

## SCHOOL PSYCHOLOGIST (093) CERTIFICATE

Dear Applicant:

Thank you for inquiring about certification as a School Psychologist in the State of Maine.

Enclosed please find an application for initial certification and information about the certification process. **There is a non-refundable fee (Statute Title 20-A Section 13007) for certification in Maine.** The fee for School Psychologists is \$100.00. Please submit all certification application materials in one package. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

### **TRANSCRIPTS**

Send official transcripts only. The transcript must show all courses for which you have received credit and the date that you were awarded your degree(s).

Please allow a minimum of 4 to 6 weeks for processing of your application.

### **FINGERPRINTS**

You may receive an evaluation for a certificate before having your fingerprints taken. However, prior to being issued any type of Maine certification, you must have your fingerprints taken through a process approved by the Maine Department of Education. Information regarding approved fingerprint sites and online registration in Maine is available at <http://www.maine.gov/doe/cert/fingerprinting/> or by calling the Certification Office. For information regarding the approved process for having fingerprints taken outside of Maine, please call the Certification Office for an out-of-state fingerprint packet. There is a \$55 fee for this process, whether you are fingerprinted in Maine or submit an out-of-state fingerprint packet.

## INITIAL CERTIFICATION REQUIREMENTS

If you hold a current National Certified School Psychologist (NCSP) certificate, your application package should include:

- 1) a completed and signed application form;
- 2) non-refundable application fee (\$100.00), if appropriate;
- 3) graduate and undergraduate transcripts;
- 4) copy of your current NCSP certificate;
- 5) two (2) completed Reference for Initial Certification forms; and
- 6) completed Ethics Compliance Statement
- 7) verification of approved supervision during your first year of independent practice (if applicable)

If you have a graduate degree from an accredited program in school psychology which was approved by NASP/NCATE or APA at the time the degree was awarded, your application package should include:

- 1) a completed and signed application form;
- 2) non-refundable application fee (\$100.00), if appropriate;
- 3) graduate and undergraduate transcripts -graduate transcripts should be stamped with "approved by NASP/NCATE or APA (School Psychology Programs)", or a letter from the institution documenting that the program was approved at the time the degree was awarded;
- 4) two (2) completed Reference for Initial Certification forms; and
- 5) completed Ethics Compliance Statement
- 6) verification of approved supervision during your first year of independent practice (if applicable)

If you have a valid license from the Maine Board of Examiners of Psychologists, your application package should include:

- 1) a completed and signed application form;
- 2) non-refundable application fee (\$100.00), if appropriate;
- 3) graduate and undergraduate transcripts;
- 4) copy of your current license from the Maine Board of Examiners of Psychologists;
- 5) two (2) completed Reference for Initial Certification forms; and
- 6) completed Ethics Compliance Statement
- 7) verification of approved supervision during your first year of independent practice (if applicable)

If none of the above three pathways applies to you, your application package will be reviewed by the Advisory Committee on School Psychologist using a transcript analysis pathway. Your application package should include:

- 1) a completed and signed application form;
- 2) non-refundable application fee (\$100.00), if appropriate;
- 3) graduate and undergraduate transcripts;
- 4) two (2) completed Reference for Initial Certification forms; and
- 5) completed Ethics Compliance Statement
- 6) verification of approved supervision during your first year of independent practice (if applicable)

## ETHICS COMPLIANCE STATEMENT

This agreement must be submitted prior to the issuance of a School Psychologist Certificate

I, \_\_\_\_\_, SS# \_\_\_\_\_, agree to abide by the code of ethics endorsed by the Advisory Committee of School Psychologist (ACSP) during the lifetime of my certificate.

\_\_\_\_\_  
Signature

For a complete list of the codes of ethics endorsed by the ACSP, please see the Maine Department of Education School Psychologists website:

<http://www.maine.gov/doe/schoolpsychologists/practice/index.html>

## REFERENCE FOR INITIAL CERTIFICATION AS A SCHOOL PSYCHOLOGIST

*Must be completed by a licensed or certified school psychologist who has reviewed the professional work of the applicant.*

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_

This person has applied for certification as a school psychologist in the state of Maine and has submitted your name as a reference. Based on your knowledge of the applicant, please answer the following:

1. Position held, location, dates during your professional relationship:

\_\_\_\_\_  
\_\_\_\_\_

1. What duties and functions did he/she perform? Please check all that apply:

- Assessment
- Oral reporting of assessment results and recommendations
- Written reporting of assessment results and recommendations
- Consultation
- Behavior management
- Social skills training
- Group counseling
- In-service training
- Research
- Other: \_\_\_\_\_

2. Did you provide supervision for the applicant? \_\_\_\_\_

If yes, on the average how many hours of supervision per week did you provide: \_\_\_\_\_.

For how many weeks: \_\_\_\_\_

Please specify the time period (months and years) upon which your recommendation and evaluation is based.

\_\_\_\_\_

4. Based on your review of the applicant's professional work, please rate the applicant in the following areas, using a five point Likert Scale. (NOTE: Compare the applicant to entry level professionals in the same field of school psychology).

Excellent	Above Average	Average	Below Average	Unacceptable	Not Applicable
5	4	3	2	1	N/A

- \_\_\_\_\_ Assessment
- \_\_\_\_\_ Oral reporting of assessment results and recommendations
- \_\_\_\_\_ Written reporting of assessment results and recommendations
- \_\_\_\_\_ Consultation
- \_\_\_\_\_ Behavior management
- \_\_\_\_\_ Social skills training
- \_\_\_\_\_ Group counseling
- \_\_\_\_\_ In-service training
- \_\_\_\_\_ Research
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Overall Rating

5. In your opinion, does this person have:  
**Check if yes, leave blank if no**

- \_\_\_\_\_ a. High moral and ethical standards
- \_\_\_\_\_ b. Sense of commitment to student welfare
- \_\_\_\_\_ c. Knowledge of own limits, and willingness to function within them
- \_\_\_\_\_ d. Personal problems that significantly impair his/her functioning
- \_\_\_\_\_ e. Significant deficiencies in training, such that a certificate as a school psychologist should be restricted or denied.

6. To the best of your knowledge, has the applicant:  
**Check if yes. leave blank if no**

- \_\_\_\_\_ a. Completed an accredited and adequate graduate program in psychology
- \_\_\_\_\_ b. Obtained a masters degree
- \_\_\_\_\_ c. Obtained a doctoral degree
- \_\_\_\_\_ d. Completed a graduate program in school psychology
- \_\_\_\_\_ e. Sufficient knowledge of basic science of school psychology
- \_\_\_\_\_ f. Sufficient knowledge of applied/professional area of psychology
- \_\_\_\_\_ g. \_\_\_\_\_

7. Would you have any reservations about this person being certified as a school psychologist?  
Yes    No    If yes, please explain: \_\_\_\_\_

8. Any additional comments that would be helpful to us? \_\_\_\_\_

The following information should be provided by the person completing this form.

My name and contact information is:

Name: (print clearly): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

I declare under penalty for perjury in the law that the following are my academic and professional credentials:

Highest Degree \_\_\_\_\_ Date received \_\_\_\_\_ Institution \_\_\_\_\_

School psychology:

Certified: No \_\_\_ Yes \_\_\_ Certification Title: \_\_\_\_\_ State: \_\_\_\_\_

Licensed: No \_\_\_ Yes \_\_\_ State: \_\_\_\_\_ License number: \_\_\_\_\_

NCSP: No \_\_\_ Yes \_\_\_

Member: NASP \_\_\_ APA \_\_\_ State Association: \_\_\_\_\_

Date (of the endorsement): \_\_\_\_\_

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 (name) \_\_\_\_\_, D.O.B. \_\_\_\_\_ to the Maine Department of Education for certification as a School Psychologist.

Name: \_\_\_\_\_

Notarized signature: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The Affiant, \_\_\_\_\_, appeared before me this day (date) \_\_\_\_\_ and acknowledged the foregoing statements are true and of his / her own personal knowledge where specifically indicated, and otherwise that the statements are true to the best of his / her knowledge, information and belief, and where based on information and belief, he / she believes the statements are true.

Notary Public/Attorney : \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Bar Number: \_\_\_\_\_

(date)

## REFERENCE FOR INITIAL CERTIFICATION AS A SCHOOL PSYCHOLOGIST

*Must be completed by a licensed or certified school psychologist who has reviewed the professional work of the applicant.*

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_

This person has applied for certification as a school psychologist in the state of Maine and has submitted your name as a reference. Based on your knowledge of the applicant, please answer the following:

1. Position held, location, dates during your professional relationship:

\_\_\_\_\_  
\_\_\_\_\_

3. What duties and functions did he/she perform? Please check all that apply:

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- Oral reporting of assessment results and recommendations
- Written reporting of assessment results and recommendations
- Consultation
- Behavior management
- Social skills training
- Group counseling
- In-service training
- Research
- Other: \_\_\_\_\_

4. Did you provide supervision for the applicant? \_\_\_\_\_

If yes, on the average how many hours of supervision per week did you provide: \_\_\_\_\_.

For how many weeks: \_\_\_\_\_

Please specify the time period (months and years) upon which your recommendation and evaluation is based.

\_\_\_\_\_

4. Based on your review of the applicant's professional work, please rate the applicant in the following areas, using a five point Likert Scale. (NOTE: Compare the applicant to entry level professionals in the same field of school psychology).

Excellent	Above Average	Average	Below Average	Unacceptable	Not Applicable
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- \_\_\_\_\_ Behavior management
- \_\_\_\_\_ Social skills training
- \_\_\_\_\_ Group counseling
- \_\_\_\_\_ In-service training
- \_\_\_\_\_ Research
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Overall Rating

7. In your opinion, does this person have:  
**Check if yes, leave blank if no**

- \_\_\_\_\_ f. High moral and ethical standards
- \_\_\_\_\_ g. Sense of commitment to student welfare
- \_\_\_\_\_ h. Knowledge of own limits, and willingness to function within them
- \_\_\_\_\_ i. Personal problems that significantly impair his/her functioning
- \_\_\_\_\_ j. Significant deficiencies in training, such that a certificate as a school psychologist should be restricted or denied.

8. To the best of your knowledge, has the applicant:  
**Check if yes. leave blank if no**

- \_\_\_\_\_ h. Completed an accredited and adequate graduate program in psychology
- \_\_\_\_\_ i. Obtained a masters degree
- \_\_\_\_\_ j. Obtained a doctoral degree
- \_\_\_\_\_ k. Completed a graduate program in school psychology
- \_\_\_\_\_ l. Sufficient knowledge of basic science of school psychology
- \_\_\_\_\_ m. Sufficient knowledge of applied/professional area of psychology
- \_\_\_\_\_ n. \_\_\_\_\_

7. Would you have any reservations about this person being certified as a school psychologist?  
Yes    No    If yes, please explain: \_\_\_\_\_

8. Any additional comments that would be helpful to us? \_\_\_\_\_



The following information should be provided by the person completing this form.

My name and contact information is:

Name: (print clearly): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

I declare under penalty for perjury in the law that the following are my academic and professional credentials:

Highest Degree \_\_\_\_\_ Date received \_\_\_\_\_ Institution \_\_\_\_\_

School psychology:

Certified: No \_\_\_ Yes \_\_\_ Certification Title: \_\_\_\_\_ State: \_\_\_\_\_

Licensed: No \_\_\_ Yes \_\_\_ State: \_\_\_\_\_ License number: \_\_\_\_\_

NCSP: No \_\_\_ Yes \_\_\_

Member: NASP \_\_\_ APA \_\_\_ State Association: \_\_\_\_\_

Date (of the endorsement): \_\_\_\_\_

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 (name) \_\_\_\_\_, D.O.B. \_\_\_\_\_ to the Maine Department of Education for certification as a School Psychologist.

Name: \_\_\_\_\_

Notarized signature: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The Affiant, \_\_\_\_\_, appeared before me this day (date) \_\_\_\_\_ and acknowledged the foregoing statements are true and of his / her own personal knowledge where specifically indicated, and otherwise that the statements are true to the best of his / her knowledge, information and belief, and where based on information and belief, he / she believes the statements are true.

Notary Public/Attorney : \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Bar Number: \_\_\_\_\_

(date)

**SCHOOL PSYCHOLOGIST SUPERVISION AGREEMENT FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Town

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Email

My signature below verifies that I have contracted to participate in 1,500 supervised hours between the dates of \_\_\_\_\_ and \_\_\_\_\_. I understand that I am responsible for accuracy in reporting my supervised hours and that reporting inaccurate supervision hour completion is a violation of NASP and APA ethical guidelines. I understand that inaccurate reporting is grounds for denial of the School Psychologist Certificate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following signatures verify that the school psychologist named above has contracted with me for completion of 1,500 supervised practice hours toward fulfillment of the supervision requirement for a certificate in school psychology (093).

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Supervisor credentials:

\_\_\_ Licensed Psychologist (state: \_\_\_\_\_ number: \_\_\_\_\_ expiration date: \_\_\_\_\_)

\_\_\_ Nationally Certified School Psychologist number: \_\_\_\_\_ expiration date: \_\_\_\_\_)

\_\_\_ Certified School Psychologist (state: \_\_\_\_\_ number: \_\_\_\_\_ expiration date: \_\_\_\_\_)

## VERIFICATION OF POST-INTERNSHIP SUPERVISION

**Supervision Requirement, Public Law Chapter 386:** A certificate holder (093) must be supervised for the first full school year following the school psychology internship. The State Board of Education shall require evidence of supervision prior to issuing the initial Three-Year Certificate. Supervision of the first year school psychologist must be in accordance with supervision recommendations established by the National Association of School Psychologists (NASP) and provided by a person who is employed or under contract as a certified school psychologist (see below).

**For practitioners who have been in the field several years, there are two options for documenting post-internship supervision:**

1. Complete this form obtaining the signature of the appropriate supervisor;
2. Provide the Advisory Committee for School Psychologists with the original documentation/evaluation of supervision signed by the supervisor and also using this form attest to the fact that the supervisor's qualifications are in accordance with the NASP Model (see below).

**Name of applicant for 093 certificate (Supervisee):** \_\_\_\_\_

Name of School/Unit where supervised:		Age/Grade/Population Served:	
Describe types of services provided:			
Dates of Employment	Hours worked per week	Direct supervision hours per week	Total hours under direct supervision for year
How many hours did the applicant complete in each of the following areas?			
<b>Intervention:</b> consultation, therapy, counseling, or other intervention			
<b>Psychological Assessment:</b> cognitive, academic, or behavioral/emotional			
<b>Other Psychological Experience:</b> supervision of others, program development, outcome assessment, systems intervention, team/IEP meetings, research			
<b>Support Activities:</b> case conferences; case management; training; progress notes; chart review; psychological assessment scoring, reporting, and writing; record keeping			
<b>Assessment of Supervisee's Performance:</b>			
<input type="checkbox"/> Highest professional quality <input type="checkbox"/> Highest initial certificate holder quality, but not on par with fellow professionals <input type="checkbox"/> Adequate quality, on-going involvement in peer supervision recommended <input type="checkbox"/> Adequate/Marginal quality, recommend continued professional supervision* <input type="checkbox"/> Unacceptable level of performance* <input type="checkbox"/> Unacceptable functioning because of ethical or personal problems* <input type="checkbox"/> Highly Variable*			
* Must be reviewed for further action by DOE Advisory Council for School Psychologists			
<b>Required Qualifications of Supervisor:</b> Supervisors of school psychologists and supervisors of trainees should hold the Nationally Certified School Psychologist credential or the school psychology credential for the state, and have at least three years' experience as a school psychologist. Training and/or experience in the supervision of school personnel are desirable.			
<input type="checkbox"/> I, the supervisor, certify that I meet the current NASP recommendations for qualifications of supervisors and that I abide by current NASP ethical standards and practices for supervision of school psychologists. <input type="checkbox"/> In addition, I, the supervisor of the above named supervisee, certify that the information provided on this form is verifiable, factual, and accurate.			
Supervisor Name _____		Supervisor Signature _____	
		Certificate/License Number _____ Date _____	
Address of Supervisor _____		Phone Number _____ Email _____	