

Wisconsin Department of Safety and Professional Services

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PSYCHOLOGY EXAMINING BOARD

VERIFICATION OF PROFESSIONAL EXPERIENCE

Please Note: This form is used to document areas of competence gained and demonstrated outside of the 3000 hours of required supervised experience, or to describe the scope of competence demonstrated by those who have been licensed for about 5 years or more. It is not acceptable to attach letters in lieu of completing this form.

Part 1. Applicant will complete Part I and forward to a psychologist who can attest their scope of practice to complete Part 2.

I have carefully read the Instructions for Psychology Licensure Applicants (Form #615) before completing this form.

A.	APPLICANT INFORMATION			
Applicant	NAME:			Degree:
	CURRENT ADDRESS:			
	CITY/STATE/ZIP			
	TELEPHONE #:			FIELD:
	LICENSED IN STATE OF :			LICENSE NUMBER:

B.	List place(s) where you engaged in professional practice					
Setting	LOCATION:					
	ADDRESS:					
	CITY/STATE/ZIP:					
	APPLICANT'S TITLE OR POSITION:					
	YOUR RELATIONSHIP TO APPLICANT:					
	CITY/STATE/ZIP:					
	Start Date mm/dd/yyyy	End Date mm/dd/yyyy	Ave. # of Hours Worked Per Week	Employee <input type="checkbox"/> Yes; <input type="checkbox"/> No	Self-Employed <input type="checkbox"/> Yes; <input type="checkbox"/> No	Total time Worked Being Attested to in This Setting Only

C.	Describe below, in detail, psychological duties and services performed by the applicant in each setting. (Attach additional sheets if necessary.)
Duties	

Please transfer the relevant information from FORM 2553 NATURE OF INTENDED PRACTICE to the section below:

Competencies for Independent Practice:

DEFINITIONS: Based on your self-assessment and review of the instructions, rate yourself "C" for *Competent* or "Ex" for *Experienced*. If you do not have sufficient knowledge, experience, and supervision to rate yourself in one of these categories, leave the item blank.

- **COMPETENCE:** On this form, "C" refers to the level of skill and knowledge necessary to work independently with routine and challenging cases or clients, combined with the wisdom to seek consultation for unusual or difficult cases.
- **EXPERIENCE:** "Ex" refers to the level of skill and knowledge development (i.e., developing ability) necessary to work with routine cases, although supervision/consultation or guidance is needed for non-routine cases. Applicants typically attain this level of competence at the completion of internship in their areas of focus.

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FOUNDATIONAL COMPETENCIES

<i>C</i>	<i>Ex</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	<input type="checkbox"/>	Self-Assessment: Reflective Practice
<input type="checkbox"/>	<input type="checkbox"/>	Cultural Identity and Diversity

<i>C</i>	<i>Ex</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Relationship Skills/Interdisciplinary Systems
<input type="checkbox"/>	<input type="checkbox"/>	Ethical-Legal Standards and Policy

FUNCTIONAL COMPETENCIES

	Infant-toddler (ages birth-2)		preschool children. (ages 3-5)		children (ages 5-12).		adolescents (ages 13-17).		adults (approximately ages 19-65).		geriatric (approximately over 65).		other specific subpopulations (list):	
	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>	<i>C</i>	<i>Ex</i>
Evaluation/Assessment/Diagnosis/ Case Conceptualization														
Evaluation (interviewing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment (testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychological assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulate treatment plans/ recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic (e.g., competency) evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention (treatment/therapy)														
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>C</i>	<i>Ex</i>	CONSULTATION
<input type="checkbox"/>	<input type="checkbox"/>	with peers
<input type="checkbox"/>	<input type="checkbox"/>	with other professionals
<input type="checkbox"/>	<input type="checkbox"/>	with family members
<input type="checkbox"/>	<input type="checkbox"/>	with industry / organizations
<i>C</i>	<i>Ex</i>	RESEARCH/PROGRAM EVALUATION
<input type="checkbox"/>	<input type="checkbox"/>	conduct research
<input type="checkbox"/>	<input type="checkbox"/>	program evaluation
<input type="checkbox"/>	<input type="checkbox"/>	other:

<i>C</i>	<i>Ex</i>	SUPERVISION/TEACHING
<input type="checkbox"/>	<input type="checkbox"/>	supervise students/peers/other service providers
<input type="checkbox"/>	<input type="checkbox"/>	teach students in planned courses
<input type="checkbox"/>	<input type="checkbox"/>	Other:
<i>C</i>	<i>Ex</i>	MANAGEMENT-ADMINISTRATION
<input type="checkbox"/>	<input type="checkbox"/>	staff development, planning, implementation
<input type="checkbox"/>	<input type="checkbox"/>	facilitate communication across all levels
<input type="checkbox"/>	<input type="checkbox"/>	quality improvement
<input type="checkbox"/>	<input type="checkbox"/>	manage direct delivery of service
<input type="checkbox"/>	<input type="checkbox"/>	Other:

<i>C</i>	<i>Ex</i>	OTHER AREAS OF PRACTICE: Describe
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

PART 2: TO BE COMPLETED BY THE ATTESTOR

Instructions to psychologist completing Part II: The Applicant (named on page 1) is applying for licensure as a psychologist in Wisconsin. Please review **Part 1** of this form and answer the following and return directly or to the applicant. Thank you.

The Wisconsin Psychology Examining Board

Wisconsin Department of Safety and Professional Services

VERIFICATION OF PROFESSIONAL EXPERIENCE

1. Attestor Information [NOTE: Attestor may not be applicant's spouse or a relative.]					
Name	Degree	Year Degree Conferred			
Agency Name					
Address					
City	State/Province	Zip/Postal Code			
Email Address:			Daytime Phone #:		
State/Province/Territory of Licensure/Registration/Certification:			Credential Number:		
Your area of specialty, if any:		Other states/provinces/territories where licensed			
PLEASE READ CAREFULLY				Yes	No
Is the information provided by the applicant identified in Part I of this form accurate? ○ If no, describe or discuss the differences on a separate sheet of paper and attach to this form.				<input type="checkbox"/>	<input type="checkbox"/>
Can you attest that this applicant rendered professional services in the work setting(s) described in Part I? ○ If no, describe or discuss the differences on a separate sheet of paper and attach to this form.				<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, did this applicant provide competent and ethical professional services in the settings described in Part I? ○ If no, please describe on a separate sheet of paper and attach to this form.				<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, was there any disciplinary action taken against this applicant by any regulatory board or ethics committee? ○ If yes, please describe on a separate sheet of paper and attach to this form.				<input type="checkbox"/>	<input type="checkbox"/>
Was this applicant functioning in this same work setting under any other license or in any other professional capacity with the same client load during the period of work experience to be verified? ○ If yes, describe in detail on a separate sheet of paper and attach to this form.				<input type="checkbox"/>	<input type="checkbox"/>
Briefly describe your relationship with this applicant and the basis of your knowledge about the applicant's practice (if you were a predoctoral supervisor, describe the Number of hours of face-to-face, direct service, supervision and total time per week, and the number of weeks of supervision):					
Do you have any concerns about the applicant's scope of practice or other information that would aid the Wisconsin Psychology Examining Board in evaluating this applicant's ability to pursue independent practice? Please explain (use additional sheets as needed):					

I have reviewed **Part 1** of this form and find the information therein is consistent with my knowledge of the applicant and his or her range of competence and scope of practice. Further, I declare that the information provided in **Part 2** is true and correct.

I am completing this form in the role of:
supervisor, consultant, colleague

 Printed name of supervisor, consultant, or colleague

 Signature of supervisor, consultant, or colleague

 Date (mo/day/yr)

() -
 Telephone Number

Please return this completed form to:	Wisconsin Department of Safety and Professional Services P.O. Box 8935, Madison WI 53708-8935 Email: web@dps.wi.gov Fax: 608-261-7083 Tele: 608-266-2112
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