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:

   | Data-Based Decision Making and Accountability | YES | NO |
   | Consultation and Collaboration                | YES | NO |

Page 1 of 2
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:

4334 S. Sherwood Forest Boulevard
Suite C-150
Baton Rouge, LA 70816

IF YOU HAVE ANY QUESTIONS REGARDING THIS DOCUMENT PLEASE CONTACT OUR OFFICE AT: 225-295-8410