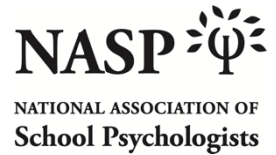




ALTERNATE INTERNSHIP VERIFICATION FORM
FOR THE 2019-2020 ACADEMIC YEAR ONLY



This form is to be used by applicants who completed their internship during the 2019-2020 academic year. As a result of the Coronavirus (COVID-19) pandemic and subsequent school closures, NASP and the National School Psychology Certification Board modified the internship requirements to obtain the NCSP credential for those on internship during Spring 2020. Interns must still obtain 1200 hours during their internship year, although they must only have a minimum of 800 hours at their internship site (at least 400 in a school setting). Those that did not reach the full 1200 hours at their internship site can complete a range of other activities, in coordination with their school psychology program and/or internship site, to complete the remaining hours. Interns that completed the full 1200 hours at their internship site can use the regular internship verification form.

Applicant's Name _____
First Middle Initial Last (Other name used)

School District/Site Name _____

School/Site Address _____

Name of Field-Based Supervisor _____

Name of University-Based Supervisor _____

Start Date _____ End Date _____ Total Hours _____ Total school hours if different than total * _____

THIS SECTION MUST BE COMPLETED BY UNIVERSITY AND FIELD-BASED SUPERVISORS (Supervisor for school-based setting must be credentialed as a school psychologist in the state and setting in which the applicant completed the internship.)

During the time the intern was actively engaged in direct and indirect services for schools, did the intern receive an average of two hours per week of supervision, either face-to-face, via video conferencing or other technology for the duration of the 2019-2020 internship? [] Yes [] No

Did the candidate complete at least 800 hours at the internship site(s) [] Yes [] No

Did the candidate complete at least 400 internship hours at a site that meets the definition of a school setting? [] Yes [] No

The field-based supervisor is licensed/certified to practice within the internship setting. [] Yes [] No

Did the candidate acquire a minimum total of 1200 hours by completing other activities coordinated with the internship site and/or the university training program? [] Yes [] No

During the time the intern was engaged in self-study or activities other than direct and indirect services for schools, did the intern receive adequate supervision for the tasks completed? [] Yes [] No

Did the intern successfully complete the internship? [] Yes [] No

License/Certification Affiliation(s) and Number(s) of the field-based supervisors(s): _____

List the other activities completed: _____

I certify that all of the above information on this verification form is accurate and true.

Internship Field-Based Supervisor Signature Date E-mail Address

University-Based Supervisor Signature Date E-mail Address