

ORAL EXAMINATION FORM

SCHOOL PSYCHOLOGIST LEVEL 1 OR 2

PUBLIC DECLARATION BY CANDIDATE OF PROFESSIONAL PRACTICE INTENTIONS

Please list your name as you want it on your licensure certificate and license card.

NAME:		DEGREE: MA, Ph.D., etc.	
DATE OF ORAL EXAMINATION:	CELL PHONE NUMBER:		

PROVISION UNDER WHICH YOU ARE APPLYING FOR LICENSURE: LEVEL 1 LEVEL 2

EDUCATIONAL BACKGROUND:

COLLEGE/UNIVERSITY		
MAJOR		
DEGREE		
DATE CONFERRED		

What was your GPA in your highest degree program? _____

Title of your thesis or dissertation: _____

Describe your practicum or internship: _____

What was your score on the PRAXIS School Psychologist Examination? _____

Your work and/or practical experience: (Please begin with the most recent).

TITLE	DATE(S)

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SCHOOL PSYCHOLOGIST LEVEL 1 OR 2

PUBLIC DECLARATION OF PROFESSIONAL PRACTICE INTENTIONS

Describe your psychology practice during the past year:

What do you consider to be your professional practice strengths?

What do you consider to be your professional practice weaknesses?

What are your professional practice intentions during the next five (5) years? Specifically, do you intend to establish and maintain a private practice or change your area(s) of professional practice?

Please describe the more significant professional practice ethics issues that you have dealt with in the past:
