



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF DOCTORAL PROGRAM

Applicant: Please complete the top portion of this form and forward it to the university where you received your doctoral degree.

Name: _____ Student identification number: _____

University name and location: _____

TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY

The University must complete the remainder of this form for the above referenced applicant and return the form directly to the address listed below.

The applicant completed a doctoral program of study within the Department of _____

Please specify type of psychology program:

- clinical psychology
- counseling psychology
- school psychology
- other: _____

Was the candidate's program of study APA accredited at the time of the applicant's completion?
YES NO

Did this applicant complete a course of studies encompassing a minimum of three academic years of full-time graduate study, of which a minimum of one academic year of full-time academic graduate study in psychology in residence at the institution granting the doctoral degree? YES NO

Did this applicant complete coursework in scientific methods as follows (Check all that apply and indicate number of credit hours):

Coursework	No. of Credit Hours
Research design and methodology	
Statistics and psychometrics	
Biological bases of behavior, for example, physiological psychology, comparative psychology, neuro-psychology, sensation-and perception, psychopharmacology	
Cognitive –affective bases of behavior, for example, learning, thinking, motivation, emotion	
Social bases of behavior, for example, social psychology, group processes, organizational and systems theory	
Individual differences, for example, personality theory, human development, abnormal psychology	

(Over)

Has this candidate completed a pre-doctoral internship? YES NO If Yes, please indicate duration of pre-doctoral internship? From: _____/_____/_____ to _____/_____/_____

Was the applicant enrolled in a minimum of three academic years, or its equivalent, of full-time graduate study? YES NO

The applicant: Matriculated into the doctoral program on: _____/_____/_____

Completed all degree requirements on: _____/_____/_____

Was awarded a doctoral degree on: _____/_____/_____

Did this applicant complete a respecialization program in an applied psychology? _____ Yes _____ No

Signature of Chairperson

Date

Printed Name of Chairperson

(_____)_____
Telephone No.

Email: _____

Thank you for your assistance. Please return this form directly to:

Department of Public Health
Psychology Licensure
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134-0308
Fax: (860) 707-1980