



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

RECOMMENDATION FOR LICENSURE AS A PSYCHOLOGICAL PRACTITIONER

Name of Applicant: _____

The above named individual has applied for licensure as a Psychological Practitioner in the Commonwealth of Kentucky. Your candid and complete evaluation of this applicant is critical for licensure and, ultimately, the protection of the consumer.

APPLICANT INFORMATION

1. In your professional opinion, in which of the following services did the applicant demonstrate sufficient competency and professional judgment requisite to perform independent, unsupervised practice?

General Services

- Therapy
- Evaluation
- Consultation
- Academic Teaching

Services Offered

- Child Evaluations
- Child Treatment
- Behavioral Modification
- Biofeedback
- Eating Disorders
- Family Therapy
- Group Therapy
- Hypnosis
- Marital Therapy
- Conjoint Therapy
- Play Therapy
- Program Eval. And Dev.
- Psychodrama
- Mediation
- Sex Therapy
- Substance Abuse/Addictions
- Other: _____

Specialty Services

- Custody Evaluations
- Forensic Evaluations
- Neuropsychology
- Industrial/Org. Psychology
- School Psychology
- Other: _____

If there are areas above to which you do not attest sufficient competency and professional judgment requisite to independent, unsupervised practice, what additional training and/or experience would prepare this person to function competently without supervision?

2. In your professional opinion, in which of the following age group(s) did the applicant demonstrate sufficient competency and professional judgment requisite to perform independent, unsupervised practice?

- Preschool Children (under 5)
- Children (5-12)
- Adolescents (13-17)
- College (in a college setting)
- Adults (18 and over)
- Geriatric

3. Describe the applicant's ability, in your opinion, to function professionally in cooperation with other psychologists or with other members of the community. Please give examples, if known.

4. Describe the applicant's understanding of and acceptance of responsibility in matters of professional ethics. Please include any indications of deviation from expected behavior.

5. Do you have any information that would aid the Board of Examiners of Psychology in evaluating this applicant to pursue independent practice? Please explain.

Please complete this form in reference to the above named applicant. Scores are as follows:

1= Does not display minimal competency (to practice independently).
 3= Displays minimal competency (to practice independently) in this area.
 5= Exhibits above minimum competence (to practice independently) in this area.
 X= Cannot rate

1. <u>Interviewing Skills</u> : Conducts interviews with client/patient, family members, employees and/or others to understand identified problems.	1	2	3	4	5	X
2. <u>Relevant History</u> : Identify relevant history from client/patient or significant others to attain understanding of presenting problem(s).	1	2	3	4	5	X
3. <u>Observational Skills</u> : Observes client/patient or organization behavior and articulates this in a coherent fashion.	1	2	3	4	5	X
4. <u>Assessment Selection Skills</u> : Selects appropriate instruments, techniques or procedures (e.g.) test inventories to assess relevant characteristic of individual or group.	1	2	3	4	5	X
5. <u>Test Administration and Interpretation</u> : Administers, interprets and scores psychological testing materials, techniques or procedures in a standardized fashion.	1	2	3	4	5	X
6. <u>Reporting Writing Skills</u> : Integrates and reports results of psychological testing or intervention in a coherent, clear fashion.	1	2	3	4	5	X
7. <u>Special Populations</u> : Identifies techniques for assessing psychological needs of special populations (e.g. sensorially or physically disabled, ethnic minority, gender issues, etc.)	1	2	3	4	5	X

8. <u>Diagnostic Skills</u> : Demonstrates knowledge of a diagnostic system (i.e.) DSM-5 and ability to differentially diagnose patients in organized and clear fashion.						
1	2	3	4	5	X	
9. <u>Professional Conduct</u> : Maintains appropriate professional relationships with supervisor, peers, support staff and other professionals.						
1	2	3	4	5	X	
10. <u>Assessing Patient/Client for Dangerousness</u> : Demonstrates skills, knowledge and abilities to identify potentially dangerous patients/clients and intervene appropriately (e.g. suicidal, violent, etc.)						
1	2	3	4	5	X	
11. <u>Ethical Principles</u> : Demonstrates knowledge and behavior consistent with ethical principles and standards for psychologists.						
1	2	3	4	5	X	
12. <u>Record Keeping</u> : Maintains appropriate records and documentation in clear and readable fashion.						
1	2	3	4	5	X	
13. <u>Knowledge of Own Limits</u> : Identifies limits of his/her own competencies and is able to consult and refer appropriately.						
1	2	3	4	5	X	
14. <u>Confidentiality</u> : Articulates and demonstrates knowledge related patient confidentiality and disclosure of information.						
1	2	3	4	5	X	
15. <u>Knowledge of Theoretical Foundation</u> : Articulates clear theory/conceptual basis addressing etiology and interventions with patient/client.						
1	2	3	4	5	X	
16. <u>Conceptual Skills</u> : Applicant displays ability to conceptualize client problems in a coherent and logical fashion.						
1	2	3	4	5	X	
17. <u>Teaching Skills</u> : Uses effective approaches in presentations, workshops, academic instruction and other formal and informal teaching opportunities.						
1	2	3	4	5	X	
18. <u>Supervision</u> : Provides competent direction and support for supervisee.						
1	2	3	4	5	X	
19. <u>Special Areas of Expertise</u> : Please list areas of experience not otherwise covered:						

1	2	3	4	5	X	
Any sections where individual scored 1 or 2, please explain:						

YOUR INFORMATION

Please answer the remaining questions about yourself.

1. What are your mental health credentials?

a. Field of training/experience: _____

b. Your highest graduate degree: _____

c. Title of department and degree-granting school: _____

d. Number of years working as a mental health professional: _____

e. Area(s) of specialization: _____

f. Your membership in professional organizations (please list): _____

2. Were you supervised by the applicant? Yes No
 If yes, please explain the nature of the supervision: _____

3. Were you a supervisor of the applicant? Yes No
 If yes, please explain the nature of the supervision: _____

4. Do you have a relationship other than a working relationship with this applicant? Yes No
 If yes, please explain: _____

5. In what role do you know the applicant?

6. What was the applicant's title/position and agency during the time of your knowledge of the applicant?

7. What were the dates of your knowledge of the applicant (date met to date of last contact)?

DECLARATION

I declare that, to the best of my knowledge, the foregoing is true and correct.

Printed Name		Signature		Title	
Mailing Address: Street			City	State	Zip Code
Phone Number				Date	