

Requirements for School Psychologist Certificate (093)

Eligibility requirements for the 093 School Psychologist certificate are summarized below. Please refer to the [Department of Education Rule Chapter 115, Part II](#) for complete requirements.

- Eligibility for an initial 1-year certificate requires Sections A-C below.
- Eligibility for a 3-year professional certificate requires Sections A-D below.
- Eligibility for renewal of a 3-year professional certificate requires Section E below.

Section A
<p><i>Pathway 1:</i> Hold a current Nationally Certified School Psychologist (NCSP) certificate issued by the National School Psychology Certification Board.</p> <p>OR</p> <p><i>Pathway 2:</i> Earned a graduate degree from an accredited college or university offering a program in school psychology approved by the National Association of School Psychologists (NASP) or the Maine Department of Education at the time the degree was awarded.</p> <p>OR</p> <p><i>Pathway 3:</i> Hold a valid license issued by the Maine Board of Examiners of Psychologists with demonstrated competency in the area of school psychology through training and experience.</p> <p>OR</p> <p><i>Pathway 4:</i> Earned a graduate degree with a concentration in school psychology from an accredited college or university or a program accredited by the American Psychological Association (APA) which included:</p> <ul style="list-style-type: none">• A minimum of 3 years of full-time study or equivalent at the graduate level, inclusive of structured field experiences,• At least 60 graduate semester hours,• A program of study that addressed the knowledge and practice competencies across all domains in the National Association of School Psychologists (NASP) Model for Comprehensive and Integrated School Psychological Services, and• A supervised internship experience taken for academic credit with a minimum of 1200 clock hours, including a minimum of 600 hours in a school setting, completed across 1 academic year on a full-time basis or 2 consecutive academic years on a half-time basis.
Section B
<p>Provide two references from credentialed school psychologists who have reviewed the professional work provided by the applicant.</p> <p>AND</p> <p>Sign an ethics compliance statement.</p> <p>AND</p> <p>Completed a minimum of 3 semester hours in diversity-centered content related to today's classroom.</p>
Section C
<p>Hold Criminal History Record Check (CHRC) approval, based on fingerprinting.</p>
Section D
<p>Provide evidence of supervision during the first year of independent (post-graduate) practice as a school psychologist.</p>
Section E
<p>Hold a valid and current Nationally Certified School Psychologist (NCSP) Certificate issued by the National School Psychology Certification Board.</p> <p>OR</p> <p>Hold a valid and current license issued by the Maine Board of Examiners of Psychologists.</p> <p>OR</p> <p>Provide evidence of 75 hours of continuing professional development during the last three years, consistent with current Nationally Certified School Psychologists (NCSP) renewal standards.</p>

All application and renewal materials must be submitted online through the [Maine Educator Information System \(MEIS\)](#).

All applicants must complete fingerprinting through [IdentoGO](#) before a certificate will be issued.

All applicants must submit a complete application packet for one of the four eligibility pathways described in Chapter 115, Section II. Please refer to the table of contents below to locate the correct application packet.

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APPLICATION PACKET: PATHWAY 1

I, _____, hold a current National Certified School Psychologist (NCSP) certificate.

I, _____, completed the following course(s) to meet the requirement of a minimum of 3 semester hours in diversity-centered content related to today's classroom:

My application packet includes the following:

- Completed online application form
- Non-refundable application fee (\$100.00)
- Official graduate and undergraduate transcripts
- Copy of current NCSP certificate
- Two completed "Reference for Initial Certification as a School Psychologist" forms (Forms [1a](#) and [1b](#))
- Signed "Ethics Compliance Statement" ([Form 2](#))
- Completed and signed "Verification of First Year (Post-Graduate) Supervision" form ([Form 3](#)) (if applicable; required only for the 3-year professional certificate)

Signature

Date

Form 1a: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant’s professional work.

Applicant's Name: _____

Applicant’s SS#: _____

1. Briefly describe your relationship to the applicant. Please indicate your position, the applicant’s position, the employment setting, and the dates associated with your professional relationship.

2. Please rate the applicant’s level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant’s skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant’s skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant’s skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant’s skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

School Psychologist – 093 Certificate

Licensed Psychologist

Nationally Certified School Psychologist

Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 1b: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant's professional work.

Applicant's Name: _____

Applicant's SS#: _____

- Briefly describe your relationship to the applicant. Please indicate your position, the applicant's position, the employment setting, and the dates associated with your professional relationship.

- Please rate the applicant's level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant's skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant's skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant's skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant's skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

- Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

- School Psychologist – 093 Certificate
 Licensed Psychologist
 Nationally Certified School Psychologist
 Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 2: Ethics Compliance Statement

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be signed by the applicant.

Applicant's Name: _____

Applicant's SS#: _____

I, _____, understand and agree to abide by the codes of ethics set forth by the National Association of School Psychologists and the American Psychological Association for the lifetime of my 093 School Psychologist Certificate.

I, _____, understand that individuals holding the 093 certificate must include the word "school" in their title. I agree to accurately communicate my professional qualifications by presenting myself as a School Psychologist-Specialist or School Psychologist-Doctoral. I understand that I may present myself as a Psychologist or Psychological Examiner only if I hold one of these licenses from the Maine Board of Examiners of Psychologists.

I, _____, understand that the 093 certificate allows the delivery of services articulated in the current National Association of School Psychologists' Practice Model and agree to engage only in services for which I am qualified and competent.

Signature

Date

References

National Association of School Psychologists. (2020). *Principles for professional ethics*. Retrieved from <https://www.nasponline.org/standards-and-certification/professional-ethics>

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Form 3: Verification of First Year (Post-Graduate) Supervision

This form is required for applications for an initial 3-year professional 093 School Psychologist certificate or renewal of an initial 1-year 093 School Psychologist Certificate. This form must be signed by a credentialed school psychologist who supervised the applicant during their first year of independent practice after degree completion.

An applicant with one or more years of experience employed as a credentialed school psychologist in another jurisdiction may submit alternative evidence of post-graduate mentorship or supervision in lieu of this form.

Supervision of first-year school psychologists in Maine must adhere to the following requirements:

- Supervisors must hold a valid 093 certificate and have 3 years of experience as a school psychologist.
- Supervisors must provide a minimum of 1 hour per week of direct, individual supervision (in-person or remote) for the duration of 1 full academic year.
- Supervisors and supervisees must collaboratively generate a supervision agreement that identifies individualized goals.
- Supervisors and supervisees must adhere to student privacy and confidentiality laws.
- Supervisors remain free from liability for supervisees’ actions and do not sign case documents and/or reports.

Applicant's Name: _____

Applicant’s SS#: _____

First Year (Post-Graduate) Supervised Experience Information	
Employer (School/Unit):	
Start Date:	End Date:
Population Served (Age/Grade):	
Services Provided:	
Evaluation of Applicant’s Performance	
<p>Please check one of the following options to evaluate the applicant’s performance and preparedness for practice.</p> <p><input type="checkbox"/> Exceeds Expectations: Exceptionally prepared for independent practice Ongoing professional development recommended</p> <p><input type="checkbox"/> Meets Expectations: Prepared for independent practice Ongoing mentoring and peer consultation recommended</p> <p><input type="checkbox"/> Improvement Needed: Partially prepared for independent practice Continued supervision recommended*</p> <p><input type="checkbox"/> Unacceptable: Not prepared for independent practice Disciplinary action may be warranted due to ethical-legal violations, professional misconduct, negligence, or incompetence*</p>	
* Must be reviewed for further action by MDOE Advisory Committee on School Psychologists.	

Attestation of Required First Year (Post-Graduate) Supervision Components

- I, the supervisor, verify that I was certified as a school psychologist and held a valid 093 certificate while providing supervision.
- I, the supervisor, verify that I have a minimum of three years of experience as a school psychologist.
- I, the supervisor, verify that I provided a minimum of 1 hour per week of direct individual supervision (face-to-face or remote) to the applicant during a full academic year.
- I, the supervisor, verify that I provided supervision in accordance with the ethical and professional standards for supervision established by the National Association of School Psychologists by adhering to a supervision agreement that specified individualized professional goals.
- I, the supervisor, verify that the supervision process adhered to student confidentiality and privacy laws.
- I, the supervisor, verify that the information provided on this form is verifiable, factual, and accurate.

Supervisor's Name: _____ Supervisor's Signature: _____

Supervisor's Credential(s): _____ Supervisor's Email: _____

Date: _____

APPLICATION PACKET: PATHWAY 2

I, _____, earned a graduate degree from an accredited college or university offering a program in school psychology approved by the National Association of School Psychologists (NASP) or the Maine Department of Education at the time the degree was awarded. My degree was awarded by:

I, _____, completed the following course(s) to meet the requirement of a minimum of 3 semester hours in diversity-centered content related to today's classroom:

My application packet includes the following:

- Completed online application form
- Non-refundable application fee (\$100.00)
- Official graduate and undergraduate transcripts
- Two completed "Reference for Initial Certification as a School Psychologist" forms (Forms [1a](#) and [1b](#))
- Signed "Ethics Compliance Statement" ([Form 2](#))
- Completed and signed "Verification of First Year (Post-Graduate) Supervision" form ([Form 3](#)) (if applicable; required only for the 3-year professional certificate)

Signature

Date

Form 1a: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant’s professional work.

Applicant's Name: _____

Applicant’s SS#: _____

1. Briefly describe your relationship to the applicant. Please indicate your position, the applicant’s position, the employment setting, and the dates associated with your professional relationship.

2. Please rate the applicant’s level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant’s skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant’s skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant’s skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant’s skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

- Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

- School Psychologist – 093 Certificate
 Licensed Psychologist
 Nationally Certified School Psychologist
 Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 1b: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant’s professional work.

Applicant's Name: _____

Applicant’s SS#: _____

1. Briefly describe your relationship to the applicant. Please indicate your position, the applicant’s position, the employment setting, and the dates associated with your professional relationship.

2. Please rate the applicant’s level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant’s skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant’s skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant’s skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant’s skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

School Psychologist – 093 Certificate

Licensed Psychologist

Nationally Certified School Psychologist

Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 2: Ethics Compliance Statement

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be signed by the applicant.

Applicant's Name: _____

Applicant's SS#: _____

I, _____, understand and agree to abide by the codes of ethics set forth by the National Association of School Psychologists and the American Psychological Association for the lifetime of my 093 School Psychologist Certificate.

I, _____, understand that individuals holding the 093 certificate must include the word "school" in their title. I agree to accurately communicate my professional qualifications by presenting myself as a School Psychologist-Specialist or School Psychologist-Doctoral. I understand that I may present myself as a Psychologist or Psychological Examiner only if I hold one of these licenses from the Maine Board of Examiners of Psychologists.

I, _____, understand that the 093 certificate allows the delivery of services articulated in the current National Association of School Psychologists' Practice Model and agree to engage only in services for which I am qualified and competent.

Signature

Date

References

National Association of School Psychologists. (2020). *Principles for professional ethics*. Retrieved from <https://www.nasponline.org/standards-and-certification/professional-ethics>

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Form 3: Verification of First Year (Post-Graduate) Supervision

This form is required for applications for an initial 3-year professional 093 School Psychologist certificate or renewal of an initial 1-year 093 School Psychologist Certificate. This form must be signed by a credentialed school psychologist who supervised the applicant during their first year of independent practice after degree completion.

An applicant with one or more years of experience employed as a credentialed school psychologist in another jurisdiction may submit alternative evidence of post-graduate mentorship or supervision in lieu of this form.

Supervision of first-year school psychologists in Maine must adhere to the following requirements:

- Supervisors must hold a valid 093 certificate and have 3 years of experience as a school psychologist.
- Supervisors must provide a minimum of 1 hour per week of direct, individual supervision (in-person or remote) for the duration of 1 full academic year.
- Supervisors and supervisees must collaboratively generate a supervision agreement that identifies individualized goals.
- Supervisors and supervisees must adhere to student privacy and confidentiality laws.
- Supervisors remain free from liability for supervisees' actions and do not sign case documents and/or reports.

Applicant's Name: _____

Applicant's SS#: _____

First Year (Post-Graduate) Supervised Experience Information	
Employer (School/Unit):	
Start Date:	End Date:
Population Served (Age/Grade):	
Services Provided:	
Evaluation of Applicant's Performance	
<p>Please check one of the following options to evaluate the applicant's performance and preparedness for practice.</p> <p><input type="checkbox"/> Exceeds Expectations: Exceptionally prepared for independent practice Ongoing professional development recommended</p> <p><input type="checkbox"/> Meets Expectations: Prepared for independent practice Ongoing mentoring and peer consultation recommended</p> <p><input type="checkbox"/> Improvement Needed: Partially prepared for independent practice Continued supervision recommended*</p> <p><input type="checkbox"/> Unacceptable: Not prepared for independent practice Disciplinary action may be warranted due to ethical-legal violations, professional misconduct, negligence, or incompetence*</p> <p>* Must be reviewed for further action by MDOE Advisory Committee on School Psychologists.</p>	

Attestation of Required First Year (Post-Graduate) Supervision Components

- I, the supervisor, verify that I was certified as a school psychologist and held a valid 093 certificate while providing supervision.
- I, the supervisor, verify that I have a minimum of three years of experience as a school psychologist.
- I, the supervisor, verify that I provided a minimum of 1 hour per week of direct individual supervision (face-to-face or remote) to the applicant during a full academic year.
- I, the supervisor, verify that I provided supervision in accordance with the ethical and professional standards for supervision established by the National Association of School Psychologists by adhering to a supervision agreement that specified individualized professional goals.
- I, the supervisor, verify that the supervision process adhered to student confidentiality and privacy laws.
- I, the supervisor, verify that the information provided on this form is verifiable, factual, and accurate.

Supervisor's Name: _____ Supervisor's Signature: _____

Supervisor's Credential(s): _____ Supervisor's Email: _____

Date: _____

APPLICATION PACKET: PATHWAY 3

I, _____, hold a valid license issued by the Maine Board of Examiners of Psychologists.

I, _____, have demonstrated competency in the area of school psychology through training and experience.

I, _____, completed the following course(s) to meet the requirement of a minimum of 3 semester hours in diversity-centered content related to today’s classroom:

My application packet includes the following:

- Completed online application form
- Non-refundable application fee (\$100.00)
- Official graduate and undergraduate transcripts
- Copy of current license as a Psychological Examiner or Psychologist from the Maine Board of Examiners of Psychologists
- Two completed “Reference for Initial Certification as a School Psychologist” forms (Forms [1a](#) and [1b](#))
- Signed “Ethics Compliance Statement” ([Form 2](#))
- Completed and signed “Verification of First Year (Post-Graduate) Supervision” form ([Form 3](#)) (if applicable; required only for the 3-year professional certificate)
- Completed and signed “Verification of Supervised Experience in Schools” form ([Form 4](#))

Signature

Date

Form 1a: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant's professional work.

Applicant's Name: _____

Applicant's SS#: _____

1. Briefly describe your relationship to the applicant. Please indicate your position, the applicant's position, the employment setting, and the dates associated with your professional relationship.

2. Please rate the applicant's level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant's skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant's skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant's skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant's skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

- Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

- School Psychologist – 093 Certificate
 Licensed Psychologist
 Nationally Certified School Psychologist
 Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 1b: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant's professional work.

Applicant's Name: _____

Applicant's SS#: _____

1. Briefly describe your relationship to the applicant. Please indicate your position, the applicant's position, the employment setting, and the dates associated with your professional relationship.

2. Please rate the applicant's level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant's skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant's skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant's skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant's skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

School Psychologist – 093 Certificate

Licensed Psychologist

Nationally Certified School Psychologist

Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 2: Ethics Compliance Statement

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be signed by the applicant.

Applicant's Name: _____

Applicant's SS#: _____

I, _____, understand and agree to abide by the codes of ethics set forth by the National Association of School Psychologists and the American Psychological Association for the lifetime of my 093 School Psychologist Certificate.

I, _____, understand that individuals holding the 093 certificate must include the word "school" in their title. I agree to accurately communicate my professional qualifications by presenting myself as a School Psychologist-Specialist or School Psychologist-Doctoral. I understand that I may present myself as a Psychologist or Psychological Examiner only if I hold one of these licenses from the Maine Board of Examiners of Psychologists.

I, _____, understand that the 093 certificate allows the delivery of services articulated in the current National Association of School Psychologists' Practice Model and agree to engage only in services for which I am qualified and competent.

Signature

Date

References

National Association of School Psychologists. (2020). *Principles for professional ethics*. Retrieved from <https://www.nasponline.org/standards-and-certification/professional-ethics>

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Form 3: Verification of First Year (Post-Graduate) Supervision

This form is required for applications for an initial 3-year professional 093 School Psychologist certificate or renewal of an initial 1-year 093 School Psychologist Certificate. This form must be signed by a credentialed school psychologist who supervised the applicant during their first year of independent practice after degree completion.

An applicant with one or more years of experience employed as a credentialed school psychologist in another jurisdiction may submit alternative evidence of post-graduate mentorship or supervision in lieu of this form.

Supervision of first-year school psychologists in Maine must adhere to the following requirements:

- Supervisors must hold a valid 093 certificate and have 3 years of experience as a school psychologist.
- Supervisors must provide a minimum of 1 hour per week of direct, individual supervision (in-person or remote) for the duration of 1 full academic year.
- Supervisors and supervisees must collaboratively generate a supervision agreement that identifies individualized goals.
- Supervisors and supervisees must adhere to student privacy and confidentiality laws.
- Supervisors remain free from liability for supervisees' actions and do not sign case documents and/or reports.

Applicant's Name: _____

Applicant's SS#: _____

First Year (Post-Graduate) Supervised Experience Information	
Employer (School/Unit):	
Start Date:	End Date:
Population Served (Age/Grade):	
Services Provided:	
Evaluation of Applicant's Performance	
<p>Please check one of the following options to evaluate the applicant's performance and preparedness for practice.</p> <p><input type="checkbox"/> Exceeds Expectations: Exceptionally prepared for independent practice Ongoing professional development recommended</p> <p><input type="checkbox"/> Meets Expectations: Prepared for independent practice Ongoing mentoring and peer consultation recommended</p> <p><input type="checkbox"/> Improvement Needed: Partially prepared for independent practice Continued supervision recommended*</p> <p><input type="checkbox"/> Unacceptable: Not prepared for independent practice Disciplinary action may be warranted due to ethical-legal violations, professional misconduct, negligence, or incompetence*</p>	
* Must be reviewed for further action by MDOE Advisory Committee on School Psychologists.	

Attestation of Required First Year (Post-Graduate) Supervision Components

- I, the supervisor, verify that I was certified as a school psychologist and held a valid 093 certificate while providing supervision.
- I, the supervisor, verify that I have a minimum of three years of experience as a school psychologist.
- I, the supervisor, verify that I provided a minimum of 1 hour per week of direct individual supervision (face-to-face or remote) to the applicant during a full academic year.
- I, the supervisor, verify that I provided supervision in accordance with the ethical and professional standards for supervision established by the National Association of School Psychologists by adhering to a supervision agreement that specified individualized professional goals.
- I, the supervisor, verify that the supervision process adhered to student confidentiality and privacy laws.
- I, the supervisor, verify that the information provided on this form is verifiable, factual, and accurate.

Supervisor's Name: _____ Supervisor's Signature: _____

Supervisor's Credential(s): _____ Supervisor's Email: _____

Date: _____

Form 4: Verification of Supervised Experience in Schools

This form is required for initial applications for the Maine Department of Education 093 School Psychologist certificate under Pathway 3: Hold a valid license from the Maine Board of Examiners of Psychologists with demonstrated competency in the area of school psychology. This form must be signed by a credentialed school psychologist or licensed psychologist who provided supervision to the applicant within a school setting. If the applicant's prior school-based supervisor is unavailable, the applicant may submit original signed documentation of supervision in lieu of this form.

Applicant's Name: _____

Applicant's SS#: _____

Supervised School Experience Information
Employer (School/Unit):
Services Provided:
Supervisor Name and Credentials:
Dates of Supervision:

I verify that I provided clinical supervision to the above-named applicant in the context of their work within a school setting and attest to their competency in the area of school psychology.

Supervisor's Signature: _____

Date: _____

APPLICATION PACKET: PATHWAY 4

I, _____, earned a graduate degree with a concentration in school psychology from an accredited college or university or a program accredited by the American Psychological Association (APA) which included:

- A minimum of 3 years of full-time study or equivalent at the graduate level, inclusive of structured field experiences;
- At least 60 graduate semester hours; and
- A supervised internship experience taken for academic credit with a minimum of 1200 clock hours, including a minimum of 600 hours in a school setting, completed across 1 academic year on a full-time basis or 2 consecutive academic years on a half-time basis.

I, _____, completed coursework and/or professional development that addressed the knowledge and practice competencies across all domains in the [Model for Comprehensive and Integrated School Psychological Services](#) developed by the NASP.

I, _____, completed the following course(s) to meet the requirement of a minimum of 3 semester hours in diversity-centered content related to today’s classroom:

My application packet includes the following:

- Completed online application form
- Non-refundable application fee (\$100.00)
- Official graduate and undergraduate transcripts
- Two completed “Reference for Initial Certification as a School Psychologist” forms (Forms [1a](#) and [1b](#))
- Signed “Ethics Compliance Statement” ([Form 2](#))
- Completed and signed “Verification of First Year (Post-Graduate) Supervision” form ([Form 3](#)) (if applicable; required only for the 3-year professional certificate)
- Completed “Evidence of Pathway 4 Coursework” form ([Form 5](#))
- Completed “Evidence of Pathway 4 Internship” form ([Form 6](#))

Signature

Date

Form 1a: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant’s professional work.

Applicant's Name: _____

Applicant’s SS#: _____

1. Briefly describe your relationship to the applicant. Please indicate your position, the applicant’s position, the employment setting, and the dates associated with your professional relationship.

2. Please rate the applicant’s level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant’s skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant’s skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant’s skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant’s skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

- Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

- School Psychologist – 093 Certificate
 Licensed Psychologist
 Nationally Certified School Psychologist
 Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 1b: Reference for Initial Certification as a School Psychologist

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be completed by a credentialed school psychologist who has reviewed the applicant's professional work.

Applicant's Name: _____

Applicant's SS#: _____

1. Briefly describe your relationship to the applicant. Please indicate your position, the applicant's position, the employment setting, and the dates associated with your professional relationship.
2. Please rate the applicant's level of competency development in each area of school psychology practice using the rating guidelines and table below.

Exemplary: The applicant's skills are strongly established, and the applicant is well-prepared for independent practice.

Proficient: The applicant's skills are sufficiently developed for entry-level practice, and continued practice with mentorship is recommended.

Developing: The applicant's skills are developing, and additional supervision is needed.

Not Applicable (NA): The applicant's skills in this domain have not been observed.

	Exemplary	Proficient	Developing	NA
Psychoeducational Assessment				
School-Based Consultation				
Academic Intervention				
Social-Emotional/Behavioral Intervention				
MTSS Implementation				
Crisis Prevention and Response				
Program/Outcome Evaluation				
Staff Training/Supervision				

3. Please rate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The applicant provides services consistent with ethical-legal standards					
The applicant consistently demonstrates professionalism.					
The applicant communicates effectively, both orally and in writing.					
The applicant provides culturally responsive services.					
The applicant understands and respects diversity in development and learning.					
The applicant collaborates effectively with parents and professionals.					

4. Do you have any reservations about the applicant being credentialed as a school psychologist?

- Yes No

If yes, please explain: _____

Reference Name: _____

Reference Email Address: _____

Reference Credentials (check all that apply):

- School Psychologist – 093 Certificate
 Licensed Psychologist
 Nationally Certified School Psychologist
 Other: _____

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 the applicant to the Maine Department of Education for certification as a School Psychologist.

Signature

Date

Form 2: Ethics Compliance Statement

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate and must be signed by the applicant.

Applicant's Name: _____

Applicant's SS#: _____

I, _____, understand and agree to abide by the codes of ethics set forth by the National Association of School Psychologists and the American Psychological Association for the lifetime of my 093 School Psychologist Certificate.

I, _____, understand that individuals holding the 093 certificate must include the word "school" in their title. I agree to accurately communicate my professional qualifications by presenting myself as a School Psychologist-Specialist or School Psychologist-Doctoral. I understand that I may present myself as a Psychologist or Psychological Examiner only if I hold one of these licenses from the Maine Board of Examiners of Psychologists.

I, _____, understand that the 093 certificate allows the delivery of services articulated in the current National Association of School Psychologists' Practice Model and agree to engage only in services for which I am qualified and competent.

Signature

Date

References

National Association of School Psychologists. (2020). *Principles for professional ethics*. Retrieved from <https://www.nasponline.org/standards-and-certification/professional-ethics>

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Form 3: Verification of First Year (Post-Graduate) Supervision

This form is required for applications for an initial 3-year professional 093 School Psychologist certificate or renewal of an initial 1-year 093 School Psychologist Certificate. This form must be signed by a credentialed school psychologist who supervised the applicant during their first year of independent practice after degree completion.

An applicant with one or more years of experience employed as a credentialed school psychologist in another jurisdiction may submit alternative evidence of post-graduate mentorship or supervision in lieu of this form.

Supervision of first-year school psychologists in Maine must adhere to the following requirements:

- Supervisors must hold a valid 093 certificate and have 3 years of experience as a school psychologist.
- Supervisors must provide a minimum of 1 hour per week of direct, individual supervision (in-person or remote) for the duration of 1 full academic year.
- Supervisors and supervisees must collaboratively generate a supervision agreement that identifies individualized goals.
- Supervisors and supervisees must adhere to student privacy and confidentiality laws.
- Supervisors remain free from liability for supervisees’ actions and do not sign case documents and/or reports.

Applicant's Name: _____

Applicant’s SS#: _____

First Year (Post-Graduate) Supervised Experience Information	
Employer (School/Unit):	
Start Date:	End Date:
Population Served (Age/Grade):	
Services Provided:	
Evaluation of Applicant’s Performance	
<p>Please check one of the following options to evaluate the applicant’s performance and preparedness for practice.</p> <p><input type="checkbox"/> Exceeds Expectations: Exceptionally prepared for independent practice Ongoing professional development recommended</p> <p><input type="checkbox"/> Meets Expectations: Prepared for independent practice Ongoing mentoring and peer consultation recommended</p> <p><input type="checkbox"/> Improvement Needed: Partially prepared for independent practice Continued supervision recommended*</p> <p><input type="checkbox"/> Unacceptable: Not prepared for independent practice Disciplinary action may be warranted due to ethical-legal violations, professional misconduct, negligence, or incompetence*</p>	
* Must be reviewed for further action by MDOE Advisory Committee on School Psychologists.	

Attestation of Required First Year (Post-Graduate) Supervision Components

- I, the supervisor, verify that I was certified as a school psychologist and held a valid 093 certificate while providing supervision.
- I, the supervisor, verify that I have a minimum of three years of experience as a school psychologist.
- I, the supervisor, verify that I provided a minimum of 1 hour per week of direct individual supervision (face-to-face or remote) to the applicant during a full academic year.
- I, the supervisor, verify that I provided supervision in accordance with the ethical and professional standards for supervision established by the National Association of School Psychologists by adhering to a supervision agreement that specified individualized professional goals.
- I, the supervisor, verify that the supervision process adhered to student confidentiality and privacy laws.
- I, the supervisor, verify that the information provided on this form is verifiable, factual, and accurate.

Supervisor's Name: _____ Supervisor's Signature: _____

Supervisor's Credential(s): _____ Supervisor's Email: _____

Date: _____

Form 5: Evidence of Pathway 4 Coursework

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate under Pathway 4.

Applicant's Name: _____

Applicant's SS#: _____

Eligibility for the 093 certificate under Pathway 4 requires an earned graduate degree with a concentration in school psychology that addressed competencies across all domains of the [NASP Practice Model](#). Applicants must complete the table below to demonstrate the alignment of their training with the NASP practice model. Applicants who completed their graduate training prior to the implementation of the NASP Practice Model may submit evidence of professional development and/or other experiences to demonstrate knowledge competencies. Course syllabi, professional development certificates, and other supporting documentation may be submitted to support the application.

NASP Practice Domain	Relevant Course(s): Number and Title	Description of Relevant Knowledge Addressed By Course(s)	Description of Other Relevant Professional Development Experiences (optional)
Data-Based Decision Making			
Consultation and Collaboration			
Academic Interventions and Instructional Supports			
Mental and Behavioral Health Services and Interventions			
School-Wide Practices to Promote Learning			

Table, continued

NASP Practice Domain	Relevant Course(s): Number and Title	Description of Relevant Knowledge Addressed By Course(s)	Description of Other Relevant Professional Development Experiences (optional)
Services to Promote Safe and Supportive Schools			
Family, School, and Community Collaboration			
Equitable Practices for Diverse Student Populations			
Research and Evidence-Based Practice			
Legal, Ethical, and Professional Practices			

I hereby verify that the information on this form accurately represents the content of my coursework and/or continued professional development.

Applicant's Signature/Date: _____

Form 6: Evidence of Pathway 4 Internship

This form is required for all initial applications for the Maine Department of Education 093 School Psychologist certificate under Pathway 4. This form must be signed by the applicant's University or field-based supervisor.

Applicant's Name: _____

Applicant's SS#: _____

Eligibility for the 093 certificate under Pathway 4 requires completion a supervised internship taken for academic credit with a minimum of 1200 clock hours, including a minimum of 600 hours in a school setting, completed across 1 academic year on a full-time basis or 2 consecutive academic years on a half-time basis. Please provide the information requested below to verify completion of an acceptable internship.

Internship Information

School District/Site Name: _____

School/Site Address: _____

Field-Based Supervisor: _____

University-Based Supervisor: _____

Start Date: _____ End Date: _____

Total Hours: _____ Total School Hours: _____

THE SUBSEQUENT SECTION MUST BE COMPLETED BY THE UNIVERSITY OR FIELD-BASED SUPERVISOR

Did the intern complete at least 1200 clock hours of a supervised internship experience? Yes No

Did the intern complete at least 600 clock hours of supervised experience in a school setting? Yes No

Did the intern complete the supervised internship experience on a full-time basis for 1 academic year or on a half-time basis for 2 consecutive academic years? Yes No

Was the supervisor licensed or certified to practice in the internship setting? Yes No

I certify that all of the above information on this form is accurate and true.

University or Field-Based Supervisor Name: _____

University or Field-Based Supervisor Signature/Date: _____

Supervisor Email Address: _____

3-YEAR CERTIFICATE RENEWAL GUIDELINES

Individuals who hold a 3-year school psychologist (093) certificate may apply to renew their certificate by:

- a) Submitting a valid and current Nationally Certified School Psychologist (NCSP) certificate issued by the National School Psychology Certification Board;
- b) Submitting a valid and current license issued by the Board of Examiners of Psychologists of Maine; OR
- c) Submitting evidence of 75 hours of continuing professional development during the last three years, consistent with current Nationally Certified School Psychologist certificate renewal standards and audit guidelines to be verified by the Advisory Committee on School Psychologists.

[Form 7](#) is required for 093 certificate renewal applications by school psychologists who do not hold a valid and current NCSP certificate or a valid and current license issued by the Maine Board of Examiners of Psychologists. Applicants pursuing renewal without meeting either of those requirements must provide evidence of 75 hours of continuing professional development (CPD) during the last three years, consistent with current [NCSP renewal standards](#). These standards are summarized below:

- Complete and maintain documentation of a minimum of 75 hours of continuing professional development (CPD) activities **within 36 months of renewal**.
 - At least 10 of the 75 CPD hours must come from a [NASP-approved provider](#) or [APA-approved sponsor of continuing education](#). All content in [NASP's Online Learning Center](#) qualify towards this requirement;
 - At least 3 of the 75 CPD hours must address ethical practice and/or the legal regulation of school psychology; and
 - At least 3 of the 75 CPD hours must address diversity, equity, and inclusion.

Applicants should be able to answer "yes" to all four of the following questions to claim CPD credit for an activity:

- Did the activity enhance or upgrade my professional skills or add to my knowledge base?
- Was the activity relevant to the professional practice of school psychology?
- Did the activity fit into my personal plan for continuing professional development?
- Did the activity go beyond the ordinary aspects of my employment?

Form 7: Renewal of a 3-Year 093 Certificate Based on Evidence of Continuing Professional Development

Applicant's Name: _____

Applicant's Certificate#: _____

Please document all CPD activities in the table below and attach copies of certificates of completion and/or transcripts.

Title of CPD Activity	Date Completed	Number of Contact Hours	Check (✓) if NASP/APA approved provider

Total Number of CPD Hours (must total 75 or more including 10 hours from a NASP/APA approved provider):

Please list the activities that meet the requirement for 3 hours of CPD regarding ethical practice and/or the legal regulation of school psychology:

Please list the activities that meet the requirement for 3 hours of CPD regarding diversity, equity, and inclusion:

I hereby verify that the information above is accurate and complete.

Signature

Date