



**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUNCIL**

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

For Agency Use Only

**APPLICATION FOR INDEPENDENT PRACTICE
AUTHORITY FOR LICENSED PSYCHOLOGICAL ASSOCIATE**

Only licensed psychological associates who meet the requirements for independent practice set out in 22 TAC 463.8 may submit this application.

APPLICANT INFORMATION

Full Legal Name:

Mailing Address:

Check this box if you wish to change your address of record to the address listed on this form.

Primary Phone No.:

Alternate Phone No.:

Email Address:

LPA License No.:

LSSP License No.:

Criteria Required for Independent Practice Authority

Do you have at least 3,000 hours of post-graduate degree experience in the delivery of psychological services as a licensed psychological associate or licensed specialist in school psychology?

Yes No

Did you receive at least one hour of individual supervision each week as part of your post-graduate degree experience?

Yes No

Did you obtain your post-graduate degree experience under the supervision of one or more licensed psychologists?

Yes No

Was your post-graduate degree supervised experience obtained in not less than 24 consecutive months, but not more than 48 consecutive months?

Yes No

Was your post-graduate degree supervised experience obtained in not more than three placements?

Yes No

Has more than two years elapsed since you completed your post-graduate degree supervised experience? *If so, please attach a written explanation demonstrating good cause for why a waiver should be granted for the gap between the completion of your post-graduate degree supervised experience and the filing of this application.*

Yes No

Were any of your supervisors for your post-graduate degree experience practicing with a restricted license when providing supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any of your supervisors for your post-graduate degree experience related to you within the second degree of affinity (marriage) or consanguinity (blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached or enclosed herewith the required form signed by your supervisor(s) documenting your post-graduate degree supervised experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AREAS OF INTENDED PRACTICE	
<p>Please identify each area where you intend to practice independently as a licensed psychological associate. By identifying an area, you are representing that you possess the requisite education, skills, and training needed to practice independently in that area.</p> <p><i>The identification of areas of intended practice herein by a licensee will not operate to restrict the licensee's ability to practice in other areas in the future, so long as the licensee possesses the requisite education, skills, and training needed to practice competently in those areas.</i></p>	
<input type="checkbox"/> Counseling <input type="checkbox"/> School <input type="checkbox"/> Health Psychology <input type="checkbox"/> Forensic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child Clinical <input type="checkbox"/> Industrial/Organizational <input type="checkbox"/> Academic (teaching) <input type="checkbox"/> Research

IMPORTANT INFORMATION FOR APPLICANTS	
<p>Be sure that your address is current. Correspondence from the Council will not be forwarded.</p> <p>If your application for independent practice authority is granted:</p> <ul style="list-style-type: none"> Your license status will be changed to reflect your independent practice authority and you will be sent a replacement renewal permit to reflect this new status. This change will not affect your renewal date, original license issue date, or your license number. You must use the title <i>licensed psychological associate</i> or <i>psychological associate</i> when practicing under this license. You may not refer to yourself as a <i>licensed psychologist</i> or <i>psychologist</i>. You remain subject to all of the Council's rules, including 22 TAC 463.8(f) pertaining to the required notification of patients and 22 TAC 465.9 relating to competency. You must exercise great care to ensure you continue practicing only within your area(s) of competency. You may not conduct child custody or adoption evaluations, competency or insanity evaluations, or fitness-for-duty evaluations for law enforcement personnel. According to the relevant statutes and regulations governing those evaluations, licensed psychologists are the only providers licensed by this agency who are permitted to conduct those evaluations. Additionally, you may not sign the <i>Declaration of Psychological and Emotional Health</i> form required for any individual seeking a personal protection endorsement under 37 TAC §35.91. <p>You are encouraged to review Title 22, Part 21, Chapter 465 of the Texas Administrative Code to ensure you have a thorough understanding of those rules before engaging in independent practice.</p> <p>Following submission of this application, please allow 20 business days for processing before contacting agency staff.</p>	
Signature:	Date:

Return this completed form to the address listed above.



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DOCUMENTATION OF SUPERVISED EXPERIENCE - INDEPENDENT PRACTICE AUTHORITY 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(c)(2). Please respond as quickly as possible so that agency staff can consider the applicant's qualifications without undue delay.

SUPERVISOR INFORMATION	
Name (Last, First, Middle):	
Mailing Address:	
Primary Phone No.:	Alternate Phone No.:
Email Address:	
Psychologist License No.:	
SUPERVISEE INFORMATION	
Name (Last, First, Middle):	
Name and Address of Primary Facility or Office Where Post-Graduate Degree Supervised Experience Occurred:	
LPA License No.:	LSSP License No.:
Did you provide this individual with at least 3,000 hours of post-graduate degree supervised experience in the delivery of psychological services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “no” above, please indicate how many hours of post-graduate degree supervised experience in the delivery of psychological services you did provide to this individual.	
Did you provide at least one hour of individual supervision each week as part of the post-graduate degree experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the time period when the supervision was provided, e.g., <i>May 1, 2014 to March 15, 2016</i> . _____ to _____	
Was your license restricted at any time when providing 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
Are there any psychological services that you believe this supervisee is not qualified to deliver without supervision from a licensed psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “yes” above, please identify those psychological services that you believe this supervisee is not qualified to deliver without supervision from a licensed psychologist. You may attach additional pages as needed.	
Do you believe this supervisee is physically and mentally competent to deliver psychological services on an independent basis as a licensed psychological associate? <i>If you answered “no,” please attach a written explanation supporting your response.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any reservations concerning this supervisee’s ethical, professional, or personal qualifications for independent practice authority? <i>If you answered “yes,” please attach a written explanation describing your reservations and the basis for them.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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>	
Supervisor’s Signature:	Date: