

STATE OF NEBRASKA

Licensure Unit 301 Centennial Mall South - P.O. Box 94986 Lincoln, Nebraska 68509-4986 402-471-42117 or dhhs.licensure2117@nebraska.gov

PSYCHOLOGY INTERNSHIP Equivalency Criteria

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

Applicant Name:	First:	Middle/MI:	Last:

If your internship was not accredited by the American Psychological Association, you must provide evidence of meeting the standards of accreditation as follows:

One year must be an internship, which

- (a) Is at least 12 months in duration, consisting of at least 1,500 or more hours in not more than 24 months. School psychology internships may be 10 months in duration;
- (b) The purpose of the internship is to train psychologists for the independent provision of direct psychology services;
- (c) It is directed by a Licensed Psychologist;
- (d) It is sequentially organized (progressively increases levels of responsibility and skills);
- (e) Requires 4 hours of supervision per week, 2 of the 4 hours must be individual face-to-face with 2 or more supervising licensed psychologists on-site;
- (f) Must include positions for 2 or more psychology interns;
- (g) The transcript must show completion of practica prior to entering internship; and
- (h) The psychology staff must include a minimum of 3 on-site supervising licensed psychologists.

□ full-time	□ part-time	# of hours of supervision per week: Did the supervision include individual face-to-face supervision for at least 2 of the 4 hours per week \[\textstyre \tex					
Date Began(month/day/year):		Date Ended (month/day/year):					
Total hours of experience:							
Internship was completed at: Name of Facility:							
Address:		Street/PO:					
		City:			State:		Zip:
During the internship, were there a minimum of		Name of	1				
3 on-site supervising licensed psychologists?		supervisors	2				
□Yes, □ No			3				
				4			

- 1. The purpose of the internship is to train psychologists for the independent provision of direct psychology services. You must provide a copy of the internship purpose.
- The internship must be directed by a Licensed Psychologist.

Name of Licensed Psychologist who	
directed the internship	
License Number	
State of Licensure	

The internship must statement as to the p	be sequentially organized (progrogressive responsibility of the	ressively increases levels of re interns during the duration of t	esponsibility and skills). Provide a the internship
•	ude positions for 2 or more psyc	chology interns?	
□ Yes			
□ No; If no, explain _	Name	License o	catogony
Name of interns and	1	License	, alegory
license category of	2		
internship:	3		
	4		
	5		
	6		
5. The transcript must s	show completion of practica prio	or to entering internship.	
The psychology staff below:	must include a minimum of 3 or	n-site supervising licensed ps	ychologists. List the licensed staff
Staff names, degrees, s	state of licensure/certification an	d license/certification number	:
Name	Degree	State of Licensure	License Number