VERIFICATION OF GRADUATE PROGRAM OF STUDY

For applicants who graduated from non-NASP approved programs, please request that the current program coordinator or department chair verify on this form, that you have completed the requirements as stated within. **You must also provide a certified copy of the program information from the university catalog from the dates of your attendance.**

Applicant’s Name

Name on university transcript (if different than above):

Date of graduate program completion:

University: Degree earned:

REQUIRED GRADUATE PROGRAM ELEMENTS:

1. The program was identified as an individual program of study titled “school psychology”.

   YES  NO

2. The applicant completed sufficient coursework and field experience within the context of this program in order to allow for evaluation of his or her knowledge and professional competency.

   YES  NO

3. Program coursework included at least 60 graduate semester (90 quarter hours) hours of credit. At least 54 graduate semesters (81 quarter hours) must be exclusive of credit for the internship.

   YES  NO

4. The candidate has completed a sequence of supervised on-campus or field-based practicum experiences that were distinct from and occurred prior to the internship and that were designed to develop and evaluate mastery of distinct professional skills.

   YES  NO

5. The applicant completed a minimum of 1200 hours of supervised internship with at least 600 hours in a school setting.

   YES  NO

6. Completed coursework and experience to support sufficient knowledge and skills in the 10 NASP domains of school psychology:

<table>
<thead>
<tr>
<th>Domain</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Data-Based Decision Making and Accountability</td>
<td></td>
<td></td>
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<tr>
<td>Consultation and Collaboration</td>
<td></td>
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</tbody>
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7. The applicant has demonstrated professional work characteristics that include: communication skills, adaptability, effective interpersonal skills, initiative, dependability, ethical responsibility, and respect for human diversity

YES  NO

Attestation:
I verify that the above information is true and accurate. I understand that any false or misleading information may be cause for denial or cause for suspension or revocation of any license issued under this application

____________________________  _______________________
SIGNATURE (Program Coordinator DATE
Or Department Chair)

RETURN THIS FORM TO THE LSBEP AT:

8706 JEFFERSON HIGHWAY, SUITE B
BATON ROUGE, LA 70809

IF YOU HAVE ANY QUESTIONS REGARDING THIS DOCUMENT PLEASE CONTACT OUR OFFICE AT: 225-925-6511