

Name: _____

Date: _____

Ancillary Provisional School Psychologist – Valid for one year (when doing internship –or- when Type A/B certificated school psychologists' certificates have lapsed)

| Requirements Completed: | | Eligibility requirements: |
|-------------------------|----|--|
| Yes | No | |
| | | <p>1. Completed academic preparation in school psychology that meets requirements of current standards for training and field placement programs in school psychology established by the National Association of School Psychologists (NASP) in NASP approved school psychology program, EXCEPT the internship</p> <p>(Provide official transcript and letter from program.)</p> |

Renewal guidelines: renewable for one additional year when necessary to complete the internship, and upon written request of applicant and of the director of the training program or intern supervisor.

The application used for issuance or renewal is the [Ancillary Service application packet](#). **This type of certification request must be submitted by the employing school system.** If an individual attempts to submit the request, it will be denied.

For use by the Certification Office only:

| | |
|------------------------------------|-------|
| _____ | _____ |
| Signature of Evaluating Specialist | Date |