

REQUIREMENTS & INSTRUCTIONS
ASSOCIATE PSYCHOLOGIST - PROVISIONAL LICENSE

Access this form via website at: cca.hawaii.gov/pvl

ATTENTION!

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING YOUR APPLICATION

GENERAL INFORMATION

These instructions accompany the application to be used by psychologists seeking a **provisional (PSYP) license to practice in the state of Hawaii**. Please be advised that all applicants are subject to the requirements in effect the at time of filing their application.

Be further advised, there is **no reciprocity** or recognition of a psychologist license from another state to bypass these requirements.

**SOCIAL SECURITY
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number, or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the **Release of Information to Third Party** section found on the second page of the application form (PSY-01). Do not forget to sign and date.

**APPLICANTS
WITH DISABILITY**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

LAWS AND RULES

To reviews the laws, Chapter 465, Hawaii Revised Statutes, and rules, Chapter 98, Hawaii Administrative Rules, go to: https://cca.hawaii.gov/pvl/boards/psychology/statute_rules/

Alternatively, you may email a request to psychology@dcca.hawaii.gov, or you may send a written request to:

*Board of Psychology
Commerce and Consumer Affairs
P.O. Box 3469, Honolulu, Hawaii 96801.*

Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 465 and Chapter 98.

GENERAL INFORMATION (continued)

- APPLICATION FORMS** You are required to complete and sign the fillable application forms *or* type/print legibly in black ink.
Failure to provide all requested information will delay the processing of your application.
- ABANDONMENT OF APPLICATION** Pursuant to HRS §436B-9, your application shall be considered abandoned and will be terminated if you fail to complete the license application process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.
- If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time they re-apply.
- LICENSURE** Please be advised, a provisional license issued pursuant to HRS 465 shall be valid for one year to fulfill the requirements for full licensure as a psychologist under section 465-7, HRS, and it is not possible to renew the application.
- EXAM** The EPPP is developed and owned by ASPPB and is available through Pearson VUE testing centers throughout the United States. For general information regarding the EPPP examination, go to: www.asppb.net. In Hawaii, the test center is located on the island of Oahu and exam facilitations are scheduled throughout the year.
- After the Hawaii Board of Psychology (Board) has reviewed your application and if it meets the requirements for the license, you will be mailed a Notice of Approval by the Professional Vocational Licensing (PVL) Division. The notice will contain information regarding your approval, its expiration date, and how to contact the PVL Examination Branch to initiate exam registration. **Please be advised, you will not be able to register within the ASPPB EPPP registration portal hosted by Certemy without first initiating the process with the Examination Branch.**
- FEES** Attach appropriate fee payable to: **COMMERCE & CONSUMER AFFAIRS.** (check must be in U.S. dollars and be from a U.S. financial institution.)
- Hawaii Psychology - Provisional License..... \$162
(Non-Refundable Application fee - \$50 and License fee - \$38, and Refundable Compliance Resolution Fund Fee - \$74)
- NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*
- NON-RENEWAL** The Provisional License is not renewable. If you cannot complete your postdoctoral experience in the (1) year duration of the license, you will need to re-apply.
- BOARD'S ADDRESS** Mail all required items to: Deliver to office location at:
- | | | |
|----------------------------|-----------|-------------------------------|
| Board of Psychology | OR | 335 Merchant Street, Room 301 |
| DCCA, PVL Licensing Branch | | Honolulu, HI 96813 |
| P.O. Box 3469 | | |
| Honolulu, HI 96801 | | Phone: (808) 586-3000 |

**Information about the requirements and instructions for applying for your license
begin on the next page**

APPLYING FOR YOUR PROVISIONAL LICENSE

You are applying for the Hawaii Board of Psychology’s Provisional License for Associate Psychologists engaging in post-doctoral supervised experience in health service in psychology under the direct supervision of a qualifying Hawaii licensed psychologist. Once approved for the license, you will be able to:

- (1) Sit for the Examination of Professional Practice in Psychology (EPPP), and
- (2) Accrue postdoctoral experience under direct supervision in preparation for full licensure as a Psychologist.

**THE PROVISIONAL LICENSE IS A TERMINAL LICENSE
&
DOES NOT PROVIDE AUTOMATIC APPROVAL OR EXEMPTIONS FOR
FULL LICENSURE AS A PSYCHOLOGIST***

*Approval of a provisional license does not constitute nor guarantee eligibility for full licensure as a Psychologist. Applicants are responsible for reviewing all requirements and ensuring full compliance with all statutory regulations, and to stop providing services when a license has expired or been terminated.

REQUIREMENTS FOR PROVISIONAL LICENSURE

DEGREE

Applicants must hold a doctoral degree awarded by one of the following:

- 1. An American Psychological Association approved program in clinical psychology, counseling psychology, school psychology, or programs offering combinations of two or more of these areas; or
- 2. A professional psychology training program, awarded by an institution of higher education, or from a regionally accredited institution.

ATTENTION! PLEASE READ THE FOLLOWING CAREFULLY

INTERNSHIP

Pursuant to the HRS 465-1, a “professional psychology training Program” is defined as a planned program of study which reflects an integration of the science and practice of psychology including practica and internship.

While HRS 465-7.2 does not indicate an internship as a requirement, you will need to confirm that you completed an internship within your professional psychology training program, for your training program to qualify for the license.

IMPORTANT: If you wish to apply for full licensure as a Psychologist in Hawaii after you complete your postdoctoral training using your provisional license, you will be required to confirm that you have completed at least **(1) year of internship in health service psychology for a total of at least (1900) hours** under the supervision of a qualifying psychologist prior to graduation.

Please be advised the requirement is mandatory for all examination and examination waiver applicants, including those who previously held a provisional psychology license.

GRADUATE LEVEL TRAINING

Pursuant to section 16-98-9, Hawaii Administrative Rules (HAR), qualifying training programs require each student to demonstrate competence (3 or more graduate semester hours, or 4.5 graduate quarter hours) in each of the following subject areas:

- 1) Scientific and professional ethics and standards.
- 2) History and systems.
- 3) Research design and methodology.
- 4) Statistics and psychometrics.

Qualifying core training programs, also require each student to demonstrate competence in each of the following substantive content areas (6 graduate semester hours, or the equivalent quarter hours, for each area):

- 5) **Biological bases of behavior**; physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.
- 6) **Cognitive-affective bases of behavior**; learning, thinking, motivation, emotion.
- 7) **Social bases of behavior**; social psychology, group processes, organizational and systems theory, community psychology.
- 8) **Individual differences**; personality theory, human development, abnormal psychology.
- 9) **Psychodiagnosis and individual assessment**; intellectual, personality and behavioral assessment.
- 10) **Therapy**; child or adult intervention or both.

ATTENTION: If you were awarded a doctoral degree by an institution of higher education, or from a regionally accredited institution, in a professional psychology training program **not** approved by the APA, you must submit the Training Report form (PSY-23).

Those who completed an APA approved doctoral program are not required to submit the Training Report.

ENGAGING IN POST-DOCTORAL SUPERVISED EXPERIENCE

In order to obtain the provisional license, you must be prepared to engage in post-doctoral supervised experience in health service in psychology pursuant to an organized health service training program approved by the board. Please be advised that pursuant to subsection 465-7.2(b), HRS, Each provisional license shall include the name and title of the supervising psychologist or psychologists in the training program. An associate psychologist shall practice psychology only under the direct supervision of the supervising psychologist, who must hold a current, active, and unencumbered license with the board.

Please be advised, your supervisor is required by law to notify the Hawaii Board of Psychology within (10) days of the termination or completion of the supervision. Failure to do so could be cause or grounds for discipline.

IMPORTANT: The supervisor identified on your Verification of Postdoctoral Supervisor form (PSY-22), will be attached to your license. If your relationship with your supervisor is terminated or you intend to change supervisors, you will need to complete a new PSY-22 form with the new supervisor's information and signed by them before a notary public. If you do not submit the new form prior to the termination of your relationship with the supervisor on your license, your provisional license will go inactive. To reactivate your license, you will need to provide a reactivation application, new PSY-22 form, and reactivation fee of \$12.

SUBMISSION OF APPLICATION AND SUPPORTING DOCUMENTS

To complete your application, you will need to complete all required documents as instructed, then submit them either online through your MyPVL account, by mail, or in person at PVL offices.

LIST OF DOCUMENTS

APPLICATION FOR PROVISIONAL LICENSE – ASSOCIATE PSYCHOLOGIST form (PSY-21).
Please fill out and complete the form in its entirety. Please be advised of the following:

VERIFICATION OF POSTDOCTORAL SUPERVISOR – ASSOCIATE PSYCHOLOGIST form (PSY-22)
You will need to complete the top portion, or Section 1: APPLICANT, and have your supervisor complete Section 2. Please be advised that your supervisor will need to sign the verification before a Notary Public in order for the form to be considered complete.

OFFICIAL TRANSCRIPTS
Arrange to have official transcripts which verifies successful completion of your doctoral degree directly to the Board by your institution of higher learning using the Board's email: psychology@dcca.hawaii.gov, or the address located in the general information section above.

TRAINING REPORT – ASSOCIATE PSYCHOLOGIST form (PSY-23)
For applicants who completed a doctoral degree from a regionally accredited institution, in a program that was not accredited, or in accreditation candidacy, with APA.

OTHER INFORMATION

If you are submitting your application as a hard copy paper form, you will need to submit your payment (the amounts are found on the second page of these instructions) along with your forms.

PLEASE REFRAIN FROM INCLUDING THE ABOVE INSTRUCTIONS WITH YOUR APPLICATION SUBMISSION

APPLICATION FORMS BEGIN ON THE NEXT PAGE

APPLICATION FOR PROVISIONAL LICENSE – ASSOCIATE PSYCHOLOGIST

Access this form via website at: cca.hawaii.gov/pvl

Legal Name (First, Middle)		(Last)	FOR OFFICE USE ONLY	Approved: <input type="checkbox"/>	Initials/Date:	
Other Names Used (include maiden name):		Date of Birth:		Social Security No.:	Effective Date:	License No.: PSYP -
Residence Address (include apt. no., city, state and zip code):						
Mailing Address (ONLY if different from above):						
Phone No. (days):	PERSONAL E-mail Address:					

PLEASE BE ADVISED, THERE ARE (2) PAGES TO THIS APPLICATION FORM and YOUR SIGNATURE IS REQUIRED ON THE SECOND PAGE

Please provide a response to the prompts provided below, answering all questions:

1. Please choose from the following two options:

I was awarded a doctoral degree from an American Psychological Association (APA) approved program in psychology, counseling psychology, school psychology, or programs offering combinations of two or more of these areas.

or,

I was awarded a doctoral degree from a regionally accredited institution of higher education where I completed a professional psychology training program. *(Please be advised that you will also need to complete the Training Report form PSY-23)*

DEGREE	Name of Institution Who Awarded the Degree	Identify the Degree Awarded (ex: Clinical Psychology)	Type of Degree (ex. PhD, PsyD)	Date of Degree Conferral or Award (From official transcripts)

2. As part of your professional psychology training program, did you complete an internship? YES NO

INTERNSHIP	Name of Institution or Site	Start Date	End Date	Total Hours	Name & License Number of Supervisor	APA Approved?

3. Will you be engaging in supervised post-doctoral experience in health service in psychology in an organized health service training program approved by the board? YES NO

POSTDOCTORAL EXPERIENCE	Name of Training Site	Start Date	Name of Supervisor	Hawaii Lic. Number	APA Approved?
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO

EXAM	4. Please confirm you intend to sit for the Examination of Professional Practice (EPPP) while licensed as an Associate Psychologist.	<input type="radio"/> YES <input type="radio"/> NO
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Appl. 563 \$50 Lic. 565 \$38
CRF. 567 \$74

Print Name of Applicant: (Psychologist) _____

Date: _____

Answer the following questions. Check your answers and provide details as needed:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Have you ever been denied a permit or license to practice psychology including for provisional licensure in another state? ... YES NO
- 4) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 5) Are there any disciplinary actions pending against you? YES NO
- 6) Have you ever been disciplined for an ethical violation by a professional association or institution? YES NO
- 7) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

If any response to questions #3, #4, #5, #6, or #7 is "YES", provide: (1) Detailed description about the discipline or criminal conviction in a letter addressed to the Board of Psychology, and (2) attach all pertinent documents related to the discipline or criminal conviction.

Attestation of the Applicant:

I certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19 and 465-13, Hawaii Revised Statutes).

I further certify that I have read, understand, and will abide by the provisions of Chapter 465, Hawaii Revised Statutes, and Chapter 98, Hawaii Administrative Rules concerning Psychologists in the State of Hawaii.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

**VERIFICATION OF POSTDOCTORAL SUPERVISOR-ASSOCIATE PSYCHOLOGIST
(Provisional License applicants only)**

Access this form via website at: hawaii.gov/dcca/pvl

INSTRUCTIONS FOR THE APPLICANT:

Complete Section 1, then have your supervisor complete Section 2 to verify their credentials to supervise your postdoctoral experience. **Please note that your supervisor must sign the form before a notary public.** When both parties have completed their sections, attach the completed form to your application for submission it to the Board.

Section 1: APPLICANT	Name (First-Middle)	(Last)	Social Security No.
	Address (include apt. no., city, state & zip code)		Phone No.
			Date of Birth
	Signature of Applicant:		Date:

INSTRUCTIONS FOR THE SUPERVISOR:

The person named above is applying for an Associate Psychologist provisional license in Hawaii. Please complete Section 2 (PART I and PART II) to verify the applicant will complete the postdoctoral experience **under your supervision**, sign the form before a notary public, then return the completed form to the applicant.

To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.

PLANNED EXPERIENCE		Title of Position	Name of Training Site Address, City, State
From	To		
/	/		
Month Year	Month Year		

PART I: Please enter the indicated details of the postdoctoral experience in the boxes above, and complete a signed letter addressed to the Board of Psychology providing a detailed summary of the duties that the applicant will perform in the field of psychology during the postdoctoral supervision.

PART II: AFFIDAVIT OF THE SUPERVISOR

I (name) _____ hereby attest to the following:

1. I will supervise the postdoctoral experience of (applicant's First/Last names) _____ during the calendar period indicated above;
2. The planned experience will begin after the award date of the degree and consist of at least one year of supervision; and
3. I hold a Psychologist License in Hawaii that is current and in good standing.

I further certify that the statements and information provided on this verification of clinical fellowship supervision and attached documents are true and correct.

Signature of Supervisor _____ Address: _____

License Number _____

Subscribed and sworn to before me this _____ day of _____, A.D. 20_____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Document date: _____	No. of Pages: _____
Document description: _____	
Notary Name: _____	
Circuit Court: _____	
Notary Signature: _____	Date: _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at 1-844-808-DCCA (3222) to submit your request.

Training Report (Regionally Accredited Institution) – ASSOCIATE PSYCHOLOGIST

(Applicants with doctoral degrees from APA approved programs in clinical, counseling, or school psychology may disregard this form.)

Access this form via website at: cca.hawaii.gov/pvl

Section 1: INFORMATION			
Name (First, Middle)	(Last)	Address (include apt. no., city, state & zip code)	
Date of Birth:	Social Security No.	Phone No.	

INSTRUCTIONS FOR THE APPLICANT:

It is highly recommended to complete this form using your official transcripts jointly with the course catalog entry, or course syllabus for each course you enter on the form. Please be advised, the Board of Psychology may require you submit additional information such as the course catalog or syllabus for the courses it has identified as lacking the information required to complete the review of your Training Report.

After completing the ACKNOWLEDGEMENTS section below, you will need to complete your course entries for each Subject and Substantive Content Area.

There are (4) Subject Areas, including:

- A. *Scientific and professional ethics and standards;*
- B. *History and systems;*
- C. *Research design and methodology; and*
- D. *Statistics and psychometrics*

There are (6) Substantive Content Areas, including:

- E. **Biological Bases Of Behavior**; *physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology.*
- F. **Cognitive-affective Bases of Behavior**; *learning, thinking, motivation, and emotion.*
- G. **Social Bases of Behavior**; *social psychology, group processes, organizational and systems theory, and community psychology.*
- H. **Individual Differences**; *personality theory, human development, and abnormal psychology.*
- I. **Psychodagnosis and Individual Assessment**; *intellectual, personality and behavioral assessment.*
- J. **Therapy**; *child or adult intervention, or both.*

Please note that you will need to enter the course number, course title, and a description of the course using the course catalog or syllabus for the course. The form requires that you also identify whether the course units are in semester or quarter hours.

Section 2: ACKNOWLEDGEMENTS: <i>Please provide a response to the prompts provided below, answering all questions:</i>			
1. Courses on my Training Report are doctoral-level and identified on the following official transcripts included with my application..... <input type="radio"/> YES <input type="radio"/> NO			
University on Transcripts	Site Address	Doctoral Degree Program Title	Degree (PhD, PsyD)
2. I understand that each course entered on this form may only be used once in one Subject or Substantive Content Area..... <input type="radio"/> YES <input type="radio"/> NO			
Acknowledgement of the Applicant:			
I (name) _____ hereby certify that the statements and information provided on this Training Report and attached documents are true and correct.			
Signature of Applicant: _____			Date: _____

TRAINING REPORT – ASSOCIATE PSYCHOLOGIST

Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.

Section 3: SUBJECT AREAS

In accordance with Section 16-98-9 of the Board's Administrative Rules, an applicant must show a minimum of 3 or more graduate semester hours (or 4.5 graduate quarter hours) in each of the following areas (A - D). A course may be applied only once and may not be repeated in any of the other areas. Incomplete or illegible form will not be accepted.

Area A: Scientific and professional ethics and standards

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

AREA B: History and systems

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

TRAINING REPORT – ASSOCIATE PSYCHOLOGIST

Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.

Section 3: SUBJECT AREAS (continued)

In accordance with Section 16-98-9 of the Board's Administrative Rules, an applicant must show a minimum of 3 or more graduate semester hours (or 4.5 graduate quarter hours) in each of the following areas (A - D). A course may be applied only once and may not be repeated in any of the other areas. Incomplete or illegible form will not be accepted.

Area C: Research design and methodology

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

AREA D: Statistics and psychometrics

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

TRAINING REPORT – ASSOCIATE PSYCHOLOGIST

Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.

Section 4: SUBSTANTIVE CONTENT AREAS

In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **6 or more graduate semester hours** (or **9 graduate quarter hours**) in each of the following substantive content areas (E - J). A course may be applied only once and may not be repeated in any of the other areas.

Area E: BIOLOGICAL BASES OF BEHAVIOR

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

AREA F: COGNITIVE-AFFECTIVE BASES OF BEHAVIOR

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

TRAINING REPORT – ASSOCIATE PSYCHOLOGIST

Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.

Section 4: SUBSTANTIVE CONTENT AREAS (continued)

In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **6 or more graduate semester hours** (or **9 graduate quarter hours**) in each of the following substantive content areas (E - J). A course may be applied only once and may not be repeated in any of the other areas.

Area G: SOCIAL BASES OF BEHAVIOR

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

AREA H: INDIVIDUAL DIFFERENCES

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

TRAINING REPORT – ASSOCIATE PSYCHOLOGIST

Applicants with doctoral degrees from APA approved programs in clinical psychology may disregard this form.

Section 4: SUBSTANTIVE CONTENT AREAS (continued)

In accordance with Section 16-98-9 of the Board's Rules, an applicant must show a minimum of **6 or more graduate semester hours** (or **9 graduate quarter hours**) in each of the following substantive content areas (E - J). A course may be applied only once and may not be repeated in any of the other areas.

Area I: PSYCHODIAGNOSIS AND INDIVIDUAL ASSESSMENT

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
Course Description (Please use your institution's course catalog or the course syllabus to enter the description of the course)				

AREA J: THERAPY

Course #	Course Title	Quarter	Semester	Total # of units
		<input type="radio"/>	<input type="radio"/>	
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