



Application for Diplomate in Police Psychology

PERSONAL INFORMATION

Name: _____

Home Address: _____

Home Phone: _____

Personal Email: _____

Business Address: _____

Business Phone: _____

Business Email: _____

Date of Birth: _____

Place of Birth: _____

EDUCATIONAL BACKGROUND

List all Colleges/University attended:

College or University	Location	Dates Attended	Major	Degree	Conferral Date

Please have official transcript of highest/doctoral degree sent to:

Scott Stubenrauch
 SPCP Diplomate Committee
 P.O. Box 310
 Lemont, Illinois 60439

The official name of the academic department from which you received your highest degree: _____ . The name must match what is on the transcript. If the department is not stated, a statement must be included to indicate the department.

If the transcript does not designate a major in psychology, please list the semester hours in psychology (graduate only, with a PSYC prefix) that you want the Diplomate Committee to consider:

Course Prefix & No.	Course Title	Semester Hours

Use additional space if needed.

Was your doctoral program accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) at the time of your graduation?

Yes _____ No _____

Was your doctoral program accredited by a regionally accredited college or university recognized by the U.S. Department of Education or one of the provincial higher education systems in Canada at the time of your graduation?

Yes _____ No _____

For applicants who graduated from an academic program outside of the U.S. or Canada, was your doctoral program accredited by a regionally accredited college or university recognized by your country or jurisdiction’s government at the time of your graduation?

Yes _____ No _____ Does Not Apply (U.S. and Canada) _____

Provide the following information regarding your doctoral degree:

Did you complete a Dissertation/Thesis?

Yes _____ No _____

Name of Chair of Dissertation/Thesis Committee: _____

Contact Information for Chair (email and phone number): _____

Title of Dissertation/Thesis: _____

Is your Dissertation/Thesis published in a professional journal?

Yes _____ No _____

If yes, please provide the name of journal, publication year, volume number and page numbers. (Also please submit a copy of the article with your application):

Did you participate in an internship program in psychology?

Yes _____ No _____

If yes, provide the following:

Type of internship _____

Place of internship _____

Dates of internship _____

Total number of hours of internship _____

Supervisor's name _____

Supervisor's address: _____

Supervisor's phone number: _____

Supervisor's email address: _____

LICENSURE/CERTIFICATION

Have you ever been licensed and/or certified in any state/province/jurisdiction?

Yes _____ No _____

If yes, provide the following:

Licensed/Certified as _____

With master's or doctoral degree (circle one)

State/Province/Jurisdiction(s) in which licensed/certified and License/Certification #(s):

Name of licensing/certifying agency: _____

(Attach copy of license(s) and/or certification(s) to application)

Have you ever sought licensure/certification in any state/province/jurisdiction and been denied or refused licensure/certification?

Yes _____

No _____

If yes, complete the following:

State/Province/Jurisdiction(s) where applied _____

Date of application _____

Name of agency _____

Reason for rejection _____

Explanatory comments _____

Have you ever had licensure/certification in any state/province/jurisdiction that was revoked, suspended, restricted, subject to conditions, or voluntarily relinquished?

Yes _____

No _____

If yes, complete the following:

State/Province/Jurisdiction(s) _____

Date _____

Name of agency _____

Reason _____

Explanatory comments _____

Have you ever undergone an investigation or been disciplined (even if unfounded or currently being appealed) for professional misconduct or for violating any rules, regulations, or laws set forth by a governmental agency (federal, state, provincial or jurisdictional), or a professional organization (e.g., the American Psychological Association (APA), the Canadian Psychological Association (CPA))?

Yes _____ No _____

If yes, complete the following:

State/Province/Jurisdiction(s) _____

Date _____

Name of agency _____

Reason _____

Explanatory comments _____

Have you taken and passed the Examination for Professional Practice (EPP) in Psychology?

Yes _____ No _____

Are you board-certified by the American Board of Professional Psychology (ABPP)?

Yes _____ No _____

If yes, date granted _____

Specialty _____

Do you hold any other Diplomate or major professional certification credential, such as ASPPB's CPQ or PSYPACT (IPC or e-Passport), ABAP, ACFE, BCBA, prescription privileges, etc.

Yes _____ No _____

If yes, date granted _____

Specialty _____

CURRECT EMPLOYMENT INFORMATION

Current

Employer's name: _____

Employer's address: _____

Supervisor's name: _____

Supervisor's address: _____

Supervisor's telephone: _____

Supervisor's email: _____

Date employment began: _____

Job/position title: _____

Major duties and responsibilities: _____

Are you currently working in an exempt setting, meaning no license is required?

Yes _____

No _____

If yes, please explain how your work meets licensure exempt status: _____

PAST EMPLOYMENT AND PROFESSIONAL EXPERIENCE

***You may list below -OR- attach a copy of an up-to-date resume/curriculum vita. (If opting for the former option, please use additional paper as necessary to capture your full employment/professional history. If opting for the latter option, please ensure that your resume/curriculum vita is detailed enough to fully address the inquiries in the following employment and professional experience sections).

Experience as a Law Enforcement Officer (such experience is not required, nor does it count towards application requirements)

Name of agency: _____

Position(s) held: _____

Start and End Date: _____

Law Enforcement-Specific Clinical Experience

Name of agency: _____

Position(s) held: _____

Type(s) of services provided _____

Start and End Date: _____

Law Enforcement-Specific Consultation/Training Experience

Name of agency: _____

Position(s) held: _____

Type(s) of services provided _____

Start and End Date: _____

Law Enforcement-Specific Operational Experience

Name of agency: _____

Position(s) held: _____

Type(s) of services provided _____

Start and End Date: _____

Law Enforcement-Specific Research Experience

Name of agency: _____

Position(s) held: _____

Type(s) of services provided _____

Start and End Date: _____

PUBLICATIONS/PRESENTATIONS

Books (Title/Year/Publisher/ISBN)

Chapters (Chapter Title/Book/Author (Editor)/Chapter No./Year)

Articles (Title/Journal/Year/Volume/Pages)

Conference Presentations

Other (such as media appearances)

(Make sure all of the above information is reflected in your resume/curriculum vita)

Use additional space if needed for the above.

List any other activities or contributions to the field which you believe would be pertinent to the Review Board's decision.

REFERENCES

List three professional references who are familiar with your work with police agencies.

Name: _____

Description of professional relationship: _____

Address: _____

Telephone: _____

Email: _____

Web Page: _____

LinkedIn: _____

Name: _____

Description of professional relationship: _____

Address: _____

Telephone: _____

Email: _____

Web Page: _____

LinkedIn: _____

Name: _____

Description of professional relationship: _____

Address: _____

Telephone: _____

Email: _____

Web Page: _____

LinkedIn: _____



PERSONAL ATTESTATION

Please review, initial and sign, and have notarized.

_____ To the best of my knowledge and belief, I attest that the information contained in this application and all documents provided as part of the full application process is true, complete, and accurate.

_____ Within 30 days of occurrence and regardless of the pending outcome of any appeal or other related proceedings, I agree to report to the Diplomate Committee Chair any and all of the following: a change in licensing/certification status (including revocation, suspension, restrictions or special conditions implemented, or voluntarily relinquishing), any investigation of professional misconduct and/or any disciplinary action taken against me by a federal, state, provincial, or jurisdictional governmental body or professional association.

_____ In making this application to the Society for Police and Criminal Psychology for the Diplomate in Police Psychology, I agree to abide by the rules and regulations of the Society and to take all examinations and provide any additional information or material necessary for the purposes of processing my application and conducting all components of the evaluation process. Should I be granted the Diplomate in Police Psychology, I agree to respond with appropriate documentation to all inquiries related to adherence to the maintenance requirements. I also hereby grant permission to the Diplomate Committee to seek any records, references, or other forms of information it deems necessary in securing my credentials pertinent to this application or ongoing professional status in the future.

_____ I further agree that the fee submitted with this application is nonrefundable.

Date Signature

Witness (Please have Notarized):

Date Signature