



## Application for Diplomate in Police Psychology

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

List all Colleges/University attended:

College or University	Dates Attended	Major	Degree	Conferral Date

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

Diplomate Review Board  
 Society for Police and Criminal Psychology  
 P.O. Box 540296  
 Orlando, FL 32854

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 Board to consider:

Course Prefix & No.	Course Title	Semester Hours

Use additional space if needed.

**Provide the following information regarding your doctoral degree:**

Chair of Committee: \_\_\_\_\_

Current position/title of Chair: \_\_\_\_\_

Current address of Chair: \_\_\_\_\_

\_\_\_\_\_

Title of doctoral dissertation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date degree conferred: \_\_\_\_\_

Other doctoral committee members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your doctoral program APA accredited at the time of your graduation?

Yes \_\_\_\_\_

No \_\_\_\_\_

Is your dissertation published in *Dissertation Abstracts International* or in ProQuest?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, provide access number: \_\_\_\_\_

Did you participate in an internship program in psychology?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of internship \_\_\_\_\_

Place of internship \_\_\_\_\_

Dates of internship \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Supervisor's contact:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone no. \_\_\_\_\_

Email: \_\_\_\_\_

**Provide the following information regarding your master's degree:**

Chair of Committee: \_\_\_\_\_

Current position/title of Chair: \_\_\_\_\_

Current address of Chair: \_\_\_\_\_

\_\_\_\_\_

Title of master's thesis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date degree conferred: \_\_\_\_\_

LICENSURE/CERTIFICATION

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

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, provide the following:

Certified as \_\_\_\_\_

With master's or doctoral degree (circle one)

State in which certified \_\_\_\_\_. Cert. no. \_\_\_\_\_

Name of certifying agency: \_\_\_\_\_

Address of certifying agency:

\_\_\_\_\_  
\_\_\_\_\_

Licensed as \_\_\_\_\_

With master's or doctoral degree (circle one)

State in which licensed \_\_\_\_\_. License no. \_\_\_\_\_

Name of licensing agency: \_\_\_\_\_

Address of licensing agency:

\_\_\_\_\_  
\_\_\_\_\_

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

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

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, complete the following:

State where applied \_\_\_\_\_

Date of application \_\_\_\_\_

Name of agency \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Explanatory comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken the Examination for Professional Practice in Psychology?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you hold a Diplomate from the American Board of Professional Psychology (ABPP)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, date granted \_\_\_\_\_.

Specialty \_\_\_\_\_

Do you hold any other Diplomate certification, such as ABAP, ABLE (ACFE), etc.

Yes \_\_\_\_\_

No \_\_\_\_\_

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 \_\_\_\_\_

Past

You may list here or attach your most up-to-date Curriculum Vita

## POLICE EXPERIENCE

If you have been employed full-time by a police agency as a police psychologist for a period of at five years DO NOT complete this section. If not employed as an in-house police psychologist for at least five years, this section MUST be completed. [Experience as a law enforcement officer (LEO) or agent will not qualify you for a Diplomate in Police Psychology. You must document your qualifications as a Police Psychologist working with police agencies, LEOs, police management, etc.]

### **Clinical Experience**

Name of agency: \_\_\_\_\_

Type of assessment/intervention(s): \_\_\_\_\_

How long have you been providing clinical services for police?

\_\_\_\_\_ years

### **Consulting Experience**

Name of agency: \_\_\_\_\_

Type of consultation(s): \_\_\_\_\_

How long have you been providing consultant services for police?

\_\_\_\_\_ years

### **Operational Experience**

Name of agency: \_\_\_\_\_

Type of assistance: \_\_\_\_\_

How long have you been providing operational assistance for police?

\_\_\_\_\_ years

### **Research Experience**

Name of agency: \_\_\_\_\_

Type of research: \_\_\_\_\_

How long have you been conducting research on or for police?

\_\_\_\_\_ years



PUBLICATIONS/PRESENTATIONS

**Books** (Title/Year/Publisher/ISBN)

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

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**Articles** (Title/Journal/Year)

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(Make sure these are reflected in your Vita)

**Conference Presentations**

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**Other** (such as media appearances)

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Use additional space if needed for the above.

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

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## REFERENCES

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Web Page: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Web Page: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Web Page: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

PERSONAL ACKNOWLEDGEMENT

I acknowledge that the information contained in this application is true and correct.

In making this application to the Society for Police and Criminal Psychology for the issuance of a Diplomat 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 to the processing of my application. I further agree that the fee submitted with this application is nonrefundable.

I hereby grant permission to the Review Board to seek any information or references it deems necessary in securing my credentials pertinent to this application.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Witness (Please have Notarized):

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

