North Carolina Psychology Board 895 State Farm Road, Suite 101, Boone, NC 28607 Telephones (828) 262 2258

LP DOC #2

Telephone:	(828)	262-2258
------------	-------	----------

Name	

LICENSED PSYCHOLOGIST APPLICANT SUMMARY SHEET

(This form must be completed by the applicant; type or print all information)

1.	List psychology faculty associated with your doctoral degree program.
2.	List your doctoral dissertation program committee members.
3.	Indicate the psychologist(s) responsible for planning your doctoral degree program.
4.	State the site(s) and dates of practicum, internship, field experiences or laboratory training appropriate to your area of specialty and the practice of psychology. [NOTE: each experience also must be listed under Item #18 on the application form, and a SUPERVISOR FORM must be completed for each experience that you wish to document for licensure purposes.]
5.	 a. Total doctoral degree program hours (indicate semester or quarter hours) b. Hours from doctoral degree program credited for internship/practicum
6.	c. Hours from doctoral degree program credited for thesis/dissertation List the course(s) completed in your doctoral program which covered the following areas. Do <u>not</u> include any courses which were completed outside of your doctoral program unless those courses appear as credit on your doctoral transcript. Include the course number and name; and the semester or quarter, including the

Page 1 of 3 LPDoc#2 05/07

year, (e.g., Fall 2002) in which the course was taken.

(A) scientific and professional ethics and standards		
Course Number	Course Name	Semester or Quarter/Year
(B) research desi	ign and methodology	
Course Number	Course Name	Semester or Quarter/Year
Course I valider	Course France	Semester of Quarter, Tear
<u></u>		
(C) statistics and	warrah awatuka	
(C) statistics and Course Number	psychometrics Course Name	Semester or Quarter/Year
Course Number	Course Name	Semester of Quarter/Tear
(D) biological ba	ses of behavior (physiological, comparative, neuropsychol	logy, sensation,
perception, p	osychopharmacology)	
Course Number	Course Name	Semester or Quarter/Year

6. (cont.) List the course(s) completed in your doctoral program which covered the following areas. Do <u>not</u> include any courses which were completed outside of your doctoral program unless those courses appear as

Page 2 of 3 LPDoc#2 05/07

credit on your doctoral transcript. Include the course number and name; and the semester or quarter, including the year, (e.g., Fall 2002) in which the course was taken.

(E) cognitive-affective bases of behavior (cognition, memory, learning, thinking, motivation,				
emotion)				
Course Number	Course Name	Semester or Quarter/Year		
(F) social bases	of behavior (social psychology, group processes, organiza	tions and systems		
theory, cultu	ıral and ethnic bases, sex roles)			
Course Number	Course Name	Semester or Quarter/Year		
	ifferences (personality theory, human development, abno			
Course Number	Course Name	Semester or Quarter/Year		

Remember to submit applicable graduate catalogue pages which include a list of instructors (see #4 on LP DOC #1 form)

Page 3 of 3 LPDoc#2 05/07