

**STATE OF NEBRASKA**

Licensure Unit  
 301 Centennial Mall South - P.O. Box 94986  
 Lincoln, Nebraska 68509-4986  
 402-471-42117 or  
 dhhs.licensure2117@nebraska.gov

**PSYCHOLOGY  
 INTERNSHIP Equivalency Criteria**

It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

Applicant Name:	First:	Middle/MI:	Last:
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If your internship was not accredited by the American Psychological Association, you must provide evidence of meeting the standards of accreditation as follows:

One year must be an internship, which

- (a) Is at least 12 months in duration, consisting of at least 1,500 or more hours in not more than 24 months. School psychology internships may be 10 months in duration;
- (b) The purpose of the internship is to train psychologists for the independent provision of direct psychology services;
- (c) It is directed by a Licensed Psychologist;
- (d) It is sequentially organized (progressively increases levels of responsibility and skills);
- (e) Requires 4 hours of supervision per week, 2 of the 4 hours must be individual face-to-face with 2 or more supervising licensed psychologists on-site;
- (f) Must include positions for 2 or more psychology interns;
- (g) The transcript must show completion of practica prior to entering internship; and
- (h) The psychology staff must include a minimum of 3 on-site supervising licensed psychologists.

<input type="checkbox"/> full-time	<input type="checkbox"/> part-time	# of hours of supervision per week: _____		
		Did the supervision include individual face-to-face supervision for at least 2 of the 4 hours per week		
		<input type="checkbox"/> Yes, <input type="checkbox"/> No; if no explain: _____		
		Was the internship a school psychology internship? <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Date Began(month/day/year):		Date Ended (month/day/year):		
Total hours of experience: _____				
Internship was completed at:		Name of Facility:		
Address:		Street/PO:		
		City:	State:	Zip:
During the internship, were there a minimum of 3 on-site supervising licensed psychologists? <input type="checkbox"/> Yes, <input type="checkbox"/> No		Name of supervisors	1	
			2	
			3	
			4	

1. The purpose of the internship is to train psychologists for the independent provision of direct psychology services. You must provide a copy of the internship purpose.
2. The internship must be directed by a Licensed Psychologist.

Name of Licensed Psychologist who directed the internship	
License Number	
State of Licensure	

