



INTERNSHIP VERIFICATION SCHOOL PSYCHOLOGIST

This form is used to compile required information and verification from your director of internship training about your school psychology internship.

TO BE COMPLETED BY APPLICANT: Complete the top portion of this form only.

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY)		Last 4 digits of Social Security Number: XXX-XX- ____ _	
Applicant's Student ID Number:		Email Address:	

TO BE COMPLETED BY DIRECTOR OF INTERNSHIP TRAINING

Please provide official verification of information required below. The completed form containing a wet/original or verifiable electronic signature can be emailed directly to the Board at psy@dhp.virginia.gov or returned to the applicant for inclusion in their online application being submitted to the Virginia Board of Psychology.

Part I:

Internship Facility Name:	
Internship Facility Address:	
Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)

Part II:

Please check the appropriate category for your internship program. Non-accredited internships must provide a copy of their handbook/brochure for review.	Accredited	Meets Equivalent Standards
Accredited by the American Psychological Association (APA)	<input type="checkbox"/>	<input type="checkbox"/>
A member of the Association of Psychology Postdoctoral and Internship Centers (APPIC)	<input type="checkbox"/>	<input type="checkbox"/>
Accredited by the Council for the Accreditation of Educator Preparation (CAEP)	<input type="checkbox"/>	<input type="checkbox"/>
Approved by the National Association of School Psychologists (NASP)	<input type="checkbox"/>	<input type="checkbox"/>

Part III:

Describe the nature of the internship program.

Printed Name _____	Title: _____
Signature of Training Director _____ Date _____	

Wet/Original or Verifiable Electronic Signature Only

Verification of Internship - School