

THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS IN PSYCHOLOGY APPLICATION FOR NATIONAL REGISTER RECOGNITION OF SPECIALTY/PROFICIENCY CREDENTIAL

Please provide the information requested on the enclosed form and submit with the \$2,000 application fee. The form requires you to document how each criterion is met by the specialty/proficiency credential that you would like the National Register to include in the alphabetical listing for each Registrant so qualified. The purpose of these criteria is to enable the National Register to provide relevant and credible information to the public on specialty or proficiency credentials held by Registrants.

Decisions regarding the listing of a particular credential will be based upon the importance of the credential to the field of psychology, the relevance to the potential users of the National Register, redundancies with other credentials, and other factors relevant in a particular instance.

Given the number of organizations that credential psychologists, the National Register has to make some selection among worthy organizations to determine which, in our opinion, provide the most useful information to the users of the National Register. Not being selected does not imply that an organization's credential is not valid, meaningful or useful.

Please be advised that prior to the review of your application, the National Register will announce publicly that you have submitted an application for recognition of your specialty/proficiency credential. Although any responses received to this announcement will be considered in the review of your application, the final decision regarding the recognition of your credential will be made by the National Register in the light of the criteria stipulated below.

If the application you submit is approved, we will notify you in writing as quickly as possible. An announcement will also occur in the next issue of *The Register Report* magazine and on the National Register web site. At that point your central office may contact your certificands.

CRITERIA FOR NATIONAL RECOGNITION OF SPECIALTY PROFICIENCY CREDENTIAL

1. The specialty or proficiency credentialed by the organization is officially recognized by the American Psychological Association or the American Board of Professional Psychology
2. The credentialing organization cooperates fully with the National Register in providing information on its functions, standards, and procedures, as well as any substantive changes in these or in the status of individual certificate holders.
3. The credentialing organization has published bylaws, standards and procedures and is governed by an independent board of directors.
4. The credential awarded is based on a review and verification of the individual's education, training, licensure and ethical conduct status, and an assessment of competence using instruments such as a work sample, an oral exam, a written exam or other adequate means.
5. The credentialing organization maintains a database from which the current status of a certificate holder can be easily verified by the public.
6. The organization provides evidence of the application of process improvement procedures to credential review and competency assessment.

APPLICATION FOR NATIONAL REGISTER RECOGNITION OF SPECIALTY/PROFICIENCY CREDENTIAL

(Please Print or Type)

Name of Credentialing Organization _____

Central Office Address _____
Street Room/Suite No.

City State/Pro/Terr Zip/Postal Code

Contact Person Address: _____

Tel.: ____/____-____ Fax: ____/____-____

Email: _____

Title of Credential Awarded _____

Documentation of Compliance with Criteria.

Check the boxes to indicate what your organization can provide in terms of required documentation that will support compliance with each of the six criteria for recognition by the National Register. **Please be certain to include all of the required documentation with your application.**

1. The specialty or proficiency credentialed by the organization is officially recognized by the American Psychological Association or the American Board of Professional Psychology. Yes ____ No ____

Attached documentation (Please specify, e.g., letter, certificate): _____

2. Please provide information that describes

1. credentialing standards and procedures
2. a summary of the requirements for receiving this credential
3. a summary of the review and decision process
4. any changes in those standards since the inception of the credential
5. any variance in the categories of certificate holders

3. Please provide

1. a copy of the bylaws and an indication of where and when they were published
2. a list of the current board of directors, their addresses and current affiliations
3. information on any organization(s) with which you have a legal relationship for standard setting and advocacy functions

4a. Is the credential awarded based on a review and verification of the individual's education and training?

Yes ____ No ____

If no, explain basis for awarding credential (use attached sheet if necessary) _____

4b. Is an official doctoral degree transcript on file? Yes _____ No _____

If no, explain how degree is documented (use attached sheet if necessary) _____

4c. Is licensure verified with the state licensing board? Yes _____ No _____

If yes, when? At the time of application approval _____ Yearly _____ Both _____

Other (Use attached sheet if necessary) _____

If the license is verified, what is the means? Verified directly by licensing board _____

Documentation submitted by psychologist _____

Other (Use attached sheet if necessary) _____

4d. Is ethical conduct status documented? Yes _____ No _____

If yes, when? Yearly _____ Other (Use attached sheet if necessary) _____

How is ethical conduct status documented? Attestation and, as appropriate, documentation submitted by psychologist? Yes _____ No _____

Other (Use attached sheet if necessary) _____

4e. Is there an assessment of competence using such instruments as

A work sample Yes _____ No _____ Date of onset _____

An oral examination Yes _____ No _____ Date of onset _____

A written examination Yes _____ No _____ Date of onset _____

Other (Please explain.) _____

Date of onset _____

4f. Please provide

1) a copy of the credentialing application and instructions

2) a copy of the instrument used to assess competence or examination validation studies

3) other information (any that helps to clarify criterion#4) _____

4g. Did your organization have a grandparenting period (i.e., a specified time period during which a set of individuals whose education/training occurred and practice began prior to current standards would be eligible for this credential under a separate set of standards)? Yes _____ No _____

If Yes, please attach the qualifications for eligibility under the grandparenting clause, including the grandparenting time period and b) the set of grandparenting criteria for credentialing

2) Does the database include those grandparented? Yes _____ No _____

3) If yes, how does one identify those credentialed under the grandparenting clause?

5a. Does the credentialing organization maintain a database from which the current status of a certificate holder can be easily verified by the public? Yes _____ No _____

5b. If yes, please provide a printout of the database, or indicate below which of the information resources are available to the public

Verification via toll free number: _____ / _____ - _____

Database/directory on Internet web site: _____

Other (Please describe) _____

If yes, please attach an official copy of your quality improvement plan. Please describe procedures that have been modified by virtue of feedback from certificands and the public/users.

I hereby attest that all of the above information and any further (subsequently submitted) information required/ requested in support of this application is, will be, true, correct and not misleading to the best of my knowledge.

Name of Person Completing Form (Please print.)		Signature	
Title		Date	
Street		Room/Suite No.	
City	State/Pro/Terr	Zip/Postal Code	
Tel.: ____ / ____ - ____		Fax: ____ / ____ - ____	
Email: _____			