### Colorado Education Equivalency Review

# For PSY and PSYC Application

This application form is interactive.

Download the form to your computer to fill it out.



3 TERRACE WAY GREENSBORO, NORTH CAROLINA 27403-3660 USA TEL: 336-482-2856 \* FAX: 336-482-2852 www.cce-global.org \* cce@cce-global.org The Center for Credentialing & Education, Inc. (CCE), on behalf of the state of Colorado, performs the education equivalency review for licensed psychologist candidates. Any correspondence outside of the education equivalency review should be directed to the state of Colorado at 303-894-7800.

CCE's review is based on Colorado Rule 14 [Licensure by Examination (CRS 12-43-304)]. Colorado State Board of Psychologist Examiners Rules are available online at https://www.colorado.gov/pacific/dora/Psychologist.

Applications will be held open for one year from the date of initial review. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

#### **HOW TO CONTACT CCE**

Telephone: 336-482-2856

Telephone Hours: 8:30 a.m. to 5 p.m. Eastern time; 7:30 a.m. to 4 p.m.. Central time (Monday–Friday)

E-mail: cce@cce-global.org
Fax: 336-482-2852

Send written correspondence to: CCE • 3 Terrace Way • Greensboro, NC 27403-3660

Reviews are conducted in order of receipt and completed within six weeks. Failure to include all required items listed on page 3 will result in the need for additional reviews. Each subsequent review takes six weeks from the date of document receipt.

In order to protect candidates from miscommunication or misinformation, CCE asks applicants to submit in writing any questions regarding their education review. Questions can be sent via e-mail, postal mail or fax. CCE responds to all questions in the order they are received.

#### **Applicant Appeal of CCE Review Results**

As an applicant for licensure education review, you have the right to appeal the findings on the education review completed by CCE. Please be aware that all applications for education equivalency review in Colorado are reviewed by CCE, which is the contracted agent for the Colorado State Board of Psychologist Examiners, and the credential review is based on the Colorado Code of Law, Section 12-43-304 et. seq, C.R.S. and Rule 14:I Colorado Board of Psychologist Examiners Rules. These requirements must be met in full.

After the Colorado Board reviews the documents and has made the final decision regarding the appeal, a letter will be sent from DORA to the applicant. It is the applicant's responsibility to send a copy of the letter received from the Board to CCE. Note: CCE cannot proceed with the application until the letter is received.

### **EDUCATION EQUIVALENCY WORKSHEET**

#### **Psychologist**

Please use this form if your degree is from a non-APA approved program. An equivalency review cannot be completed without an official transcript and the course description or syllabus for each course listed below. Documentation submitted by persons not affiliated with the school will not be accepted. Refer to the Board of Psychologist Examiners Rules, Licensure by Examination, for assistance in completing this form.

Applicant Name:		Date:		
Address:		.		
City:	State:		ZIP:	
University or College:				
Type of Degree:		Date Cor	nferred (mm/dd/yyy	y):
All of the following requirements must be met to es	tablish equivalen	ıcy:		
Regionally accredited     Identify accrediting agency:			YES	□ NO
2. Program is a coherent entity, offering an organized sequ	ence of study		YES	☐ NO
3. Identifiable full-time faculty			YES	☐ NO
4. Identifiable student body			YES	□ NO
5. Degree of mastery evaluated by exam and grading proce	edure		YES	☐ NO
6. Curriculum encompassed three (3) academic years of fu	II-time graduate stu	dy	YES	☐ NO
7. Program included courses in each of the content areas li	isted below:		YES	□ NO
<ul> <li>Only graduate level courses are accepted.</li> <li>You must include course syllabi/descriptions for</li> </ul>	or each course list	ed below.		

Each course may only be used for one content area.

<sup>\*</sup> For specific course requirements please visit the Association of State and Provincial Psychology Boards website at <a href="https://www.ASPPB.net">www.ASPPB.net</a>.

Completed three (3) or more semester hours (five (5) or more quarter hours) in each of the following areas (only graduate level courses will be accepted):

Α.	Scientific	and Prof	fessional	Ethics and	Standards
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		☐ Semester		
1A. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		□ Semester		
2A. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		☐ Semester		
3A. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		Total Hours:		

#### **B. Statistics**

		□ Semester		
1B. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		□ Semester		
2B. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		□ Semester		
3B. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		Total Hours:		

#### C. Research Design and Methodology

-				
		□ Semester		
1C. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		☐ Semester		
2C. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		Total Hours:		

#### D. Theories and Methods of Affective Intervention

		☐ Semester		
1D. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		□ Semester		
2D. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		Total Hours:		

		☐ Semester☐ Quarter Hours		
1E. Course Title	Course #		Hours	Year Take
		☐ Semester☐ Quarter Hours		
2E. Course Title	Course #	-	Hours	Year Take
25 Oanna Title	00	☐ Semester☐ Quarter Hours	Harring	Va an Talsa
3E. Course Title	Course #	Total Hours:	Hours	Year Take
		Total Hours.		
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. Biological Bases of Behavior		- Compostor		
1F. Course Title	Course #	☐ Semester☐ Quarter Hours	Hours	Year Taken
1F. Course Title	Course #	□ Semester	Hours	Year Taken
2F. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
Zi. Course Title	Course #	Total Hours:	Hours	Teal Takell
5. Cognitive-affective bases of	Behavior	Competer		
		☐ Semester☐ Quarter Hours	Houre	Voar Takon
1G. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
1G. Course Title	Course #			
		□ Quarter Hours □ Semester	Hours	Year Taken Year Taken
1G. Course Title	Course #	□ Quarter Hours □ Semester □ Quarter Hours		
1G. Course Title	Course #	□ Quarter Hours □ Semester □ Quarter Hours		
1G. Course Title  2G. Course Title	Course #	□ Quarter Hours □ Semester □ Quarter Hours		
1G. Course Title  2G. Course Title	Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester		
1G. Course Title  2G. Course Title	Course #	☐ Quarter Hours ☐ Semester ☐ Quarter Hours  Total Hours:		
1G. Course Title  2G. Course Title  I. Social Bases of Behavior	Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester	Hours	Year Taken
1G. Course Title  2G. Course Title  I. Social Bases of Behavior	Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester □ Quarter Hours	Hours	Year Taken
1G. Course Title  2G. Course Title  I. Social Bases of Behavior  1H. Course Title	Course #  Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester	Hours	Year Taken Year Taken
1G. Course Title  2G. Course Title  I. Social Bases of Behavior  1H. Course Title	Course #  Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester □ Quarter Hours	Hours	Year Taken Year Taken
1G. Course Title  2G. Course Title  I. Social Bases of Behavior  1H. Course Title  2H. Course Title	Course #  Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester □ Quarter Hours	Hours	Year Taken Year Taken
1G. Course Title  2G. Course Title  I. Social Bases of Behavior  1H. Course Title  2H. Course Title	Course #  Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester □ Quarter Hours  Total Hours:	Hours	Year Taken Year Taken
1G. Course Title  2G. Course Title  I. Social Bases of Behavior  1H. Course Title  2H. Course Title  Individual Differences	Course #  Course #  Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester	Hours Hours	Year Taken Year Taken Year Taken
2G. Course Title  I. Social Bases of Behavior  1H. Course Title	Course #  Course #	□ Quarter Hours □ Semester □ Quarter Hours  Total Hours: □ Semester □ Quarter Hours □ Semester □ Quarter Hours  Total Hours:	Hours	Year Taken Year Taken

Course #

□ Quarter Hours

**Total Hours:** 

Year Taken

Hours

2I. Course Title

J. Issue of Cultural and Individual Diversi	ty			
		□ Semester		
1J. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken

1J. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		☐ Semester		
2J. Course Title	Course #	☐ Quarter Hours	Hours	Year Taken
		Total Hours:		

8. The program included a supervised practicum/internship appropriate of psychology

☐ YES ☐ NO

a.) **Practicum** – the minimum practicum experience is 400 hours, of which at least 150 hours must have been in direct service experience and at least 75 hours in formally scheduled supervision.

Course Title	1	Course #	Year Taken
Haura of Evnariance	House of Cunomicion	Total # of Hou	
Hours of Experience	ours of Experience Hours of Supervision		irs
Course Title		Course #	Year Taken
Hours of Experience Hours of Supervision		Total # of Hou	rs
Course Title		Course #	Year Taken
Hours of Experience	Hours of Supervision	Total # of Hou	ırs
		Total Hours Combined	

B.) **Internship** – to be acceptable, internships must have at least a full-time experience, either for one year or for two years of half-time experience, and must encompass at least 1,500 experience hours. To be acceptable, internships must be accredited by the American Psychological Association (APA) or be substantially equivalent when compared with the guidelines and principles for accreditation of internships published by the APA.

☐ One y	ear fu	ıll-time
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☐ Two years half-time

Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
	Total Hours Combined	

- 9. You must provide signed proof on your university/college's letterhead that you have completed the necessary internship and practicum hours required for licensure. Please provide a breakdown of the hours as followed:
  - ▶ **Practicum** The minimum practicum experience is 400 hours, of which at least 150 hours must have been indirect service experience and at least 75 hours in formally scheduled supervision.
  - ▶ <u>Pre-Doctoral Internship</u>- Internships must encompass at least 1,500 experience hours.

Include the names and license numbers of those that provided supervision while you completed your practicum and internship hours, the location of where the hours were completed, and verify the internship met the standards equivalent to an APA/APPIC internship.

If you have questions, please refer to the Board of Psychologist Examiners Rules, Licensure by Examination.



## Colorado Education Equivalency Payment Voucher

#### **PLEASE NOTE**

- · All fees must be paid in U.S. dollars.
- · All fees are nonrefundable and nontransferable.
- Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

#### **METHOD OF PAYMENT**

۱ppli	icant's Name	ə:		
Tele	phone:	DAY:		EVENING:
	7			
	Card Type:	□ VISA	☐ MasterCard	☐ American Express
	Name on 0	Card:		
	Account Number:			
		Card Security Code (from back of card):		
	Expiration Date:			
	Cardholde	er Signature:		Date (mm/dd/yyyy):

#### **SUBMIT YOUR APPLICATION AND PAYMENT**

- Mail: CCE C/O Deluxe First Citizens Bank Lockbox 96865 6125 Lakeview Rd., Suite 800 Charlotte, NC 28269
- Fax: 336-482-2852