



APPLICATION FOR EMPLOYMENT OF PSYCHOLOGICAL TECHNICIAN UNDER THE SUPERVISION OF A LICENSED PSYCHOLOGIST

This application, together with the required non-refundable **\$200.00** application fee and supporting documentation, must be submitted to the Oklahoma State Board of Examiners of Psychologists for review and approval prior to the proposed Psychological Technician engaging in any psychological activities or services.

SECTION I: To be completed by the Licensed Psychologist

PSYCHOLOGICAL TECHNICIAN IDENTIFYING INFORMATION	
Full Legal Name (First, Middle, Last):	
Maiden/Alias:	
Does the applicant hold a Board Certified Behavior Analyst (BCBA) Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	BCBA Certification Number:
<i>(Submit a copy of the technician's BCBA certificate.)</i>	
Phone:	Email:
Date of Birth:	Place of Birth:
Address:	City: State: Zip:
SUPERVISING PSYCHOLOGIST INFORMATION	
Full Legal Name (First, Middle, Last):	
Doctoral Credential: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D.	License Number:
Phone:	Email:
Current Number of Psychological Technicians: <i>(Max number of technicians is four)</i>	In Good Standing with the Board: <input type="checkbox"/> Yes <input type="checkbox"/> No
AGREEMENT FOR SUPERVISED PROFESSIONAL ACTIVITIES	
Name of Institution of Employment:	
Technician will be employed: hours per <input type="checkbox"/> Week <input type="checkbox"/> Month	Compensation to Technician: \$ per <input type="checkbox"/> Hour <input type="checkbox"/> Month
Will the supervisor be observing and reviewing the technician's work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there regularly scheduled supervision meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
PSYCHOLOGICAL TECHNICIAN ACTIVITIES	
A complete list of services to be offered by the technician and supervised by the Licensed Psychologist will include:	
Describe where the services will be performed, the supervisory setting, and how you will maintain continuing supervision.	
Please describe briefly the basis or your expertise to adequately supervise the technician in those specific activities and services which will be performed.	

SECTION II: To be completed by the Proposed Psychological Technician

PSYCHOLOGICAL TECHNICIAN EDUCATION INFORMATION		
Highest Degree Earned:		
UNIVERSITY	DEPARTMENT/MAJOR	DATES ATTENDED
<i>It is required that each university submit a transcript to the Board office.</i>		
PSYCHOLOGICAL TECHNICIAN PROFESSIONAL EXPERIENCE IN PSYCHOLOGY		
PRACTICUM / INTERNSHIPS / PART-TIME		
FULL TIME EMPLOYMENT		
JOB TITLE	AGENCY	DATES
SUPPORTING COURSEWORK TESTING ABILITY		
1	2	3
Course Number & Title:	Course Number & Title:	Course Number & Title:
Content as described in official catalog or syllabus:	Content as described in official catalog or syllabus:	Content as described in official catalog or syllabus:
Supervised Experience Site:	Supervised Experience Site:	Supervised Experience Site:
Date From: to	Date From: to	Date From: to
Total Hours:	Total Hours:	Total Hours:
Supervisor Name:	Supervisor Name:	Supervisor Name:

PSYCHOLOGICAL TECHNICIAN PROFESSIONAL ACTIVITIES		
AFFILIATIONS		
RESEARCH / PUBLICATIONS / PAPERS		
MILITARY / OTHER		
IN-SERVICE / EDUCATION		
PSYCHOLOGICAL TECHNICIAN PROFESSIONAL REFERENCES		
<i>Provide three (3) <u>professionals</u> who have knowledge of your skills / character / interests.</i>		
REFERENCE 1	REFERENCE 2	REFERENCE 3
Full Name:	Full Name:	Full Name:
Position/Title:	Position/Title:	Position/Title:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Address:	Address:	Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
PSYCHOLOGICAL TECHNICIAN NARRATIVE		
<i>Please explain why you feel qualified to do the work in which you are applying.</i>		

REMINDER: The following documents must be submitted with this application:

- Official University Transcripts
- Copy of BCBA Certificate (if applicable)

SUPERVISING PSYCHOLOGIST ATTESTATION AND AGREEMENT FOR THE EMPLOYMENT OF A PSYCHOLOGICAL TECHNICIAN

I hereby attest that I am applying to employ a Psychological Technician to assist in the conduct of my professional practice. I acknowledge and agree that I assume full legal and ethical responsibility for all psychological activities and services performed by the Psychological Technician under my supervision.

I affirm that all activities and services performed by the Psychological Technician will be conducted in accordance with applicable laws, rules, and ethical standards governing the practice of psychology, which I have read, understand, and agree to follow. I further agree to provide adequate supervision to ensure that all activities and services are performed in compliance with Title 575:10-1-7 of the Rules of the Board.

I attest that I do not have, and will not enter into, any multiple relationship with the Psychological Technician that could reasonably be expected to impair my objectivity, interfere with my ability to perform supervisory functions effectively, or result in harm to or exploitation of the Psychological Technician or any client.

I acknowledge that the Psychological Technician will perform only those activities and services that have been reviewed and approved by the Board and that I am responsible for determining appropriate duties, work setting, and supervision methods to ensure ongoing oversight of the technician's work. I further attest that I possess the requisite training, experience, and professional competence to provide effective supervision for the activities and services authorized.

I understand that approval of a Psychological Technician does not permit independent practice, does not authorize the use of protected professional titles, and does not constitute supervised experience toward licensure as a psychologist. I further acknowledge that failure to comply with supervisory obligations may result in disciplinary action.

By my signature below, I affirm that the foregoing statements are true and correct and that I agree to be bound by the terms of this attestation and agreement.

Signature of Supervising Psychologist

Date

PSYCHOLOGICAL TECHNICIAN ATTESTATION AND AGREEMENT

I hereby acknowledge that I am applying to be employed as a Psychological Technician to assist a licensed psychologist in the conduct of professional psychological services. I affirm that I have read, understand, and agree to comply with all applicable laws, rules, and ethical standards governing the practice of psychology.

I understand that any approval granted for my employment as a Psychological Technician is limited solely to the performance of psychological activities and services specifically authorized and approved by the Board and performed under the supervision of a licensed psychologist. I acknowledge that I am not authorized to practice psychology independently.

I further acknowledge and agree that I am prohibited from using the terms "Psychological," "Psychology," or "Psychologist," or any similar title or designation, in any manner that implies independent authority to practice psychology, and that this prohibition is not altered or waived by approval of this application.

I understand and agree that my role as a Psychological Technician is primarily service-oriented and that employment in this capacity shall not be accepted or represented as supervised experience toward licensure as a psychologist.

I acknowledge that the supervising psychologist assumes full legal and ethical responsibility for my professional activities and services and that I am required to comply with all supervisory directives, limitations, and conditions imposed by the supervising psychologist and the Board.

I further acknowledge that I have read and agree with the statements and representations made by the supervising psychologist in the corresponding supervisory attestation and agreement.

By my signature below, I affirm that the foregoing statements are true and correct and that I agree to be bound by the terms of this attestation and agreement.

Signature of Psychological Technician

Date

Mail this application, required documents, and the non-refundable \$200.00 application fee to:

Oklahoma State Board of Examiners of Psychologists
421 NW 13th Street, Suite 180
Oklahoma City, OK 73103