



STATE OF OKLAHOMA
BOARD OF EXAMINERS OF PSYCHOLOGISTS
 421 NW 13th Street, Suite 180
 Oklahoma City, OK 73103
 405/522-1333
www.psychology.ok.gov



AGREEMENT FOR THE EMPLOYMENT OF A PSYCHOLOGICAL TECHNICIAN with BCBA
UNDER THE SUPERVISION OF A LICENSED PSYCHOLOGIST
SECTION A

TO BE COMPLETED BY THE PSYCHOLOGIST:

I, _____, am applying to hire _____ to assist me in the conduct of my private practice of psychology. I acknowledge that I am taking full legal and ethical responsibility for these professional activities and services which will be carried out in accordance with the applicable law, rules, and ethics which I have read and understand. I agree to provide adequate supervision to ensure that this is done according to Title 575:10-1-7 of the Rules of the Board. I do not have a multiple relationship with the proposed Psychological Technician with BCBA that reasonably might impair my objectivity or otherwise interfere with me effectively performing the functions as a supervisor, or which might harm, or exploit the technician.

The technician will be employed for _____ hours per week or _____ hours per month at a salary of _____ per week or _____ per month and will perform the following activities and services: _____

Describe where the services will be performed, the supervisory setting, and how you will maintain continuing supervision.

Please describe briefly the basis or your expertise to adequately supervise the technician in those specific activities and services which will be performed. _____

Current number of Psychological Technicians: ____ (maximum number of BCBA technicians is up to four, please refer to 575:10-1-7(e)(6) of the Rules for more information)

Will the supervisor be observing and reviewing the technician's work? _____

Are there regularly scheduled supervision meetings? _____

 Signature of Psychologist

 Printed Name

 License #

**AGREEMENT FOR THE EMPLOYMENT OF A PSYCHOLOGICAL TECHNICIAN with BCBA
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SECTION B**

TO BE COMPLETED BY THE PROPOSED TECHNICIAN:

The proposed supervising psychologist, _____, is making application to hire me, _____, as a Psychological Technician with BCBA to assist in the conduct of his/her private practice. I acknowledge that I have read and understand the law, rules, and ethics pertaining to the practice of psychology. I do further understand that approval granted under law is for psychological activities and services only. I am aware that I am prohibited from using the terms, "Psychological", "Psychology", or "Psychologist", and that the prohibition is not countermanded by this approval. I further understand that the nature of the relationship is primarily service oriented and shall not be accepted as part of supervised experience as a candidate for licensure. I also understand that the Psychologist will assume full responsibility for my professional activities and services. I have read the statements made in section A by the proposed supervising psychologist, and agree with them.

Signature of Proposed Technician

Psychological Technician Applications are reviewed and approved by a committee. Once an application is received in the board office, the application is sent to the committee for approval. **The following items must be received in order for your application to be considered:**

- Psychological Technician Application Section A, B and C
- Copy of BCBA certificate
- Official Transcripts
- \$150.00 Psychological Technician Application Fee



FOR BOARD USE ONLY		
Psychologist Current # of Technicians:	Approved by Committee Member 1:	Approved by Committee Member 2:
Signature:	Date Approved:	

**AGREEMENT
FOR THE EMPLOYMENT OF A PSYCHOLOGICAL TECHNICIAN
UNDER THE SUPERVISION OF A LICENSED PSYCHOLOGIST
SECTION C
VITA FOR PROPOSED PSYCHOLOGICAL TECHNICIAN**

IDENTIFYING INFORMATION:		
Full Name: (Last, First, Middle, Suffix)	Highest Degree:	
Address:	Telephone:	
Maiden/Alias:	Date and Place of Birth:	E-mail address:
ACADEMIC BACKGROUND:		
UNIVERSITY	DEPARTMENT/MAJOR	DATES ATTENDED
PROFESSIONAL EXPERIENCE IN PSYCHOLOGY:		
a. Practicum/Internships/Part-time:		
b. Full Time Employment:		
JOB TITLE	AGENCY	DATES

c. Supporting Coursework Testing Ability:

Course Number and Title:		
Content as described in official catalog or syllabus:		
Supervised Experience Site:	Date From:	To:
Supervisor:	Total Hours:	
Course Number and Title:		
Content as described in official catalog or syllabus:		
Supervised Experience Site:	Date From:	To:
Supervisor:	Total Hours:	
Course Number and Title:		
Content as described in official catalog or syllabus:		
Supervised Experience Site:	Date From:	To:
Supervisor:	Total Hours:	

PROFESSIONAL ACTIVITIES:

a. Affiliations:

b. Research/Publications/Papers:

c. Military/Other:

d. In-Service/Education:

REFERENCES:

(include names of three professionals who have knowledge of your skills/character/interests)

Name	Address	Phone

TRANSCRIPTS:

(have your universities forward official transcripts to the board office)

Certification:

(submit a copy of you BCBA certificate)

NARATIVE:

(please explain why you feel qualified to do the work you are applying to do)

Large empty rectangular box for writing the narrative.

Signature of Proposed Psychological Technician with BCBA

Date