



TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

LICENSED PSYCHOLOGICAL ASSOCIATE CHECKLIST & LICENSURE PROCESS

APPLICATION FOR LICENSED PSYCHOLOGICAL ASSOCIATE

- ✓ *Application for Licensed Psychological Associate (LPA) and application fee. See 22 TAC 885.1 for a list of the fee amounts.*
- ✓ *Official transcript sent **DIRECTLY** from the university - (mailed or electronic submission)*
- ✓ *[Self-Query Report](#) from the National Practitioner Data Bank (NPDB) - (in original sealed envelope)*
- ✓ *Documentation of Supervised Experience Form*
- ✓ *Proof of passage of the Jurisprudence Examination. This exam must be completed prior to applying. Please [click here](#) to take the Jurisprudence Examination.*
- ✓ *Transferred Examination for Professional Practice in Psychology (EPPP) score from ASPPB (if applicable)*

Submit your application, fee, and supporting documentation to the Council's office.

CRIMINAL HISTORY RECORD CHECK

Once your application has been received by the agency, staff will mail or email you the appropriate instructions and form necessary to undergo a fingerprint criminal history record check. A fingerprint criminal history record check is required for licensure.

APPLICATION REVIEW

Applications are reviewed within six weeks of receipt, and in the order in which they are received. In the event your application is found to be incomplete or agency staff have questions regarding your application, a staff member will contact you with his or her question or regarding any missing or incomplete items. **Do not contact agency staff within this six week period unless you are responding to an inquiry from staff.** In the event you have not heard from the agency within six weeks of submitting your application, you may contact agency staff, preferably via email, to check on the status of your application. Telephone calls and emails requesting a status update within the initial six week review period only serve to increase application processing times for all applicants.

EXAMINATION AUTHORIZATION

Upon approval of an application, applicants will receive written notification of their eligibility to sit for the EPPP. Applicants must complete the EPPP within 2 years following approval. Failure to do so will result in your application expiring.

LICENSE ISSUANCE

Following passage of the EPPP, an applicant will be licensed as a psychological associate and must work under the supervision of a Licensed Psychologist. Licensees will receive written notification of licensure along with a renewal permit by mail. A calligraphy license will be mailed within four months following the issuance of the license.



**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUNCIL**

333 Guadalupe, Suite 3-900
Austin, Texas 78701
Tel.: (512) 305-7700

For Agency Use Only

APPLICATION FOR LICENSED PSYCHOLOGICAL ASSOCIATE

*****WARNING*****

Do not submit this application if your degree was awarded by a university or college outside of the United States of America and you have not complied with 22 TAC 882.11.

APPLICANT INFORMATION

Full Legal Name:

**Names Previously Used,
Including Maiden Names:**

Mailing Address:

Primary Phone No.:

Alternate Phone No.:

Email Address:

Social Security No.:

Date of Birth:

Driver's License No. and State of Issuance:

Gender:

Male Female

Are you a U.S. citizen?

Yes No

EDUCATION						
Type of Degree	Awarding Institution	Dates Attended	Degree Conferral Date	Total Credit Hours Earned	Type of Degree <i>(e.g. Ph.D., M.S.)</i>	Major/Field of Study
Masters						
Specialist						
Doctoral						
Did you receive your graduate degree from a regionally accredited educational institution? <i>A regionally accredited educational institution is one accredited by one of the associations listed in 22 TAC 463.1.</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you obtain at least 6 semester hours of practicum, internship or other structured experience as part of your graduate degree program? If so, please indicate the following: <i>Ex. Psy 101, Practicum, Fall 2020</i> Course Prefix _____ Course Title _____ Semester _____ Course Prefix _____ Course Title _____ Semester _____ Course Prefix _____ Course Title _____ Semester _____						<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Required Graduate Level Coursework

Applicants must demonstrate proof of the following graduate level coursework by identifying the courses or training listed on their transcripts that satisfy the required areas of study. Each specific area must have at least one course listed. If requested by agency staff, applicants must provide an official course catalogue or description from their university or training program to verify whether a course meets the requirements of this rule.

General Area	Specific Area	Course or Training as Referenced on Applicant's Transcript <i>Example: PSY 503 Abnormal Psy/Devpmt Psychopath 3.00</i>
Psychological Foundations:	The biological bases of behavior.	
	The acquired or learned bases of behavior, including learning, thinking, memory, motivation and emotion.	
	The social, cultural, and systemic bases of behavior.	
	The individual or unique bases of behavior, including personality theory, human development, and abnormal behavior.	
Research and Statistics:	The methodology used to investigate questions and acquire knowledge in the practice of psychology.	
	Coursework in research design and methodology, statistics, critical thinking, and scientific inquiry.	

Applied Psychology:	The history, theory, and application of psychological principles.	
	The application of psychological theories to individuals, families, and groups.	
Assessment:	Intellectual, personality, cognitive, physical, and emotional abilities, skills, interests, and aptitudes.	
	Socio-economic, including behavioral, adaptive, and cultural assessment.	
Interventions:	The application of therapeutic techniques.	
	Behavior management.	
	Consultation.	
Scientific and Professional, Legal, and Ethical Issues:		

OTHER LICENSES AND CREDENTIALS

Do you now hold or have you ever held a license to practice psychology in this state or in any other jurisdiction?

Yes No

If so, please attach a written explanation identifying the type of license, issuing jurisdiction, license number and current status in the space below.

Have you ever had an application denied or been refused a license to practice psychology or any other form of behavioral or mental healthcare?

Yes No

If so, please attach a written explanation identifying the jurisdiction that denied the application or request for licensure and describing the basis for the denial.

Has there been in the past or is there currently pending any administrative or disciplinary action initiated by a health or occupational regulatory agency, or an agency or office within the federal government, against you or a license currently or previously held by you?

Yes No

If so, please attach a written explanation of the nature of the administrative or disciplinary action, as well as the resolution of the matter that complies with 22 TAC 884.32

MILITARY SERVICE MEMBERS AND VETERANS

Are you a military service member, military veteran or military spouse, as those terms are defined in Section 55.001 of the Occupations Code?

Yes No

If so, please submit the Military Quick Reference Sheet and supporting documentation to be considered for waivers.

If you are a military service member or military veteran, have you ever delivered psychological services within the military for a period of at least one year?

If so, please provide the dates when those services were provided:

From _____ **To** _____
(MM/DD/YY) (MM/DD/YY)

Yes No

Applicants who can demonstrate the delivery of psychological services within the military for at least one year will receive credit toward the applicable licensing standards as indicated in 22 TAC 463.20(b).

If you are a military spouse, were you licensed by this agency within the preceding five year period?

Yes No

If so, please list the type of license held, together with your former license number:

Criminal History and Disqualifying Factors

Excluding minor traffic violations, have you ever been convicted, sentenced, or placed on community supervision or pretrial diversion for any crime?

Yes No

If so, please attach a written explanation, along with copies of relevant

documentation including the charging instrument (i.e. information and complaint, or indictment), judgment, order of deferred adjudication or other dispositive order, any agreements concerning deferred disposition, and a copy of the terms and conditions of any probation or community supervision ordered.	
Have you ever engaged in the practice of psychology without a license or other legal authority in this state or any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever aided or abetted another individual in the unlawful practice of psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically and mentally able to render competent psychological services to the public in a safe manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use drugs or alcohol to an extent that affects your professional competency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
EXAMINATION HISTORY	
Have you previously taken the Examination for Professional Practice in Psychology (EPPP) for a jurisdiction other than Texas? <i>If so, you can access the EPPP Score Transfer Service by clicking here, or by visiting ASPPB's website at www.asppb.net.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL ACCOMMODATIONS	
Do you have a disability or impairment recognized under the Americans with Disabilities Act (ADA) which will necessitate special accommodations during the administration of any examinations? <i>If so, please attach a written explanation that complies with 22 TAC 882.7.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT HISTORY	
Are you currently providing psychological services in Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which of the following serves as the basis for your delivery of services in Texas: <input type="checkbox"/> Licensed by this agency. <input type="checkbox"/> Providing services which are exempt under 22 TAC 882.26. <input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above.	
<i>Please attach a detailed description of the setting and type of services being provided in order for agency staff to determine whether the setting and services fall within the scope and spirit of the law. When providing a description for an exemption based upon enrollment in a formal post-doctoral program, you must submit the form entitled Checklist for Exemption of Post-doctoral Fellowship Under found in the Application for Licensed Psychologist.</i>	
Current Employment	
Current Employer:	
Position Title:	

Description of Duties:	
Employer's Address:	
Supervisor's Name:	Supervisor's License No.:
Supervisor's Phone No.:	Starting Date of Employment:

PERSONAL ACKNOWLEDGEMENT	
<p>By signing and submitting this application, you are acknowledging:</p> <ul style="list-style-type: none"> • that the information contained in this application is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code and a basis for future disciplinary action; • that the Public Information Act is enforced by this agency as required by state law; • the Council has permission to seek any information or references it deems appropriate regarding your credentials pertinent to this application; • you have read the Psychologists' Licensing Act and Council rules and are familiar with both; • that pursuant to Section 232.0135 of the Family code, this application or a future renewal may be denied for failure to pay child support; • the application and examination fees submitted in connection with this application are non-refundable; • that the failure to submit all required documentation and information may delay the processing of your application, or result in your application going void or being denied; • that you have ninety (90) days following receipt of this application by the agency to ensure that all documentation and information required has been submitted; • that it may take agency staff up to six weeks to process your application; • that you have an obligation to keep your address of record current while your application is being processed; and • that you must wait until the Council receives this application packet before undergoing the required fingerprint criminal history background check. 	
Signature:	Date:



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**DOCUMENTATION OF SUPERVISED EXPERIENCE -
APPLICATION FOR LICENSED PSYCHOLOGICAL ASSOCIATE**

The below-named applicant is seeking licensure with the Texas Behavioral Health Executive Council. The following information is needed in order to confirm that the applicant has completed the required supervision which meets the requirements under 22 TAC 463.8. Please respond as quickly as possible so that agency staff can consider the applicant's qualifications without undue delay.

SUPERVISOR INFORMATION	
Name:	
Mailing Address:	
Primary Phone No.:	Alternate Phone No.:
Email Address:	
Psychologist License No.:	
Primary Area(s) of Practice:	

SUPERVISEE INFORMATION	
Name:	
Name and Address of Primary Facility or Office Where the Supervised Experience Occurred:	

Did you provide this individual with at least six (6) semester credit hours of practicum, internship, or other structured experience in the delivery of psychological services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "no" above, please indicate how many semester credit hours of practicum, internship, or other structured experience in the delivery of psychological services you did provide to this individual.	
Was the supervised experience a requirement or part of the supervisee's graduate degree program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the time period when the supervision was provided. _____ to _____ (MM/DD/YY) (MM/DD/YY)	
Were you a faculty member or training director associated with the supervisee's graduate degree program during the period of supervision? <i>If not, please describe the nature of your professional relationship with the supervisee in the space below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you actively licensed during the period of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your license restricted at any time during the period of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the supervisee related to you within the second degree of affinity (marriage) or consanguinity (blood) during the period of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were all patients/clients informed that the supervisee and all aspects of his or her work were being supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the supervisee have the experience, skill, and training appropriate to the functions performed during the period of supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you provide supervision in accordance with 22 TAC 465.2? <i>If not, please attach a written explanation regarding the aspects of your supervision which did not comply with 22 TAC 465.2, together with an explanation for why the supervision did not comply with the rule.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Are there any psychological services that you believe this supervisee is not qualified to deliver?</p> <p><i>If so, please attach a written explanation identifying those psychological services that you believe this supervisee is not qualified to deliver.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you believe this supervisee is physically and mentally competent to deliver psychological services as a licensed psychological associate?</p> <p><i>If not, please attach a written explanation supporting your response.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any reservations concerning this supervisee's ethical, professional, or personal qualifications for supervised practice?</p> <p><i>If so, please attach a written explanation describing your reservations and the basis for them.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SIGNATURE AND ACKNOWLEDGEMENT	
<p>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.</p> <p>I understand that the Public Information Act is enforced as required by state law.</p> <p>Please return this completed form to the supervisee.</p>	
<p>Supervisor's Signature:</p>	<p>Date:</p>



LICENSED PSYCHOLOGICAL ASSOCIATE MILITARY QUICK REFERENCE SHEET

MILITARY SERVICE MEMBERS AND MILITARY VETERANS

The Council will waive submission of an official transcript, and proof of passage of the EPPP at the Texas cutoff score, as well as the application fee, once the items listed below have been submitted and approved by agency staff. The applicant will also receive credit for the six semester credit hours of practicum, internship, or structured experience required by 22 TAC 463.8(a)(2). If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application fees, and provide all of the documents and information indicated in the application packet.

Proof of military service.

A copy of the law reflecting the current licensing standards for psychologists or psychological associates in the jurisdiction that issued your out-of-state license, with the following relevant portions highlighted for easy reference:

- A minimum requirement of a graduate degree in psychology awarded from a regionally accredited institution, consisting of at least 42 semester credit hours, with at least 27 semester credit hours in psychology courses.
- A cutoff score on the EPPP of at least 70% (scaled score of 500).
- A minimum of six semester credit hours of practicum, internship, or experience in psychology, under the supervision of a licensed psychologist.

Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Council.

SPOUSES of MILITARY SERVICE MEMBERS

The Council will waive submission of an official transcript, and proof of passage of the EPPP at the Texas cutoff score, as well as the application fee, once the items listed below have been submitted and approved by agency staff. The applicant will also receive credit for the six semester credit hours of practicum, internship, or structured experience required by 22 TAC 463.8(a)(2). If an applicant is unable to demonstrate substantial equivalency, he or she will be required to pay the application and examination fees, and provide all of the documents and information indicated in the application packet.

Proof of marriage to a military service member

AND

<input type="checkbox"/>	A copy of the law reflecting the current licensing standards for psychologists or psychological associates in the jurisdiction that issued your out-of-state license, with the following relevant portions highlighted for easy reference: <ul style="list-style-type: none">• A minimum requirement of a graduate degree in psychology, consisting of at least 42 semester credit hours, with at least 27 semester credit hours in psychology courses.• A cutoff score on the EPPP of at least 70% (scaled score of 500).• A minimum of six semester credit hours of practicum, internship, or experience in psychology, under the supervision of a licensed psychologist.
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<input type="checkbox"/>	Documentation of licensure in other jurisdiction(s), including information on disciplinary actions and pending complaints, sent directly from the jurisdiction to the Council.
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OR

<input type="checkbox"/>	Proof that within 5 years preceding the application date, the spouse held a license issued by this agency.
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MILITARY SERVICE CREDIT

A military service member or military veteran will receive credit for the six semester credit hours of practicum, internship, or structured experience required by 22 TAC 463.8(a)(2), once the items listed below have been submitted and approved by agency staff. Additionally, the application fee will also be waived.

<input type="checkbox"/>	Proof the military service member or military veteran delivered psychological services within the military for at least one year.
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