

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

Dr. Joy Schmitz
1941 East Road
Houston TX 77054

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): Isabelle E. 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 X 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:

Joy Schmitz
Your Printed Name

[Signature]
Your Signature

Current Address: UT HSC, Dept of Psych + Behavioral Sci.

1941 East Road

Houston TX 77054

Telephone: (713) 486-2867
Area Code

Area of doctoral level training/education in psychology:

Clinical Psychology

Current Job Position: Professor

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>03/1990</u>	<u>23803</u>	<u>TX</u>	<u>Yes</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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).

6/1/2014 - present

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

University, Medical School

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

Colleague

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 X

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.

Assessment (neuropsychological, cognitive, clinical)
Psychosocial intervention focusing on
health-related behaviors

7. Do you feel the applicant is physically and mentally competent to render psychological services as a psychological associate? Yes X No

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 X

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 _____ No _____

b. Did the applicant have the background, training and experience appropriate to the functions performed? 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 _____

d. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

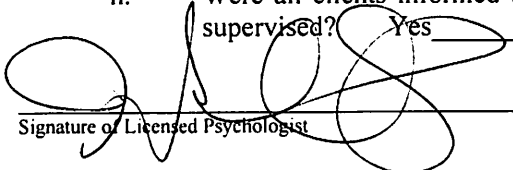
Beginning Date: _____ Ending Date: _____
Month/Day/Year Month/Day/Year

e. How many hours per week did the applicant work under your supervision during the above time period?

f. How many hours per week of direct (one-to-one) supervision did you provide to the applicant?

g. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements? Yes _____
No _____

h. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes _____ No _____



Signature of Licensed Psychologist

4/15/16

Date

Please return this completed form to the applicant.