

OREGON BOARD OF PSYCHOLOGY
University Director of Training Reference Form

_____ has applied for licensure as a psychologist/psychologist associate in the State of Oregon. The Board is dedicated to ensuring high standards for the psychology profession, and requests you respond to the following questions.

Reference Name: _____ Position: _____

Organization: _____

Address: _____

Email: _____ Phone: _____

Did the degree program completed by this applicant include an organized practicum of at least two semesters (or three quarters)? Yes No

If so, did the practicum include at least 300 hours of supervised psychological services? Yes No

Did the degree program completed by this applicant include a coordinated, sequential and supervised internship, field or laboratory training appropriate to the practice of psychology? Yes No

To the best of your knowledge, has this applicant ever engaged in professional *or* personal wrongdoing? (Examples include breach of confidentiality, academic cheating, illegal activity, harassment, fraud, dishonesty etc.) If so, please describe.

To the best of your knowledge, did this applicant ever engage in any behavior that called into question his/her competence or fitness to practice psychology? (Examples include a failed practicum/internship, lowered academic standing, drug or alcohol dependence etc.) If so, please describe.

To the best of your knowledge, during the training of this applicant at your institution did she or he ever engage in any dual relationships with clients or supervisors? If so, please describe.

I attest that I have answered all the questions completely and without reservation, and that the information provided by me herein is true and correct.

Signature

Date

References: please return this form, **signed across the sealed envelope flap**, directly to: OBOP | 3218 Pringle Rd. SE, Ste. 130 | Salem, OR 97302-6309 or to psychology.board@mhra.oregon.gov