

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter and Documentation of Experience for Licensure as a Psychological Associate

Name and Address of Licensed Psychologist

Professor Glynda Kinsella
School of Psychology and Public Health
La Trobe University,

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the application for licensure.

Applicant Name (Please Print): Dr Isabelle Bauer

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes ☒ No ☐

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

GLYND A KINSELLA

Glynda Kinsella

Your Printed Name

Your Signature

Current Address: School of Psychology and Public Health
La Trobe University, Melbourne, Victoria 3086
Australia

Telephone: (03) 9479 2409
Area Code

Area of doctoral level training/education in psychology:

Clinical Neuropsychology

Current Job Position: Professor, School of Psychology and Public Health and Co-Ordinator of Postgraduate Degrees in Clinical Neuropsychology, La Trobe University, Australia

Please give date(s) of your licensure at the time that you supervised or knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
<u>Ongoing</u>	<u>PSY0001117349</u>	<u>Victoria, and Australia</u>	<u>Yes</u>

Registered as a Psychologist, and endorsed area of practice as a Clinical Neuropsychologist through the Psychology Board of Australia

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. January 1, 1984 to September 15, 1985).

March 1 2007 to 30 July 2008

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

Co-ordinator of a Masters Degree in Clinical Neuropsychology (La Trobe University Australia). Isabelle did not complete the degree and did not qualify as a Clinical Neuropsychologist.

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

Professor and Supervisor of an internal university placement

5. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes ☐ No ☒

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

Isabelle has undertaken the first placements of a professional training degree in Clinical Neuropsychology which she did not complete. Her training would allow her to administer and score psychological tests but interpretation would need to be guided and supervised by a qualified Clinical Neuropsychologist

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One (1) Reference Letter

7. Do you feel the applicant is physically and mentally competent to render psychological services as a psychological associate? Yes _____ No _____ *I am not certain of the role of an associate but Isabelle can reliably administer tests and score psychological tests. She would need supervision in interpretation of results.*
- If **NO**, please attach letter of explanation.
8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes _____ No _____ *See above*
- If **YES** please attach letter of explanation.
9. If you supervised the applicant in any professional setting please respond to the following questions:
- a. Did the applicant receive supervision within those areas of your training, knowledge, and skill? Yes Yes _____ No _____
- b. Did the applicant have the background, training and experience appropriate to the functions performed? Yes Yes _____ No _____
- c. Was a verification of your supervision for the applicant listed on your license renewal on file in the Board's office? (If applicable)
Yes _____ No No _____
- d. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.
Beginning Date: 03/26 26/03/2008 Ending Date: 07/30 30/07/2008
Month/Day/Year Month/Day/Year
- e. How many hours per week did the applicant work under your supervision during the above time period?
2 hrs
- f. How many hours per week of direct (one-to-one) supervision did you provide to the applicant?
2 hours
- g. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements? Yes Yes _____ No _____
- h. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes Yes _____ No _____

Signature of Licensed Psychologist

Date

Please return this completed form to the applicant.

LPADOCEXP – August 2006

Texas State Board of Examiners of Psychologists
One (1) Reference Letter