

AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY, INC.
APPLICATION FOR SPECIALTY CERTIFICATION IN FORENSIC PSYCHOLOGY

I hereby apply to the ABPP for the purpose of board certification in the specialty of Forensic Psychology.

Date application and fee submitted _____

GENERAL EDUCATION AND LICENSURE/CERTIFICATION REQUIREMENTS

1. Name _____
Last First MI (Known by any other name)

2. Uniformed Services

3. Office Address _____ Phone _____
_____ Fax _____
City State Zip

Home Address _____ Phone _____
_____ Email _____
City State Zip

Preferred Mailing Address Office Home
Preferred Online Directory Address Office Home

4. Current License/Certification in Psychology at the independent level:

Jurisdiction	Cert/Lic. No.	Date Cert/Lic.
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Doctoral Degree is: Ph.D. Psy.D. Ed.D. Year Degree Awarded _____

Institution _____ Department _____

Professional Program (e.g., clinical psychology)

Reminder: The applicant must arrange that the doctoral transcript be sent directly to the Central Office of ABPP by the institution.

6. Doctoral Degree Program meets ABPP Generic Requirements if at the time the Degree was granted the program was: (check below)

APA or CPA Accredited

Listed as a Psychology Program in the ASPPB Doctoral Psychology Programs Meeting Designation Criteria

Credentialed as a Health Service Provider in current NRHSPP/CRHSPP Directory

Holds a CPQ: a Certificate of Professional Qualification in Psychology by the ASPPB

Note: If none of the above qualifiers apply and if you wish to qualify through an individualized review against ABPP generic requirements, check below:

Individualized review

7. Internship Program

Program

Name _____

Location _____

Date Completed _____

Accredited By: APA CPA Listed in APPIC Directory

8. Ethical and Legal Issues. Have you been:

Convicted of a Felony? Yes No

Sued for malpractice? Yes No

Charged with an ethics or conduct violation that resulted in an adverse decision or action, including censure, probation, suspension or revocation of your license to practice psychology? Yes No

*If yes to any of the above issues, include a complete statement of details on a separate sheet of paper.

SPECIALTY BOARD CERTIFICATION IN FORENSIC PSYCHOLOGY

PROFESSIONAL EXPERIENCE

9. Use form below (start with present position(s) and go backwards in time for no more that 15 years).

- a. Organization _____ Inclusive dates _____
Address _____
Position or Title _____
Supervisor _____
(List person best able to evaluate your professional work in Forensic Psychology in each position)
Nature of forensic history work involved _____
Proportion of time spent in forensic work _____
- b. Describe clinical training in predoctoral and postdoctoral internships and practical:

- c. Describe other relevant experience(s) - For example, forensic committees, examinations, consultations: _____

(Continue as 9a., 9b., 9c., etc)

10. List on insert sheet your formal education, direct supervision, or continuing education in forensic psychology (include the estimated hours and dates completed). Needs to be at least 100 hours.

11. If you are an attorney, list the jurisdiction in which you are currently admitted to practice law _____

12. List on a separate sheet professional contributions such as: major publications, special research projects, etc., and other professional qualifications not covered in this application form. Include office and other major positions held in local, state, regional, or national organizations.

13. List all current memberships in professional or learned organization and level of membership (e.g. Fellow, etc.) For APA, include division membership(s)

- a. _____ State Psychological Association(s)
- b. _____
- c. _____
- d. _____
- e. _____

I, the undersigned, hereby make voluntary application to the American Board of Professional Psychology, Inc., for certification as a specialist and the issuance of a Diploma in a specialty affiliated with the American Board of Professional Psychology. I understand that my application is subject to the rules, bylaws, and other governing provisions of the Board (hereinafter called regulations), and I agree to be bound by the regulations of the Board, either as a candidate for issuance of a Diploma, or upon issuance of a Diploma, as the holder of same. I agree to be bound by the Code of Ethics of the American Psychological Association or the Canadian Psychological Association as applicable. I agree to disqualification from examination, or issuance of a Diploma, or forfeiture of any Diploma issued to me in the event that the Board finds me in violation of its rules and regulations. I recognize that the Board may decide that I am not qualified, and I agree to abide by its decision.

I hereby authorize the American Board of Professional Psychology, Inc., to make inquiries as it deems appropriate in connection with this application for a Diploma, with any of the individuals, state licensing boards, agencies, organizations, or other such reference sources as may develop in the course of the Board's investigation of my qualifications to be certified as a specialist. I agree and invite anyone so contacted by the Board to answer and respond freely, frankly, and without fear of claim of damage by me, and to report to the Board any knowledge which may seem relevant to the inquiry of the Board.

I certify that all the statements made herein are true and accurate to the best of my knowledge and belief. I have enclosed the non-refundable application fee.

If granted the Diploma, I agree ABPP is an active credential that requires annual renewal and associated attestation and fee and to pay all required annual fees assessed by the American Board of Professional Psychology, Inc.

Signature of Applicant

Date

Enclose Application Fee of \$125

Are you currently Board Certified by ABPP? Yes (Application fee is waived) No

NOTE: An additional fee (\$200) is payable for the Written Examination, (\$250) is payable for the Practice Sample Review, and a fee of (\$450) is payable for the Oral Examination. A statement of present fees is sent with the application form. The Board reserves the right to change its schedule of fees at any time during the course of candidacy. **FEES ARE NOT REFUNDABLE.**

Please return application with all requested materials to:

American Board of Professional Psychology
600 Market Street, Suite 300
Chapel Hill, NC 27516
Tel: 919-537-8031 * Fax: 919-537-8034