

**NAME**

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**CLINICAL PSYCHOLOGIST**

**SUPPLEMENT A**

**NOTE:** If you have a valid license to practice psychology in the State of Hawaii, you may skip Supplement A. However, you must submit verification of your license, e.g., copy.

Listed below are seven content areas which have been delineated as critical for functioning as a Clinical Psychologist in the State of Hawaii. Please indicate course number(s) (FROM THE TRANSCRIPT YOU HAVE ATTACHED) which apply to these content areas. Below this listing, please describe the course(s) you have indicated. If you need more space, please attach an additional sheet which follows the format below.

On the final page (A-5), please note that item H requests information regarding internship activities. You must complete this page even if you are licensed.

**A. Psychological Testing**

1. Course number(s):

2. Course description(s):

B. Psychopathology/Abnormal Psychology

1. Course number(s):
2. Course description(s):

C. Psychodiagnosis and/or Behavioral Analysis

1. Course number(s):
2. Course description(s):

D. Personality Theory

1. Course number(s):
2. Course description(s):

E. Human Learning

1. Course number(s):
2. Course description(s):

F. Techniques of Counseling/Psychotherapy

1. Course number(s):
  
2. Course description(s):

G. Research Design/Methodology and Statistical Analysis

1. Course number(s):
  
2. Course description(s):



## **SUPPLEMENT B**

The following areas characterize the functioning of clinical psychologists employed by the State of Hawaii.

Assessment  
Treatment  
Consultation  
Program Development and Evaluation  
Training and Education  
Prevention  
Research

Please use this information as a guideline for describing your present and previous experience. List only post-internship experience. In order to determine the breadth and scope of your work experience, we need a breakdown of the kinds of duties you performed and the degree of your involvement in the various areas defined as critical for functioning as a clinical psychologist in the State of Hawaii. Please be sure to fill in the requested information carefully and completely. This information will be used to determine your score and ranking on the eligibility list. Additional information will not affect your score, but may be of use/interest to the various employing agencies.

Begin with your present or most recent experience. Attach additional sheets, following this format, as necessary.

Position	Work Area	Time Spent			
		Amount		Length	
		Hrs/Week	Hrs/Month	Yrs	Mos
<b>1. Employer:</b>	<b>Assessment</b>				
	<b>Treatment</b>				
	<b>Consultation</b>				
<b>Job Title:</b>	<b>Program Development and Evaluation</b>				
	<b>Training and Education</b>				
<b>Full-time: _____</b>	<b>Prevention</b>				
<b>Half-time: _____</b>					
<b>Other: _____</b>	Research				
<b>2. Employer:</b>	<b>Assessment</b>				
	<b>Treatment</b>				
	<b>Consultation</b>				
<b>Job Title:</b>	<b>Program Development and Evaluation</b>				
	<b>Training and Education</b>				
<b>Full-time: _____</b>	<b>Prevention</b>				
<b>Half-time: _____</b>					
<b>Other: _____</b>	Research				

**SUPPLEMENT C**

Please indicate your preference/interest with regard to population, setting, or type of assignment by placing an “X” in the appropriate box below.

Type of Assignment	<b>Strongly Interested; this is an area in which I can best function</b>	<b>Interested, but have little or no work experience in this area</b>	<b>Not Interested</b>
1. Mental Retardation			
2. Children’s Health Services, e.g., Developmental Disabilities			
3. Community Mental Health Services			
a. Children			
b. Adolescents			
c. Adults			
4. Inpatient Services			
a. Adolescents			
b. Adults			
c. Closed Intensive Supervision Unit			
5. Courts and Corrections			
6. Alcohol & Drug Abuse			
7. Neuropsychology			
8. Program Development and Evaluation			

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I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_