

CHECKLIST

_____ FORM 1: Application for Certification (*required from all applicants*)

Complete the Application Form and include with the materials submitted to the BCASP Membership Secretary.

_____ FORM 2: Explanation of Educational Qualifications (*required from all applicants*)

Provide University transcript(s) confirming the required coursework / degree(s). A photocopy of a transcript may be considered sufficient at the discretion of the Membership Secretary; in some instances an official transcript may be required.

_____ FORM 3: Professional Reference (*required from all applicants*)

You must have the Professional Reference Form completed by two eligible referees. These documents must be submitted directly to the BCASP Membership Secretary by each Referee. Please provide each Referee with a stamped envelope addressed properly addressed to the BCASP Membership Secretary

_____ FORM 4: Verification of Employment Status (*required from all applicants*)

Your Verification of Employment Status Form should be completed by your employer and this form should be included with your application packet.

_____ Documentation of Canadian Status (*required from all applicants*)

Provide a *photocopy* of your Canadian Birth Certificate or your Canadian Passport (photo identification page) or your Card/Document as a Canadian Landed Immigrant or your work-eligibility Visa. **DO NOT SEND ANY ORIGINALS OF THESE DOCUMENTS.**

_____ FORM 5: Criminal Record Check (*required from all applicants*)

Request a Criminal Record Check from your local RCMP Station. Each Station has a form that you will be required to complete to obtain a Criminal Record Check, to include the designated fee. The RCMP Station will usually require a copy of FORM 4 demonstrating the requirement for a Criminal Reference Check in support of the BCASP Certification process. The completed Criminal Record Check will be returned to you. You will then need to submit the Criminal Record Check to the BCASP Membership Secretary.

_____ FORM 6: Statement of Supervised School Psychology Experience (*required from most applicants*)

Completion of an Internship in School Psychology (minimum of 1200 hours) should be documented on your transcript(s) and within the applicable sections of FORM 2. To minimize the possibility of Membership Committee challenges regarding your Internship experience(s), all candidates are strongly encouraged to arrange for the Statement of Supervised School Psychology Experience (FORM 6) to be completed in addition to the two FORM 3 documents and have these submitted directly to the BCASP Membership Secretary. Please provide your Supervisor with a stamped envelope addressed to the BCASP Membership Secretary. *For candidates who do not meet the Internship requirement, the BCASP Membership Committee may offer the option of completing additional formally supervised work experience as an alternative.*

_____ Form 7: Annual Applicant Subscription Fee Form

All applicants to BCASP are expected to maintain an annual subscription to "In-Psyghts", the newsletter of the British Columbia Association of School Psychologists, until they become members.

_____ Application Fee (*Required from all applicants; Valid for 3 years*)

Provide a Certification Fee of \$50.00, payable to BCASP. Include this payment with your application materials. **This Fee is not refundable in the event that your application is determined to be ineligible or is otherwise denied. Applications remain open for 3 years. Applications and application fees must be resubmitted after 3 years.**

Application materials should be addressed to:

Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8

Applications will not be processed until all required items have been received by the BCASP Membership Secretary



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

FORM 1: APPLICATION FOR BCASP CERTIFICATION

Name: _____ M or F: _____

Address: _____
Street City Postal Code

Telephone: Home: () _____ Work: () _____

E-Mail: _____ Date: _____

Please confirm that the following documents are enclosed:

- _____ Transcript and FORM 2: Explanations of Professional Qualifications
- _____ Proof of Canadian Citizenship, Landed Immigrant or Work-Visa
- _____ FORM 4: Verification of Employment Status
- _____ FORM 5: Criminal Record Check *(if the RCMP returned the completed Record Check to you)*
- _____ Form 7: Annual Applicant Subscription Fee (\$40, per year payable to BCASP)
- _____ Non-Refundable Application Fee (\$50.00, payable to BCASP, Valid for 3 years)

Please indicate the documents that will be forwarded separately and the name of the individual/agency that will be providing them:

_____ FORM 3: Professional Reference Form
to be provided by: _____
First Referee Address

to be provided by: _____
Second Referee Address

_____ FORM 5: Criminal Record Check *(if the Record Check is being sent directly to BCASP by the RCMP)*

_____ FORM 6: Evaluation of Supervised School Psychology Experience *(if required)*

to be provided by: _____
Name Address

_____ PRAXIS – II: Results will be sent to BCASP by ETS.

Applications will not be processed until all required items have been received by the BCASP Membership Secretary



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

FORM 2: Explanations of Professional Qualifications

The Membership Committee needs to know how you believe that you have fulfilled the educational requirements for certification. Please note beside the stated requirement which course(s) on your transcript pertain to each category.

Requirement	Courses	University	Course Contents
Level C Testing			
Psychometric Principles (Testing / Statistics)			
Educational Intervention Techniques			
School Psychology Internship (1200 hours)			



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

FORM 3 (Page 1): **Professional Reference Form**

To the Applicant:

Appropriate “Referees” are direct supervisors, instructors in school psychology courses, professional colleagues, and colleagues in allied professions (e.g., principals, speech and language pathologists, MCFD workers, mental health workers, and community health nurses, as examples) with whom you have had a professional relationship.

Please complete your Name on the line below before giving this form to your Referee to complete and submit directly to BCASP. Along with each form you should provide a stamped envelope that has been addressed to the BCASP Membership Secretary.

Name of Applicant: _____

To the Referee:

You have been selected by the indicated applicant to provide a reference for membership in the British Columbia Association of School Psychologists (BCASP).

We define School Psychologist as:

A School Psychologist provides or is qualified to provide psychological services and consultation for students, parents, and teachers in order to address learning, behavioural and emotional concerns. The School Psychologist has training in Psychoeducational Assessments and provides these when necessary in the course of employment.

Please complete the following informational items and submit this completed form to the BCASP Membership Secretary at the address indicated. **Your completed Reference will be treated confidentially.**

Name: _____

Job Title: _____ Years in your present position: _____

Address: _____

How long have you known the applicant? _____

FORM 3 (Page 2): **Professional Reference Form**

What is the nature of your professional relationship with the applicant and in what capacities have you worked together?

After reviewing the definition from Page 1, is your position that the applicant would be suitable to work as a School Psychologist?

_____ Yes _____ No

Additional Comments:

_____ Date

_____ Signature

Thank you very much for your time in supporting this candidate's application. Please send this FORM 3 (Page 1 and Page 2) directly to BCASP using the envelope you have been provided.

This form should be sent directly to:

**Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8**



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

FORM 3 (Page 1): **Professional Reference Form**

To the Applicant:

Appropriate “Referees” are direct supervisors, instructors in school psychology courses, professional colleagues, and colleagues in allied professions (e.g., principals, speech and language pathologists, MCFD workers, mental health workers, and community health nurses, as examples) with whom you have had a professional relationship.

Please complete your Name on the line below before giving this form to your Referee to complete and submit directly to BCASP. Along with each form you should provide a stamped envelope that has been addressed to the BCASP Membership Secretary.

Name of Applicant: _____

To the Referee:

You have been selected by the indicated applicant to provide a reference for membership in the British Columbia Association of School Psychologists (BCASP).

We define School Psychologist as:

A School Psychologist provides or is qualified to provide psychological services and consultation for students, parents, and teachers in order to address learning, behavioural and emotional concerns. The School Psychologist has training in Psychoeducational Assessments and provides these when necessary in the course of employment.

Please complete the following informational items and submit this completed form to the BCASP Membership Secretary at the address indicated. **Your completed Reference will be treated confidentially.**

Name: _____

Job Title: _____ Years in your present position: _____

Address: _____

How long have you known the applicant? _____

FORM 3 (Page 2): **Professional Reference Form**

What is the nature of your professional relationship with the applicant and in what capacities have you worked together?

After reviewing the definition from Page 1, is your position that the applicant would be suitable to work as a School Psychologist?

_____ Yes _____ No

Additional Comments:

_____ Date

_____ Signature

Thank you very much for your time in supporting this candidate's application. Please send this FORM 3 (Page 1 and Page 2) directly to BCASP using the envelope you have been provided.

This form should be sent directly to:

**Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8**



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

FORM 4: Verification of Employment Status

Membership in the British Columbia Association of School Psychologists is available to persons who are employed by a Board of School Trustees constituted under the School Act, by a Provincial, Federal or Municipal Government or governmental agency, or by a University as defined by the University.

To the Applicant:

Please have your Supervisor or Personnel Officer sign where indicated below to verify that you are employed by an agency which satisfies the criteria above. Return this completed form with the other Certification Application documents being submitted to the BCASP Membership Secretary at the address listed below.

To the Employer:

Please complete the following to verify that the named applicant for certification as a school psychologist in the BCASP is employed by your agency in a position where qualifications in psychology are a condition of such employment.

Name of Applicant: _____

Job Title: _____

Employing Agency or School District: _____

Employment Term: Continuing _____ or Temporary _____
yes or no give expiry date

Name of Person verifying employment status: _____

Job Title: _____

Signature: _____

Return this form to:

Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

FORM 5: RCMP Criminal Record Check

Applicants for Certification/Membership in the British Columbia Association of School Psychologists are required to provide a completed Criminal Record Check as part of their Certification Application.

1. The Applicant should request this Criminal Record Check at their local RCMP station, during the posted business hours. RCMP stations only process these Criminal Record Checks for persons within their local area – if you request this service from a RCMP station out of your immediate locality you will be turned away.
2. Present a copy of this FORM 5 along with two pieces of photo identification requesting the Criminal Record Check. The RCMP Representative will need to view this FORM 5 which states that this service is a requirement for your application and they will often keep the FORM 5 for their records.
3. The RCMP Representative will have you complete a personal history information form and pay a processing fee. Be prepared to pay cash, usually in the amount of \$65 or less. You will be provided a receipt for your payment.
4. You should allow a minimum of 4 weeks for processing your Criminal Record Check, although it often completes in less time.
5. In some instances, the completed Criminal Reference Check will be mailed directly to you, in which case you will need to forward it onward to the BCASP Membership Secretary.
6. If offered by the RCMP Representative, as the fastest alternative, you certainly may have the completed Criminal Reference Check sent directly to the BCASP Membership Secretary using the mailing address indicated below.

Application materials should be addressed to:

Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8



FORM 6: EVALUATION OF SUPERVISED SCHOOL PSYCHOLOGY EXPERIENCE

This form is to be used to by a supervisor to provide a supervisee with a formative or summative evaluation during a supervised school psychology practice in conjunction with a pre-approved Supervision Plan and in accordance with BCASP Supervision Guidelines (March 2009).

Name of Supervisee (Applicant): _____

School District Name and #: _____ Date of Evaluation: _____

Supervisee's percentage employed as a school psychologist: _____

Please give the dates of the supervision: (From) _____ (To) _____

Name of the Supervisor (Evaluator): _____

Supervisor's BCASP Certification # or CPBC Registration #: _____

Please indicate if this evaluation is: 1) Formative _____ or 2) Summative _____

Directions:

The BCASP supervised school psychology experience is intended to serve as a training experience similar to an intensive master's practicum internship in the final supervised clinical training experience of a university level school psychology master's program without the actual involvement of a university*. So, in general, a supervised experience is for graduates of a program of studies that has prepared them to work as school psychologists, but who have not yet had a formal internship in school psychology.

The ratings used in this form are intended to guide the supervisor, the supervisee, and BCASP in evaluating the supervisee's readiness for independent practice. We ask supervisors to use *competent, entry-level psychological practice at the master's level as the standard for evaluation or comparison.*

This evaluation form should be completed at least twice during the supervised school psychology experience: 1) at about the midway point of the supervision (formative) and 2) near the completion of the supervision (summative). Additional formative evaluations may be used if the duration of the supervised practice is extended.

Finally, the Supervision Plan that was approved by the BCASP Membership Committee for the supervised practice that is being evaluated should be reviewed and monitored for progress at the same time as the Evaluation of Supervised Practice (Form 6) is completed. A copy of the Supervision Plan with appropriate progress notes should be included with this document.

*(BCASP gratefully acknowledges the assistance of the UBC School Psychology Program in the development of this form.)



BRITISH COLUMBIA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Please use the following rating scale in evaluating the supervisee on the characteristics listed below:

Not Applicable: Not an appropriate goal for a school psychologist in this setting

Not Observed: Not observed

Unsatisfactory: Supervisee's skills reflect insufficient mastery in this area; Supervisee needs additional course-based instruction and further formal supervision in this skill

Needs Improvement: Specific plans should be made to assure supervisee gains extra practice in this skill prior to working independently without supervision

Satisfactory: Supervisee's skills in this area are adequate for independent practice in schools; however, the supervisee should still continue to develop this skill through professional development and through continued consultation with other school psychologists

Competent: Supervisee is comfortably independent in this skill

Outstanding: Supervisee's skills in this area are exceptionally strong; Supervisee could be a model practitioner in this skill area

A. Personal Characteristics:

	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Satisfactory	Competent	Outstanding
1. Presents a professional appearance							
2. Relates well with children and youth							
3. Works well with other staff							
4. Shows concern, respect, and sensitivity for the needs of clients and their families, as well as for colleagues							
1. Demonstrates tolerance for others' values and viewpoints							
2. Achieves comfortable interactions with students from all backgrounds							
7. Demonstrates dependability							
8. Demonstrates good judgment and common sense							
9. Communicates and listens effectively							
10. Displays initiative and resourcefulness							
11. Meets difficult situations with self-control							
12. Shows evidence of continued self-evaluation							
13. Accepts constructive feedback							
14. Utilizes constructive feedback							
Other:							

B. Assessment Skills:

	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Satisfactory	Competent	Outstanding
1. Clearly identifies the nature of the referral problem and the purpose of the assessment							
2. Uses appropriate assessment techniques and instruments that are directly related to the identified problem							
3. Analyzes and interprets assessment results in a meaningful and thorough fashion							
4. Makes recommendations that follow logically from the assessment results and are educationally relevant							
5. Displays accuracy in administering and scoring tests and other measurements							
3. Is sensitive to sources of bias when selecting and administering tests							
4. Is competent in diagnosis and identification relevant to the assessment context							
Other:							

C. Consultation Skills:

	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Satisfactory	Competent	Outstanding
1. Establishes effective collaborative relationships with teachers and other school personnel							
2. Conducts effective parent conferences							
3. Serves effectively as a liaison with other disciplines, agencies, and service units							
4. Evaluates effectiveness of consultation strategies used							
Other:							

D. Intervention Skills:

	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Satisfactory	Competent	Outstanding
1. Demonstrates knowledge of a wide range of empirically supported interventions							
2. Uses intervention strategies that are directly related to the assessed problem							
3. Clearly delineates goals and evaluates the effectiveness of intervention techniques used							
4. Demonstrates skill in utilizing individual and group interventions							
5. Demonstrates skill in utilizing behaviour support and classroom management techniques							
6. Demonstrates knowledge and competence in systems-level intervention							
Other:							

E. Professional Responsibilities:

	Not Applicable	Not Observed	Unsatisfactory	Needs Improvement	Satisfactory	Competent	Outstanding
1. Establishes appropriate work priorities and manages time efficiently							
2. Observes work schedule, is punctual and reliable in attendance							
3. Is prompt in meeting deadlines, responding to referrals, and communicating activities							
4. Shows competence in preparation of written reports that are accurate, thorough, well-organized, and focused							
5. Keeps supervisors and administrators informed of unusual events and activities, as well as routine matters							
6. Uses feedback from supervision in a productive manner							
7. Consistently follows through when additional action is needed							
8. Is proactive in seeking consultation and supervision to support skill development							
9. Demonstrates an awareness of competency level and does not accept responsibilities that exceed this level							
10. Demonstrates understanding of professional, ethical and legal responsibilities							
Other:							

F. Summary Evaluation:

	Unsatisfactory	Needs Improvement	Satisfactory	Competent	Outstanding
Overall rating of the supervisee's readiness independent practice					

Please place your initials in the appropriate box above.

Comments:

G. Professional Goals:

Given the above ratings of the supervisee's current professional skills, list the three most important goals which should be established for his/her continued professional training. For *formative evaluations*, goals should relate to specific skill development, experiences or activities to be emphasized, or areas in need of further development in a supervised school psychology experience. For the *summative evaluation*, goals may relate to areas for continued training, consultation, or professional development. An additional written summary may be included and added to the back of this document as needed.

- 1. Most important goal: _____

- 2. _____

- 3. _____

Supervisor's (Evaluator's) signature: _____ Date: _____

Supervisee's (Applicant's) signature: _____ Date: _____

(The supervisee's signature indicates only that the evaluation has been discussed with the supervisee)

Thank you very much for your responses and for the time you spent providing formal supervision.

Please send this form to:

Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8

FORM 7: Annual Applicant-Subscription Fee



Subscription Form for the BCASP Newsletter, “In-Psyghts”

All applicants to BCASP are expected to maintain an annual subscription to “In-Psyghts”, the newsletter of the British Columbia Association of School Psychologists, until they become members and the subscriptions are included as part of their membership fees. Subscriptions are effective from January 1st to December 31st.

Total Due by January 30th: \$40.00

Please make your cheques payable to British Columbia Association of School Psychologists or BCASP and send to the address below.

Please fill in all of the information below:

Name: Dr., Mr., Ms, Mrs. _____

Mailing Address _____

Home Phone: _____

Work Phone: _____

Fax Number: _____

E-Mail Address: _____

Please Note: As an Applicant – Subscriber, you do not yet meet the requirements for full membership; therefore, you may NOT use the title of certified school psychologist.

Return this form to:

Michael Scales
BCASP Membership Secretary
1642 East 4th Avenue
Vancouver, BC V5N 1J8