

**PSYCHOLOGICAL ASSOCIATE 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 master's/specialist degree was awarded: \_\_\_\_\_

Date master's/specialist 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 master's/specialist 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(b)(1)c, the Psychology Board has adopted rules and regulations implementing and defining the statute which requires that a Psychological Associate applicant possess a master's or specialist degree 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 master's or specialist degree program requirements during the time when the applicant was enrolled. This form must be completed & signed by the Head of the program only after all degree requirements that are being verified on this form have been completed by the applicant.** ALL items must be completed.

1. Was the program publicly identified and clearly labeled as a psychology program, specifying in pertinent institutional catalogues its intent to educate and train students 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, 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 student's program either as the administrative head of the program, or as the advisor, major professor, or committee chair for the individual student's program? [ Yes No

If Yes, provide the psychologist's name *and* title or 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 in institutional catalogues, departmental handbooks, or other institutional publications? [ Yes No

7. Did the program encompass the equivalent of one academic year of full-time graduate study in student residence at the institution from which the degree was granted? [Residence requires interaction with psychology faculty and other matriculated psychology students at the institution, and is defined as 30 semester (45 quarter or 40 trimester) hours taken on a full-time or part-time basis at the institution.] Yes No

8. Did the program include internship, externship, practicum, or other field experiences appropriate to the area of specialty and the practice of psychology which was supervised by a psychologist? Yes No

Was the supervised training experience completed within a period of 12 consecutive months at not more than two training sites? Yes No

Provide the following:

Training Site Name	Training site Director	Dates

Was this supervised training planned by the educational program’s faculty and training site staff? Yes No

9. Did the program of study include a minimum of 45 semester (68 quarter or 60 trimester) hours of graduate study in standard psychology courses, ***crediting not more than 6 semester (9 quarter or 8 trimester) hours for internship/ practicum and not more than 6 semester (9 quarter or 8 trimester) hours for thesis/dissertation?*** Yes No

Did the program include courses drawn from academic psychology, statistics and research design, scientific and professional ethics and standards, and a specialty area? Yes No

Speciality Area: \_\_\_\_\_

**AFFIDAVIT:** I certify that I have personal knowledge of the program evaluated above, in which the applicant received his/her master’s/specialist 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.

Typed/printed name **and** title of person completing Part 2:

Name \_\_\_\_\_ Title \_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

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

\_\_\_\_\_  
Notary’s Signature

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

SEAL