



REGISTRANT # _____

NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY
 1120 G Street NW, Ste 330
 Washington, DC 20005
 V (202) 783-7663 F (202) 347-0550

**LISTING UPDATE FORM:
 Languages Spoken
 Theoretical Orientation
 Ages Served
 Areas of Expertise**

Name	Degree <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D <input type="checkbox"/> Other _____
E-mail Address <i>We Do Not Publish E-mail. We use for communication with Registrant only.</i>	

LANGUAGES SPOKEN: Other than English, please list all languages (e.g. Spanish, Vietnamese, or Sign Language) that you use well enough for client assessment and intervention.

A.	B.
C.	D.

THEORETICAL ORIENTATION: While we understand that you may use a range of techniques, rank the TWO that best describe your approach to assessing and treating clients and indicate which you consider to be your **primary** and **secondary** (if applicable) orientation(s). **MAKE ONLY ONE CHECK IN EACH COLUMN.**

PRIMARY	SECONDARY	
		Behavioral
		Cognitive and/or Cognitive-Behavioral
		Existential/Humanistic
		Interpersonal
		Psychodynamic
		Social Learning
		Systems
		Not applicable, no secondary orientation
		Not applicable, no primary and secondary orientation (e.g., due to exclusive focus on assessment)

AGES SERVED: Please **RANK** your preference(s) for accepting new clients/patients or for describing the primary focus of your practice. Use a "1" to indicate your first priority, "2" for your second, etc. **You need not rank all five.**

RANK	AGES SERVED
	Infants (0-2 yrs.)
	Children (3-12 yrs.)
	Adolescents (13-17 yrs.)
	Adults (18-64 yrs.)
	Older Adults (65 + yrs.)

AREAS OF EXPERTISE: Using the following list, please **RANK up to FIVE** areas of expertise (AOE) that you believe are most appropriate for listing on the *OSD*, in light of your education, training, and experience documented below. Mark a “1” by your first choice, “2” by your second selection, and so on. **WE DO NOT LIST MORE THAN FIVE AREAS.**

AOE#	RANK	AREA OF EXPERTISE
1.		Adjustment Disorder (e.g., bereavement, academic, job, marital, or family problem)
2.		Anxiety Disorder (e.g., generalized anxiety, phobia, panic or obsessive-compulsive disorder)
3.		Behavioral Health Intervention involving Life Threatening/Terminal Disease
4.		Behavioral Health Intervention involving Medical Conditions/Disorder
5.		Biofeedback
6.		Career Counseling and Vocational Assessment
7.		Child Custody Evaluation
8.		Clinical Neuropsychological Assessment
9.		Clinical Neuropsychological Intervention
10.		Clinical Psychopharmacology
11.		Couples Psychotherapy
12.		Crisis Intervention or Disaster Intervention
13.		Cultural Diversity Issues
14.		Disability Determination or Worker Compensation Evaluation
15.		Disorder Diagnosed in Infancy-Adolescence (e.g., ADHD, LD, MR, or Pervasive Developmental Disorder)
16.		Eating Disorder (e.g., compulsive eating, anorexia, bulimia)
17.		Family Psychotherapy
18.		Forensic Evaluation (e.g., mental competency evaluation)
19.		Gay, Lesbian, Bisexual, or Transgender Issues
20.		Gender Issues (Men's/Women's Issues)
21.		Group Psychotherapy
22.		Health Services Consultation to Business or Organizations
23.		Hypnosis or Hypnotherapy
24.		Individual Psychotherapy
25.		Mood Disorder (e.g., depression, manic-depressive disorder)
26.		Personality Disorder (e.g., borderline, antisocial)
27.		Play Therapy
28.		Post Traumatic Stress Disorder or Acute Trauma Reaction
29.		Problem Related to Abuse or Neglect (e.g., domestic violence, child abuse)
30.		Psychoanalysis
31.		Psychoeducational Evaluation
32.		Psychological Assessment
33.		Schizophrenia or other Psychotic Disorder
34.		School-based Consultation
35.		Sport Psychology
36.		Stress Management or Pain Management
37.		Substance-Related Disorder (e.g., abuse or dependency involving drug/alcohol)
38.		Vocational Rehabilitation Counseling

IF YOU RANKED AREAS OF EXPERTISE FOR INCLUSION ON THE OSD, PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT EACH OF THOSE AREAS. Without this information, we cannot list the areas you have chosen.

EDUCATION, TRAINING, AND EXPERIENCE IN SPECIFIC AREAS OF EXPERTISE: Expertise in an area can be acquired in several ways and during different stages of a psychologist’s career. We would like to better understand the array of education, training, and experience or additional degrees that prepared you for each area of expertise that you want to list on the Online Searchable Database (OSD). In the space provided on the following pages, please indicate the specific education, training, and experience you received in each expertise area that you selected for listing in the OSD (i.e., the areas that you checked above). First, identify the chosen area of expertise in the box below, starting with your first choice and then determine which of the formal and more informal education, training, and experiences helped build your expertise in that particular domain. Remember to do this for **EACH OF THE AREAS THAT YOU SELECTED**. Explanation/definition of the various response options are presented at the end of this form. Please remember that your responses to this question will **NOT** be reflected on the OSD or made available to the public. **However, these will be kept on file at the National Register. Check all that apply!**

1st CHOICE	
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◀ ■ ■ ■ ■ **WRITE IN AOE# OF AREA CHOSEN**
(e.g., enter “21” for Group Psychotherapy).

DOCTORAL Courses and Practica	<input type="checkbox"/> Entire graduate class <input type="checkbox"/> Selected portions of graduate class(es) <input type="checkbox"/> Specific practicum <input type="checkbox"/> Portions of one or more practica <input type="checkbox"/> Other doctoral training (specify): _____
DOCTORAL Internship/Supervised Experience	<input type="checkbox"/> Internship training seminar or instructional module <input type="checkbox"/> Specific rotation <input type="checkbox"/> Formal, face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify): _____
Formal POSTDOCTORAL Program	<input type="checkbox"/> Special seminar or training module in program <input type="checkbox"/> Specific rotation in program <input type="checkbox"/> Formal face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify): _____
Other POSTDOCTORAL Education, Training and Experience Degrees/Credentials	<input type="checkbox"/> Face-to-face, individual supervised experience <input type="checkbox"/> Specific continuing education workshop(s), totaling less than 24 hrs. of instruction <input type="checkbox"/> Specific continuing education workshop(s), totaling at least 24 hrs. of instruction <input type="checkbox"/> Regularly scheduled peer group consultation <input type="checkbox"/> Direct experience with clients in own practice <input type="checkbox"/> Personal use of specific training videos and computerized packages <input type="checkbox"/> Specific readings (books, chapters, manuals, and journal articles) <input type="checkbox"/> Other (specify): _____ Degree outside psychology: _____ Additional Credential Based Upon Specific Examination: _____

2nd CHOICE

◀ ■ ■ ■ ■ WRITE IN AOE# OF AREA CHOSEN
(e.g., enter "21" for Group Psychotherapy)

DOCTORAL Courses and Practica	<input type="checkbox"/> Entire graduate class <input type="checkbox"/> Selected portions of graduate class(es) <input type="checkbox"/> Specific practicum <input type="checkbox"/> Portions of one or more practica <input type="checkbox"/> Other doctoral training (specify):
DOCTORAL Internship/Supervised Experience	<input type="checkbox"/> Internship training seminar or instructional module <input type="checkbox"/> Specific rotation <input type="checkbox"/> Formal, face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Formal POSTDOCTORAL Program	<input type="checkbox"/> Special seminar or training module in program <input type="checkbox"/> Specific rotation in program <input type="checkbox"/> Formal face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Other POSTDOCTORAL Education, Training and Experience Degrees/Credentials	<input type="checkbox"/> Face-to-face, individual supervised experience <input type="checkbox"/> Specific continuing education workshop(s), totaling less than 24 hrs. of instruction <input type="checkbox"/> Specific continuing education workshop(s), totaling at least 24 hrs. of instruction <input type="checkbox"/> Regularly scheduled peer group consultation <input type="checkbox"/> Direct experience with clients in own practice <input type="checkbox"/> Personal use of specific training videos and computerized packages <input type="checkbox"/> Specific readings (books, chapters, manuals, and journal articles) <input type="checkbox"/> Other (specify): Degree outside psychology: _____ Additional Credential Based Upon Specific Examination: _____

3rd CHOICE

◀ ■ ■ ■ ■ WRITE IN AOE# OF AREA CHOSEN
(e.g., enter "21" for Group Psychotherapy)

DOCTORAL Courses and Practica	<input type="checkbox"/> Entire graduate class <input type="checkbox"/> Selected portions of graduate class(es) <input type="checkbox"/> Specific practicum <input type="checkbox"/> Portions of one or more practica <input type="checkbox"/> Other doctoral training (specify):
DOCTORAL Internship/Supervised Experience	<input type="checkbox"/> Internship training seminar or instructional module <input type="checkbox"/> Specific rotation <input type="checkbox"/> Formal, face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Formal POSTDOCTORAL Program	<input type="checkbox"/> Special seminar or training module in program <input type="checkbox"/> Specific rotation in program <input type="checkbox"/> Formal face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Other POSTDOCTORAL Education, Training and Experience Degrees/Credentials	<input type="checkbox"/> Face-to-face, individual supervised experience <input type="checkbox"/> Specific continuing education workshop(s), totaling less than 24 hrs. of instruction <input type="checkbox"/> Specific continuing education workshop(s), totaling at least 24 hrs. of instruction <input type="checkbox"/> Regularly scheduled peer group consultation <input type="checkbox"/> Direct experience with clients in own practice <input type="checkbox"/> Personal use of specific training videos and computerized packages <input type="checkbox"/> Specific readings (books, chapters, manuals, and journal articles) <input type="checkbox"/> Other (specify): Degree outside psychology: _____ Additional Credential Based Upon Specific Examination: _____

4th CHOICE

◀ ■ ■ ■ ■ WRITE IN AOE# OF AREA CHOSEN
(e.g., enter "21" for Group Psychotherapy)

DOCTORAL Courses and Practica	<input type="checkbox"/> Entire graduate class <input type="checkbox"/> Selected portions of graduate class(es) <input type="checkbox"/> Specific practicum <input type="checkbox"/> Portions of one or more practica <input type="checkbox"/> Other doctoral training (specify):
DOCTORAL Internship/Supervised Experience	<input type="checkbox"/> Internship training seminar or instructional module <input type="checkbox"/> Specific rotation <input type="checkbox"/> Formal, face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Formal POSTDOCTORAL Program	<input type="checkbox"/> Special seminar or training module in program <input type="checkbox"/> Specific rotation in program <input type="checkbox"/> Formal face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Other POSTDOCTORAL Education, Training and Experience Degrees/Credentials	<input type="checkbox"/> Face-to-face, individual supervised experience <input type="checkbox"/> Specific continuing education workshop(s), totaling less than 24 hrs. of instruction <input type="checkbox"/> Specific continuing education workshop(s), totaling at least 24 hrs. of instruction <input type="checkbox"/> Regularly scheduled peer group consultation <input type="checkbox"/> Direct experience with clients in own practice <input type="checkbox"/> Personal use of specific training videos and computerized packages <input type="checkbox"/> Specific readings (books, chapters, manuals, and journal articles) <input type="checkbox"/> Other (specify): Degree outside psychology: _____ Additional Credential Based Upon Specific Examination: _____

5th CHOICE

◀ ■ ■ ■ ■ WRITE IN AOE# OF AREA CHOSEN
(e.g., enter "21" for Group Psychotherapy)

DOCTORAL Courses and Practica	<input type="checkbox"/> Entire graduate class <input type="checkbox"/> Selected portions of graduate class(es) <input type="checkbox"/> Specific practicum <input type="checkbox"/> Portions of one or more practica <input type="checkbox"/> Other doctoral training (specify):
DOCTORAL Internship/Supervised Experience	<input type="checkbox"/> Internship training seminar or instructional module <input type="checkbox"/> Specific rotation <input type="checkbox"/> Formal, face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Formal POSTDOCTORAL Program	<input type="checkbox"/> Special seminar or training module in program <input type="checkbox"/> Specific rotation in program <input type="checkbox"/> Formal face-to-face, individual, supervised experience (at least 10 hrs.) <input type="checkbox"/> Other supervised experience (at least 30 hrs.) <input type="checkbox"/> Other (specify):
Other POSTDOCTORAL Education, Training and Experience Degrees/ Credentials	<input type="checkbox"/> Face-to-face, individual supervised experience <input type="checkbox"/> Specific continuing education workshop(s), totaling less than 24 hrs. of instruction <input type="checkbox"/> Specific continuing education workshop(s), totaling at least 24 hrs. of instruction <input type="checkbox"/> Regularly scheduled peer group consultation <input type="checkbox"/> Direct experience with clients in own practice <input type="checkbox"/> Personal use of specific training videos and computerized packages <input type="checkbox"/> Specific readings (books, chapters, manuals, and journal articles) <input type="checkbox"/> Other (specify): Degree outside psychology: _____ Additional Credential Based Upon Specific Examination: _____

I hereby affirm all the above information is accurate to the best of my knowledge and belief.

Signature

Date

EXPLANATION OF RESPONSE OPTIONS

Doctoral Coursework and Practica:

Entire graduate class: A semester- or quarter-length course that you completed (not audited) for academic credit as part of your doctoral degree. At least half of the lectures and other instruction in this course must have been entirely devoted to learning this technique. An example would be a course on Psychological Assessment or Behavior Therapy.

Selected portions of graduate class(es): Instruction in the area was provided by at least one but less than half of the lectures in a semester- or quarter-length graduate class that you completed (not audited) for academic credit. For example, a course in Health Psychology or Behavioral Medicine may provide some instruction in Stress Management.

Specific practicum: An academic semester- or quarter-length practicum (which may vary in the number of credits) that you completed as part of your doctoral training. This practicum must have contained a major focus on the specific technique or client population and provided you with supervised experience. For example, a practicum in a child and adolescent clinic may involve substantial experience in family therapy.

Portions of one or more practica: Formal instruction and/or supervised experience on the technique, disorder, or target population was obtained, although not a major emphasis of the practicum.

Doctoral Internship:

Internship training seminar or instructional module: Included here is any specific seminar or training module provided by your doctoral internship program. For example, this might include a series of lectures on Eating Disorders.

Specific rotation: This involves a specific rotation that provided formal instruction and/or supervised experience with a specific population or technique. For example, expertise in Psychoeducational Evaluations or treating clients with Developmental Disorders may be acquired during a rotation in a school or a children's psychiatric hospital.

Formal, face-to-face, individual supervised experience: This involves regularly scheduled, individual, face-to-face, supervised experience of at least 10 hours by your internship supervisor.

Other supervised experience: This involves at least 30 hours of direct experience with clients/patients that occurs under the general direction of your internship supervisor.

Formal Postdoctoral Program:

Special seminar or training module: Included here are classes or seminars in which you participated that was part of a formal postdoctoral traineeship or fellowship. These formal postdoctoral training programs are usually 1-2 years in duration and include formal postdoctoral respecialization programs, specialty postdoctoral programs (e.g., in Clinical Neuropsychology), and 1-2 year programs of study at specialized institutes (e.g., an Institute for Psychoanalysis or an Institute in Transactional Analysis).

Specific rotation: This involves a specific rotation that was part of your formal postdoctoral program and that provided formal instruction and/or supervised experience with a specific population or technique. For example, a postdoctoral program in Behavioral Medicine may have a specific rotation treating individuals with chronic or Terminal Illness.

Formal, face-to-face, individual supervised experience: This involves regularly scheduled, individual, face-to-face, supervised experience of at least 10 hours by your postdoctoral internship supervisor.

Other supervised experience: This involves at least 30 hours of direct experience with clients/patients that occurs under the general direction of your postdoctoral fellowship supervisor.

Other Postdoctoral Education, Training, and Experience:

Face-to-face, individual supervised experience: This must be one-on-one supervised experience that is regularly scheduled with an expert clinician. For example, some individuals may pay a clinician who is an expert in Hypnosis to provide formal instruction and supervised experience in the use of this technique.

Specific continuing education workshop(s), totaling less than 24 hours of instruction: Included here are one or more formal continuing education courses/workshops that you completed in the use of a specific technique, a particular disorder, etc., but where the combined total of formal instruction was less than 24 hours of class time.

Specific continuing education workshop(s), totaling at least 24 hours of instruction: Included here are one or more formal continuing education courses/workshops that you completed in the use of a specific technique or a particular disorder, but where the combined total of formal instruction was 24 or more hours of class time.

Other Degrees or Additional Credentials: This option refers to completing a degree that provides sufficient education and training to allow the Registrant to practice in an new area, such as clinical psychopharmacology. Another option is obtaining a credential awarded on the basis of education, training and examination such as in the Treatment of Substance Abuse and Other Addictive Disorders offered by the College of Professional Psychology, or in psychopharmacology offered by the same.