



**STATE OF OKLAHOMA
BOARD OF EXAMINERS OF PSYCHOLOGISTS**

421 NW 13TH STREET, SUITE 180
OKLAHOMA CITY, OK 73103



(405) 522-1333 / boardstaff@psychology.ok.gov / www.psychology.ok.gov

PSYCHOLOGICAL TECHNICIAN APPLICATION

CHECKLIST

Return Completed Form and OSBEP Application Fee to:

IMPORTANT: Please read and follow all the information on this page to ensure correct and timely processing of your application.

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

The following items must be completed and returned for this application.

THIS FORM MUST BE TYPED. DO NOT PRINT DOUBLE-SIDED.

Reminder: Keep a copy of the completed application in your permanent records.

Please note that the email address you provide will serve as the primary method of communication for the Board regarding your application.

TO BE SUBMITTED TO THE BOARD OFFICE:

- Application** – Complete the full application and have it signed by both the administrating psychologist and the applicant. Attach one (1) current passport photo to the area identified in the upper-right corner of *Page 2* of the Application.
- Attestation and Agreements** – Verify that both sections of the application are completed and signed by the appropriate parties and is attached with the application.
- Official (certified) Transcript(s) from degree granting institutions** - Transcripts must show the qualifying academic training. Only *one* copy of the transcript is needed and should be sent directly to the Board office from each university and must be received within 30 days after filing the application.
- Psychological Technicians Board Certified Behavior Analyst (BCBA) Certification** – Submit BCBA Certificate with this application if applicable.
- Filing Fee** - Must be paid by check, cashier’s check, or money order, payable to Oklahoma State Board of Examiners of Psychologist in the amount of **\$200.00**. Please attach it to the front of this application. This application fee is **non-refundable** and **must** accompany this application. **DO NOT LEAVE LOOSE IN THE ENVELOPE.**



PSYCHOLOGICAL TECHNICIAN APPLICATION

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.

ATTACH ONE PASSPORT PHOTO HERE

PERSONAL IDENTIFYING INFORMATION			
PSYCHOLOGICAL TECHNICIAN IDENTIFYING INFORMATION			
Full Legal Name (First, Middle, Last):			
Maiden/Alias:			
Gender:	Date of Birth:	Place of Birth:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Language Spoken:	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other: _____			
Address:	City:	State:	Zip:
Phone:	Email:		
Does the applicant hold a Board-Certified Behavior Analyst (BCBA) Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>**If yes, a copy of the technician's BCBA certificate must be submitted**</i>		BCBA Certification Number:	
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:		
Address:	City:	State:	Zip:
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		

I hereby affirm that the information provided in this application is true, complete, and accurate to the best of my knowledge, information, and belief. I further affirm that I am the individual identified in this application and that the photograph attached hereto is a true likeness of me.

Signature of Psychological Technician Date

AGREEMENT FOR SUPERVISED PROFESSIONAL ACTIVITIES

Name of Institution of Employment:

Technician will be employed:

hours per Week Month

Compensation to Technician:

\$ _____ per Hour Month

Will the supervisor be observing and reviewing the technician's work? Yes No

Are there regularly scheduled supervision meetings?
 Yes 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.

PSYCHOLOGICAL TECHNICIAN EDUCATION INFORMATION

Highest Degree Earned:		
UNIVERSITY	DEPARTMENT / MAJOR	DATES ATTENDED

An official transcript is required to be submitted to the Board office from each university.

**PSYCHOLOGICAL TECHNICIAN PROFESSIONAL
PSYCHOLOGY EXPERIENCE**

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

Provide three (3) professionals who have knowledge of your skills / character / interests.

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

Please explain why you feel qualified to do the work in which you are applying.

SUPERVISING PSYCHOLOGIST ATTESTATION AND AGREEMENT

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