

**LICENSED PSYCHOLOGIST APPLICANT  
PROGRAM VERIFICATION FORM  
(type or print all information)**

**PART 1.** This part is to be completed by the applicant for licensure in North Carolina.

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

Name of institution from which doctoral degree was awarded: \_\_\_\_\_

Date doctoral degree was awarded: \_\_\_\_\_

Department Name (when degree was awarded): \_\_\_\_\_

**PART 2.** This part is to be completed by the Head of the program from which the applicant was awarded his/her doctoral degree. After completion, the form must be mailed **DIRECTLY to the Board at the above address.**

In accordance with North Carolina General Statute § 90-270.11(a)(3), the Psychology Board has adopted rules and regulations implementing and defining the statute which requires that a Licensed Psychologist applicant possess a doctoral degree based on a planned and directed program of studies in psychology from an institution of higher education. The above named applicant requests your cooperation in verifying the following components of his/her program. **Please respond to the following based upon the doctoral degree program requirements during the time when the applicant was enrolled.**

1. Was the program publicly identified and clearly labeled as a psychology program, specifying in pertinent institutional catalogues its intent to educate and train individuals to engage in the activities which constitute the practice of psychology? Yes    No

State the program title: \_\_\_\_\_

2. Did the program maintain clear authority and primary responsibility for the core and specialty areas whether or not the program crossed administrative lines? Yes    No
3. Did the program have an identifiable body of students in residence at the institution who were matriculated in the program for a degree? Yes    No
4. Was there an identifiable full-time psychology faculty in residence at the institution, and employed by and providing instruction at the home campus of the institution? Yes    No

State the number of full-time psychology faculty in residence at the institution: \_\_\_\_\_

5. Was there a psychologist responsible for the applicant's program either as the administrative head of the program, or as the advisor, major professor, or committee chair for the individual applicant's program? Yes    No

If Yes, provide the psychologist's name *and* role: \_\_\_\_\_

6. Was the program an integrated, organized sequence of study as demonstrated by an identifiable curriculum track or tracks wherein course sequences were outlined? Yes    No
7. Did the program

- a. encompass the equivalent of three years of full-time academic study? Yes No
- b. require each student to complete two years of full-time academic study at the institution from which the degree is granted? Yes No
- c. require each student to complete at least one year in full-time residence at the institution from which the degree was granted? [Residence requires interaction with psychology faculty and other matriculated psychology students, and is defined as 30 semester (45 quarter) hours taken on a full-time or part-time basis at the institution.] Yes No
8. Did the program include practicum, internship, field experiences, or laboratory training appropriate to the area of specialty and the practice of psychology which was supervised by a psychologist? Yes No
9. Did the program of study include a minimum of 60 semester (90 quarter) hours of graduate hours of graduate study in standard psychology courses, exclusive of credits for internship/practicum and thesis/dissertation, including instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics, and a specialty area? Yes No
10. Did the applicant demonstrate competency in the following four substantive content areas by completing a minimum of three semester (five quarter) hours in each area?
- a. biological bases of behavior Yes No
- b. cognitive-affective bases of behavior Yes No
- c. social bases of behavior Yes No
- d. individual differences Yes No
- If no to a, b, c, or d, attach an explanation with regard to why such was not required.

I certify that I have personal knowledge of the program evaluated above, in which the applicant received his/her doctoral degree and that all answers marked on this form and any other information attached hereto are true and correct to the best of my knowledge.

Name and title of person completing Part 2: \_\_\_\_\_

Department: \_\_\_\_\_

University: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

SEAL

My Commission Expires \_\_\_\_\_, 20\_\_\_\_.