

Colorado Education Equivalency Review

For PSY and PSYC Application

**This application form is interactive.
Download the form to your computer to fill it out.**



CENTER FOR
CREDENTIALING
& EDUCATION™

3 TERRACE WAY
GREENSBORO, NORTH CAROLINA 27403-3660 USA
TEL: 336-482-2856 * FAX: 336-482-2852
www.cce-global.org * cce@cce-global.org

The Center for Credentialing & Education, Inc. (CCE®) values diversity.
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.

CCE and NBCC are registered trade and service marks of the National Board for Certified Counselors, Inc.

The Center for Credentialing & Education, Inc. (CCE), on behalf of the state of Colorado, performs the education equivalency review for licensed psychologist candidates. Any correspondence outside of the education equivalency review should be directed to the state of Colorado at 303-894-7800.

CCE's review is based on Colorado Rule 14 [Licensure by Examination (CRS 12-43-304)]. Colorado State Board of Psychologist Examiners Rules are available online at <https://www.colorado.gov/pacific/dora/Psychologist>.

Applications will be held open for one year from the date of initial review. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

HOW TO CONTACT CCE

Telephone (toll-free): 888-817-8283

Telephone Hours: 8:30 a.m. to 5 p.m. Eastern time; 7:30 a.m. to 4 p.m.. Central time (Monday–Friday)

E-mail: cce@cce-global.org

Fax: 336-482-2852

Send written correspondence to: CCE • 3 Terrace Way • Greensboro, NC 27403-3660

Reviews are conducted in order of receipt and completed within six weeks. Failure to include all required items listed on page 3 will result in the need for additional reviews. Each subsequent review takes six weeks from the date of document receipt.

In order to protect candidates from miscommunication or misinformation, CCE asks applicants to submit in writing any questions regarding their education review. Questions can be sent via e-mail, postal mail or fax. CCE responds to all questions in the order they are received.

Applicant Appeal of CCE Review Results

As an applicant for licensure education review, you have the right to appeal the findings on the education review completed by CCE. Please be aware that all applications for education equivalency review in Colorado are reviewed by CCE, which is the contracted agent for the Colorado State Board of Psychologist Examiners, and the credential review is based on the Colorado Code of Law, Section 12-43-304 et. seq, C.R.S. and Rule 14:1 Colorado Board of Psychologist Examiners Rules. These requirements must be met in full.

After the Colorado Board reviews the documents and has made the final decision regarding the appeal, a letter will be sent from DORA to the applicant. It is the applicant's responsibility to send a copy of the letter received from the Board to CCE. Note: CCE cannot proceed with the application until the letter is received.

EDUCATION EQUIVALENCY WORKSHEET

Psychologist

Please use this form if your degree is from a non-APA approved program. An equivalency review cannot be completed without an official transcript and the course description or syllabus for each course listed below. Documentation submitted by persons not affiliated with the school will not be accepted. Refer to the Board of Psychologist Examiners [Rules](#), Licensure by Examination, for assistance in completing this form.

Applicant Name:		Date:	
Address:			
City:	State:	ZIP:	
University or College:			
Type of Degree:		Date Conferred (mm/dd/yyyy):	

All of the following requirements must be met to establish equivalency:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Regionally accredited
▶ Identify accrediting agency: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Program is a coherent entity, offering an organized sequence of study | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Identifiable full-time faculty | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Identifiable student body | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Degree of mastery evaluated by exam and grading procedure | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Curriculum encompassed three (3) academic years of full-time graduate study | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Program included courses in each of the content areas listed below: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <ul style="list-style-type: none"> • Only graduate level courses are accepted. • You must include course syllabi/descriptions for each course listed below. • Each course may only be used for one content area. | | |

* For specific course requirements please visit the Association of State and Provincial Psychology Boards website at www.ASPPB.net.

Completed three (3) or more semester hours (five (5) or more quarter hours) in each of the following areas
(only graduate level courses will be accepted):

A. Scientific and Professional Ethics and Standards

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1A. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2A. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
3A. Course Title	Course #		Hours	Year Taken
			Total Hours:	

B. Statistics

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1B. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2B. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
3B. Course Title	Course #		Hours	Year Taken
			Total Hours:	

C. Research Design and Methodology

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1C. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2C. Course Title	Course #		Hours	Year Taken
			Total Hours:	

D. Theories and Methods of Affective Intervention

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1D. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2D. Course Title	Course #		Hours	Year Taken
			Total Hours:	

E. Psychometrics (Assessment and Diagnosis)

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1E. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2E. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
3E. Course Title	Course #		Hours	Year Taken
		Total Hours:		

F. Biological Bases of Behavior

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1F. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2F. Course Title	Course #		Hours	Year Taken
		Total Hours:		

G. Cognitive-affective Bases of Behavior

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1G. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2G. Course Title	Course #		Hours	Year Taken
		Total Hours:		

H. Social Bases of Behavior

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1H. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2H. Course Title	Course #		Hours	Year Taken
		Total Hours:		

I. Individual Differences

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1I. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2I. Course Title	Course #		Hours	Year Taken
		Total Hours:		

J. Issue of Cultural and Individual Diversity

		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
1J. Course Title	Course #		Hours	Year Taken
		<input type="checkbox"/> Semester <input type="checkbox"/> Quarter Hours		
2J. Course Title	Course #		Hours	Year Taken
		Total Hours:		

8. The program included a supervised practicum/internship appropriate of psychology YES NO

a.) **Practicum** – the minimum practicum experience is 400 hours, of which at least 150 hours must have been in direct service experience and at least 75 hours in formally scheduled supervision.

Course Title		Course #	Year Taken
Hours of Experience	Hours of Supervision	Total # of Hours	
Course Title		Course #	Year Taken
Hours of Experience	Hours of Supervision	Total # of Hours	
Course Title		Course #	Year Taken
Hours of Experience	Hours of Supervision	Total # of Hours	
Course Title		Course #	Year Taken
Hours of Experience	Hours of Supervision	Total # of Hours	
		Total Hours Combined	

B.) **Internship** – to be acceptable, internships must have at least a full-time experience, either for one year or for two years of half-time experience, and must encompass at least 1,500 experience hours. To be acceptable, internships must be accredited by the American Psychological Association (APA) or be substantially equivalent when compared with the guidelines and principles for accreditation of internships published by the APA.

One year full-time
 Two years half-time

Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
Course Title	Course #	Total # of hours
		Total Hours Combined

9. You must provide signed proof on your university/college's letterhead that you have completed the necessary internship and practicum hours required for licensure. Please provide a breakdown of the hours as followed:

- ▶ **Practicum**- The minimum practicum experience is 400 hours, of which at least 150 hours must have been indirect service experience and at least 75 hours in formally scheduled supervision.

- ▶ **Pre-Doctoral Internship**- Internships must encompass at least 1,500 experience hours.

Include the names and license numbers of those that provided supervision while you completed your practicum and internship hours, the location of where the hours were completed, and verify the internship met the standards equivalent to an APA/APPIC internship.

If you have questions, please refer to the Board of Psychologist Examiners Rules, Licensure by Examination.



PLEASE NOTE

- All fees must be paid in U.S. dollars.
- All fees are nonrefundable and nontransferable.
- Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

METHOD OF PAYMENT

Applicant's Name: _____

Telephone: DAY: _____ EVENING: _____

- Enclosed is a check or money order payable to CCE in the amount of \$125.
- Please charge the credit card listed below in the amount of \$125.

Card Type: VISA MasterCard American Express

Name on Card: _____

Account Number:

Card Security Code (from back of card):

Expiration Date: /

Cardholder Signature: _____ Date (mm/dd/yyyy): _____

SUBMIT YOUR APPLICATION AND PAYMENT

- Mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223
- Fax: 336-482-2852