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Verification of Enrollment in a School Psychologist Licensure Program

This form must be completed by the institution's authorized official of the school psychologist licensure program where the applicant is enrolled.

School Psychologist Program Verification
<p>As the authorized official of the school psychologist program, my signature verifies that the institution where this applicant is enrolled will</p> <ul style="list-style-type: none"> • Verify completion of at least two years of preparation required for licensure. • Affirm that the applicant will be provided assistance in designing the learning experience. • Provide supervision during the learning experience.

Print Name of Authorized Official		Title	
Email Address for Authorized Official		Telephone Number for Authorized Official	
Name of Institution		Location (city, state, ZIP code)	
Signature of Authorized Official			Date