per week did you provide: ________________.

For how many weeks: ________________

Please specify the time period (months and years) upon which your recommendation and evaluation is based.

__________________________________________________________________
4. Based on your review of the applicant's professional work, please rate the applicant in the following areas, using a five point Likert Scale. (NOTE: Compare the applicant to entry level professionals in the same field of school psychology).

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unacceptable</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Assessment
- Oral reporting of assessment results and recommendations
- Written reporting of assessment results and recommendations
- Consultation
- Behavior management
- Social skills training
- Group counseling
- In-service training
- Research
- Other: ________________________________

Overall Rating

5. In your opinion, does this person have:

   **Check if yes, leave blank if no**

   - a. High moral and ethical standards
   - b. Sense of commitment to student welfare
   - c. Knowledge of own limits, and willingness to function within them
   - d. Personal problems that significantly impair his/her functioning
   - e. Significant deficiencies in training, such that a certificate as a school psychologist should be restricted or denied.

6. To the best of your knowledge, has the applicant:

   **Check if yes, leave blank if no**

   - a. Completed an accredited and adequate graduate program in psychology
   - b. Obtained a masters degree
   - c. Obtained a doctoral degree
   - d. Completed a graduate program in school psychology
   - e. Sufficient knowledge of basic science of school psychology
   - f. Sufficient knowledge of applied/professional area of psychology
   - g. ________________________________

7. Would you have any reservations about this person being certified as a school psychologist?

   Yes    No    If yes, please explain: ____________________________________________________________

8. Any additional comments that would be helpful to us? ________________________________________

___________________________________________________________________________
The following information should be provided by the person completing this form.

My name and contact information is:

Name: (print clearly): ________________________________________________

Address:
________________________________________________
________________________________________________

Phone #:
________________________________________________

I declare under penalty for perjury in the law that the following are my academic and professional credentials:

Highest Degree ___________ Date received _______________ Institution ________________

School psychology:
Certified: No ___ Yes ___ Certification Title: ___________________ State: ____________
Licensed: No ___ Yes ___ State: _________ License number: _______________________
NCSP: No ___ Yes ___
Member: NASP ___ APA ___ State Association: ________________________________

Date (of the endorsement): __________________________

The foregoing statements are true and of my own personal knowledge where specifically indicated, and otherwise the statements are true to the best of my knowledge, information and belief, and where based on information and belief, I believe the statements are true.

I recommend (name) _____________________, D.O.B. _________________to the Maine Department of Education for certification as a School Psychologist.

Name: _____________________________________________________________

Notarized signature: __________________________________________________

State of: ______________________
County of: ______________________

The Affiant, ________________________________________, appeared before me this day (date ) ______ and acknowledged the foregoing statements are true and of his / her own personal knowledge where specifically indicated, and otherwise that the statements are true to the best of his / her knowledge, information and belief, and where based on information and belief, he / she believes the statements are true.

Notary Public/Attorney: ________________________________
My Commission Expires: __________________ Bar Number: __________________________

(date)
REFERENCE FOR INITIAL CERTIFICATION AS A SCHOOL PSYCHOLOGIST

Must be completed by a licensed or certified school psychologist who has reviewed the professional work of the applicant.

Applicant's Name: ____________________________________________________
Address: __________________________________________________________________________
Social Security #: ____________________________________________________________

This person has applied for certification as a school psychologist in the state of Maine and has submitted your name as a reference. Based on your knowledge of the applicant, please answer the following:

1. Position held, location, dates during your professional relationship:

________________________________________________________________________

2. What duties and functions did he/she perform? Please check all that apply:

_____ Assessment
_____ Oral reporting of assessment results and recommendations
_____ Written reporting of assessment results and recommendations
_____ Consultation
_____ Behavior management
_____ Social skills training
_____ Group counseling
_____ In-service training
_____ Research
_____ Other: ________________________

4. Did you provide supervision for the applicant? _______________
   If yes, on the average how many hours of supervision per week did you provide: ____________.
   For how many weeks: ___________________

Please specify the time period (months and years) upon which your recommendation and evaluation is based.
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Based on your review of the applicant's professional work, please rate the applicant in the following areas, using a five point Likert Scale. (NOTE: Compare the applicant to entry level professionals in the same field of school psychology).

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unacceptable</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Assessment
- Oral reporting of assessment results and recommendations
- Written reporting of assessment results and recommendations
- Consultation
- Behavior management
- Social skills training
- Group counseling
- In-service training
- Research
- Other: ____________________________________________________________________

Overall Rating

7. In your opinion, does this person have:
   Check if yes, leave blank if no
   - f. High moral and ethical standards
   - g. Sense of commitment to student welfare
   - h. Knowledge of own limits, and willingness to function within them
   - i. Personal problems that significantly impair his/her functioning
   - j. Significant deficiencies in training, such that a certificate as a school psychologist should be restricted or denied.

8. To the best of your knowledge, has the applicant:
   Check if yes, leave blank if no
   - h. Completed an accredited and adequate graduate program in psychology
   - i. Obtained a masters degree
   - j. Obtained a doctoral degree
   - k. Completed a graduate program in school psychology
   - l. Sufficient knowledge of basic science of school psychology
   - m. Sufficient knowledge of applied/professional area of psychology
   - n. ____________________________________________________________________

7. Would you have any reservations about this person being certified as a school psychologist? Yes No If yes, please explain: ____________________________________________________________

8. Any additional comments that would be helpful to us? ____________________________________________________________
The following information should be provided by the person completing this form.

My name and contact information is:

Name: (print clearly): __________________________________________________

Address:
________________________________________________
________________________________________________

Phone #:  ______________________________________________________

I declare under penalty for perjury in the law that the following are my academic and professional credentials:

Highest Degree _____________ Date received _______________ Institution _________________

School psychology:

Certified: No ___ Yes ___ Certification Title: _________________ State: __________

Licensed: No ___ Yes ___ State: _______ License number: _________________________

NCSP: No ___ Yes ___

Member: NASP ____ APA ____ State Association: ______________________________

Date (of the endorsement): _________________________

The foregoing statements are true and of my own personal knowledge where specifically indicated, and otherwise the statements are true to the best of my knowledge, information and belief, and where based on information and belief, I believe the statements are true.

I recommend (name) __________________________, D.O.B. ________________ to the Maine Department of Education for certification as a School Psychologist.

Name: _____________________________________________________________

Notarized signature: ________________________________________________

State of: _________________
County of: _________________

The Affiant, __________________________, appeared before me this day (date) ________ and acknowledged the foregoing statements are true and of his / her own personal knowledge where specifically indicated, and otherwise that the statements are true to the best of his / her knowledge, information and belief, and where based on information and belief, he / she believes the statements are true.

Notary Public/Attorney: _____________________________________________
My Commission Expires: ________________ Bar Number: _________________
(date)
SCHOOL PSYCHOLOGIST SUPERVISION AGREEMENT FORM

Name ____________________________________________ Home phone __________________________

Mailing Address __________________________________ Work phone __________________________

Town ___________________________________________ Cell Phone ___________________________

State ___________________________________________ Date ________________________________

ZIP ___________________________________________ Supervisor Name _________________________

Email __________________________________________

My signature below verifies that I have contracted to participate in 1,500 supervised hours between the dates of ____________ and ____________. I understand that I am responsible for accuracy in reporting my supervised hours and that reporting inaccurate supervision hour completion is a violation of NASP and APA ethical guidelines. I understand that inaccurate reporting is grounds for denial of the School Psychologist Certificate.

__________________________________________________________ ______________
Signature                          Date

The following signatures verify that the school psychologist named above has contracted with me for completion of 1,500 supervised practice hours toward fulfillment of the supervision requirement for a certificate in school psychology (093).

__________________________________________________________ ______________
Supervisor Signature                Date

Supervisor credentials:

___ Licensed Psychologist (state:______ number:_______ expiration date:__________)

___ Nationally Certified School Psychologist number: _________ expiration date:__________

___ Certified School Psychologist (state:______ number:_______ expiration date:__________)

VERIFICATION OF POST-INTERNSHIP SUPERVISION

Supervision Requirement, Public Law Chapter 386: A certificate holder (093) must be supervised for the first full school year following the school psychology internship. The State Board of Education shall require evidence of supervision prior to issuing the initial Three-Year Certificate. Supervision of the first year school psychologist must be in accordance with supervision recommendations established by the National Association of School Psychologists (NASP) and provided by a person who is employed or under contract as a certified school psychologist (see below).

For practitioners who have been in the field several years, there are two options for documenting post-internship supervision:

1. Complete this form obtaining the signature of the appropriate supervisor;
2. Provide the Advisory Committee for School Psychologists with the original documentation/evaluation of supervision signed by the supervisor and also using this form attest to the fact that the supervisor’s qualifications are in accordance with the NASP Model (see below).

Name of applicant for 093 certificate (Supervisee):

<table>
<thead>
<tr>
<th>Name of School/Unit where supervised:</th>
<th>Age/Grade/Population Served:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe types of services provided:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of Employment</th>
<th>Hours worked per week</th>
<th>Direct supervision hours per week</th>
<th>Total hours under direct supervision for year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many hours did the applicant complete in each of the following areas?

<table>
<thead>
<tr>
<th>Intervention: consultation, therapy, counseling, or other intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Assessment: cognitive, academic, or behavioral/emotional</td>
</tr>
<tr>
<td>Other Psychological Experience: supervision of others, program development, outcome assessment, systems intervention, team/IEP meetings, research</td>
</tr>
<tr>
<td>Support Activities: case conferences; case management; training; progress notes; chart review; psychological assessment scoring, reporting, and writing; record keeping</td>
</tr>
</tbody>
</table>

Assessment of Supervisee’s Performance:

| _ Highest professional quality |
| _ Highest initial certificate holder quality, but not on par with fellow professionals |
| _ Adequate quality, on-going involvement in peer supervision recommended |
| _ Adequate/Marginal quality, recommend continued professional supervision* |
| _ Unacceptable level of performance* |
| _ Unacceptable functioning because of ethical or personal problems* |
| _ Highly Variable* |

* Must be reviewed for further action by DOE Advisory Council for School Psychologists

Required Qualifications of Supervisor: Supervisors of school psychologists and supervisors of trainees should hold the Nationally Certified School Psychologist credential or the school psychology credential for the state, and have at least three years’ experience as a school psychologist. Training and/or experience in the supervision of school personnel are desirable.

☐ I, the supervisor, certify that I meet the current NASP recommendations for qualifications of supervisors and that I abide by current NASP ethical standards and practices for supervision of school psychologists.

☐ In addition, I, the supervisor of the above named supervisee, certify that the information provided on this form is verifiable, factual, and accurate.

<table>
<thead>
<tr>
<th>Supervisor Name</th>
<th>Supervisor Signature</th>
<th>Certificate/License Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Supervisor</td>
<td>Phone Number</td>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>