

Louisiana State Board of Examiners of Psychologists



Licensed Specialist in School Psychology

VERIFICATION OF GRADUATE PROGRAM OF STUDY

For applicants who graduated from non-NASP approved programs, please request that the current program coordinator or department chair verify on this form, that you have completed the requirements as stated within. **You must also provide a certified copy of the program information from the university catalog from the dates of your attendance.**

Applicant's Name _____

Name on university transcript (if different than above): _____

Date of graduate program completion: _____

University: _____ Degree earned: _____

REQUIRED GRADUATE PROGRAM ELEMENTS:

1. The program was identified as an individual program of study titled "school psychology".

YES NO

2. The applicant completed sufficient coursework and field experience within the context of this program in order to allow for evaluation of his or her knowledge and professional competency.

YES NO

3. Program coursework included at least 60 graduate semester (90 quarter hours) hours of credit. At least 54 graduate semesters (81 quarter hours) must be exclusive of credit for the internship.

YES NO

4. The candidate has completed a sequence of supervised on-campus or field-based practicum experiences that were distinct from and occurred prior to the internship and that were designed to develop and evaluate mastery of distinct professional skills.

YES NO

5. The applicant completed a minimum of 1200 hours of supervised internship with at least 600 hours in a school setting.

YES NO

6. Completed coursework and experience to support sufficient knowledge and skills in the 10 NASP domains of school psychology:

Data-Based Decision Making and Accountability	YES	NO
Consultation and Collaboration	YES	NO

Interventions and Instructional Support to Develop Academic Skills	YES	NO
Interventions and Mental Health Supports to Develop Social and Life Skills	YES	NO
School-Wide Practices to Promote Learning	YES	NO
Preventive and Responsive Services	YES	NO
Family-School Collaboration Services	YES	NO
Diversity in Development and Learning	YES	NO
Research and Program Evaluation	YES	NO
Legal, Ethical, and Professional Practice	YES	NO

7. The applicant has demonstrated professional work characteristics that include: communication skills, adaptability, effective interpersonal skills, initiative, dependability, ethical responsibility, and respect for human diversity

YES NO

Attestation:

I verify that the above information is true and accurate. I understand that any false or misleading information may be cause for denial or cause for suspension or revocation of any license issued under this application

SIGNATURE (Program Coordinator
Or Department Chair)

DATE

RETURN THIS FORM TO THE LSBEP AT:

8706 JEFFERSON HIGHWAY, SUITE B
BATON ROUGE, LA 70809

**IF YOU HAVE ANY QUESTIONS REGARDING THIS DOCUMENT PLEASE CONTACT
OUR OFFICE AT: 225-925-6511**