

The Commonwealth of Massachusetts  
**Department of Public Health**  
Board of Allied Mental Health and Human Services Professions  
250 Washington Street  
Boston, MA 02108  
(617) 624-6199  
amh.board@mass.gov

## Licensed Educational Psychologist Application Checklist

### I. How to Apply: You Must Apply Online

Applications are only accepted through the [Massachusetts Department of Public Health Health Professions Licensing System](#). Information on how to apply is available [here](#).

After your application is reviewed, you will be notified by email of any deficiencies in your application, with instructions to pay the \$155 license fee to get your license.

### II. Application Documents

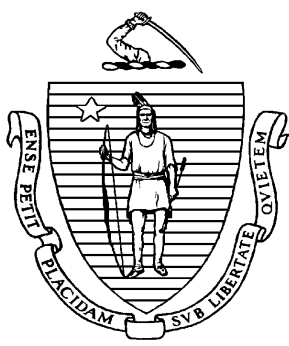
Before applying online, all applicants must have the following to upload:

- A head and shoulders photograph of yourself
- A notarized [Criminal Offender Record Information Form](#)
- You must use a credit card or checking account to pay the non-refundable application fee of \$117.
- A Statement of Supervised Clinical Experience (form appended to this checklist)
- Two professional references (form appended to this checklist)

If applicable, you also must arrange for the following to be emailed (to amh.board@mass.gov) or mailed (at the address above) to the Board:

- If you currently hold or have previously held a professional license in another jurisdiction, regardless of its status, please arrange for an official license verification to be sent to the Board by the issuing entity. Please contact the Board for further directions in the event the entity that licensed you does not issue verifications and only offers an online license lookup. A copy of your license is not an acceptable alternative. **This includes official verification of your School Psychologist license from the Department of Education.**
- Arrange for your graduate school(s) to send an official transcript of the graduate education you are submitting to meet the licensing requirements to amh.board@mass.gov or to the mailing address above.
- Arrange for Educational Testing Service to send your official National School Psychology Examination score report to the Board. For more information, contact [Educational Testing Service](#).

You must complete a board-approved training in domestic and sexual violence before you apply. Please see [chapter260training.org](http://chapter260training.org) to take the free online training.



**STATEMENT OF SUPERVISED CLINICAL EXPERIENCE**  
**(To be completed by Approved Supervisor)**

**Applicant:** Duplicate this form as necessary to document two years of POST MASTER'S DEGREE experience in School Psychological Services under APPROVED SUPERVISION for submission with your application.

**See following page for the definition of Approved Supervisor.**

**PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL OF THIS FORM.**

Name of Applicant: \_\_\_\_\_

Name of Approved Supervisor: \_\_\_\_\_

Name/Address of Employing Facility/System: \_\_\_\_\_

\_\_\_\_\_

Name/Address of Facility where Applicant Completed Experience:

\_\_\_\_\_

\_\_\_\_\_

Applicant's Post-Master's Degree Experience in School Psychological Services

FULL-TIME Employment: From \_\_\_\_\_ To \_\_\_\_\_

Total Number of Years of Applicant's Full-Time Employment \_\_\_\_\_  
(Minimum 2 years required)

PART-TIME Employment: From \_\_\_\_\_ To \_\_\_\_\_

# of Days per Week \_\_\_\_\_ # of Weeks \_\_\_\_\_ Total # of Days \_\_\_\_\_  
(Combined total days from all part-time employment must meet the minimum of 360 days.)

Total Number of Supervision Hours: \_\_\_\_\_  
(30 Supervision Contact Hours required per year/ Total of 60 contact hours required)

Applicant's Title and Description of Applicant's Duties

\_\_\_\_\_

---

**Approved Supervisor Qualification: Licensure as an Educational Psychologist or demonstrated eligibility for said license is required to be an “approved supervisor”.**  
Please provide all information below applicable to your qualifications and experience.

Are you licensed as an Educational Psychologist by the Massachusetts Board of Allied Mental Health and Human Services Professions or any other State’s Board?

\_\_\_\_\_Yes      \_\_\_\_\_No      License Number \_\_\_\_\_      License Status \_\_\_\_\_

If not currently licensed are you eligible to be licensed as an Educational Psychologist?

\_\_\_\_\_Yes      \_\_\_\_\_No

Are you a Nationally Certified School Psychologist? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If Yes, NCSP Certificate Number \_\_\_\_\_

**If you are not licensed, please provide a transcript of graduate training and Praxis II School Psychology Examination score OR verification of your NCSP status (copy of certification card) to demonstrate eligibility for licensure/ approved supervisor qualifications.**

Do you hold a Dept. of Education License or Certification as a School Psychologist?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If Yes, Certification Number \_\_\_\_\_

Provide dates of your Post Master’s Degree Experience in School Psychological Services.

From \_\_\_\_\_ To \_\_\_\_\_ Total # of Years Experience \_\_\_\_\_  
(Minimum 5 years of experience required)

I, the undersigned, state, under the pains and penalties of perjury, that the above statements are true.

Signature of Approved Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Address \_\_\_\_\_

---

## PROFESSIONAL REFERENCE FORM

**INSTRUCTIONS:** All applicants must submit a minimum of TWO professional references. Please duplicate this form as necessary and provide it to at least your **two most recent supervisors** for completion. See following page for the definition of Approved Supervisor. PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL.

### Waiver of Liability: (Must be completed by licensure applicant)

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(applicant's name) (reference's name)  
(hereinafter "the reference") to provide the Board of Registration of Allied Mental Health and Human Service Professionals with all information of any kind that the reference may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of the provision of such information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Remainder of Form to be completed by Approved Supervisor

#### General information for references completing this form:

- The Board assumes that you, in recommending this applicant, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you. The Board will keep all information confidential to the maximum extent permitted by law.
- Complete this reference form only if the applicant has signed the above waiver of liability.

Reference's name: \_\_\_\_\_ Title: \_\_\_\_\_

Reference's license type: \_\_\_\_\_ License number/Jurisdiction: \_\_\_\_\_

Length of time the reference has known the applicant: from \_\_\_\_\_ to \_\_\_\_\_

Extent of knowledge of applicant's professional and ethical behavior:

Thorough  Moderate  Limited

Based on my experience, to the best of my knowledge, the applicant is an individual of good moral character:

Yes  No (*if no, please explain on a separate sheet*)

Quality and extent of endorsement:

Without reservation  With reservation  No recommendation

*(if "with reservation" or "no recommendation", please explain on a separate sheet)*

---

Signature of Reference

Date