Licensed Psychologist Attestation of Supervision of a Testing Technician

General Information Regarding a Licensed Psychologist's Supervision of a Testing Technician

Note: Before undertaking the supervision of a testing technician, licensed psychologists must ensure that the testing technician meets the requirements to administer and score standardized objective psychological or neuropsychological tests, which involve specific predetermined and manualized procedures.

The following information is intended to assist the licensed psychologist, who intends to serve as the supervisor of a testing technician, by ensuring that he or she is aware of the range of conduct, services and activities that may be undertaken by a testing technician, as well as to advise such licensed psychologist that he or she must submit a form to the Department that attests that the specified testing technician meets the requirements of Education Law §7605(11).

Under Education Law §7605(11), the conduct, activities and/or services that a testing technician can engage in are the administration and scoring of standardized objective (non-projective) psychological or neuropsychological tests, which have specific predetermined and manualized administrative procedures that entail observing and describing test behavior and test responses of the patient and do not require evaluation, interpretation or other judgments by the testing technician.

The licensed psychologist's use of a testing technician must be undertaken only with special care and professional judgment in order to ensure the safety and well-being of the patient considering the severity of the symptoms, the age of the patient and the length of the examination process, and must include appropriate ongoing contact between the testing technician and the licensed psychologist at appropriate intervals.

It is important to note that the role of the supervising licensed psychologist is a significant and responsible one. Additionally, the development of high standards of excellence in the practice of a testing technician will be determined, in part, by the skill and diligence with which the supervising licensed psychologist conducts his or her training, assessment and oversight of such testing technician. A licensed psychologist's supervision of a testing technician is considered part of professional practice. Thus, the supervising licensed psychologist should maintain records of the dates and times of supervision and any other pertinent information.

The supervising licensed psychologist must notify the patient or designated health care surrogate that he or she may utilize the services of a testing technician to administer certain exams, and must provide the patient or designated health care surrogate the opportunity to object to the supervising licensed psychologist's plan to utilize a testing technician and then document in the patient's record, the response given by either the patient or designated health care surrogate regarding such plan.

Education Law §7605(11) describes the various facets of acceptable practice by the testing technician. Thus, both the supervising licensed psychologist and the testing technician should read and be thoroughly familiar with those statutory provisions before they engage in professional work together.

Use of a testing technician by a licensed psychologist is subject to the full disciplinary and regulatory authority of the Board of Regents and the Department pursuant to Title VIII of the Education Law.
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**Instructions:** Complete Sections I and II. Be sure to sign and date the attestation. Submit all pages of this form along with any attached information directly to the Office of the Professions at the address at the end of the form (make sure to keep a copy for your records). You must complete and submit this form prior to supervising a testing technician. The Office of the Professions will only accept this form if completed and submitted by you. A separate Licensed Psychologist Attestation of Supervision of a Testing Technician form must be submitted for every testing technician you are going to supervise.

Business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

### Section I: Attesting Licensed Psychologist Information

1. **Birth Date**  
   Month: [ ]  
   Day: [ ]  
   Year: [ ]

2. **Print Full Name as It Appears on Your New York State Psychology License**
   - Last: [ ]
   - First: [ ]
   - Middle: [ ]

3. **New York State Psychology License Number:** [ ]

4. **Mailing Address:**  
   - [ ] Home or [ ] Business
   (You must notify the Department promptly of any address or name changes.)
   - Line 1: [ ]
   - Line 2: [ ]
   - Line 3: [ ]
   - City: [ ]  
   - State: [ ]  
   - Zip Code: [ ]

5. **Telephone/E-Mail Address**
   - Daytime phone
     - [ ] Home or [ ] Business
     - Area Code: [ ]  
     - Phone: [ ]
   - Fax
     - [ ] Home or [ ] Business
     - Area Code: [ ]  
     - Phone: [ ]
   - E-mail Address (please print clearly)
     - [ ] Home or [ ] Business
     - [ ]

### Section II: Testing Technician and Setting Information

1. **Testing technician you will be supervising:**
   - **Name of Technician**
     - Last: [ ]
     - First: [ ]
     - Middle: [ ]
   - **Birth Date**  
     Month: [ ]  
     Day: [ ]  
     Year: [ ]
   - **Mailing Address:**  
     - [ ] Home or [ ] Business
     - Line 1: [ ]
     - Line 2: [ ]
     - Line 3: [ ]
     - City: [ ]  
     - State: [ ]  
     - Zip Code: [ ]

2. **Telephone/E-Mail Address**
   - Daytime phone
     - [ ] Home or [ ] Business
     - Area Code: [ ]  
     - Phone: [ ]
   - Fax
     - [ ] Home or [ ] Business
     - Area Code: [ ]  
     - Phone: [ ]
   - E-mail Address (please print clearly)
     - [ ] Home or [ ] Business
     - [ ]
Bachelor's Degree in Psychology or a Related Field:

College or University Name: __________________________________________________________

Address: __________________________________________________________________________

Title of Degree Awarded _____________________________________________ Date Degree Awarded: _______ / _______ / _______

2. Setting where the testing technician is employed and supervision occurs (a testing technician may not be employed within a school setting):

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

___________________________________________________________________________________________________________

Business Phone: _____________________________________________

Fax: _____________________________________________

E-mail (If available): ______________________________________________________________________________

Web Address (If available): ____________________________________________________________________________

Attestation

I attest that the testing technician's conduct, activities or services will be limited to the administration and scoring of standardized objective (non-projective) psychological or neuropsychological tests which have specific predetermined and manualized administrative procedures which entail observing and describing test behavior and test responses, and which do not require evaluation, interpretation or other judgments.

I attest that such testing technician: (i) holds no less than a Bachelor's degree in psychology or a related field; (ii) will undergo a process of regular training by a supervising licensed psychologist, which must include, but not be limited to a minimum of eighty (80) total hours of (a) professional ethics, (b) studying and mastering information from test manuals, and (c) direct observation of a supervising licensed psychologist or trained technician administering and scoring tests, in addition to a minimum of forty (40) total hours of administering and scoring tests in the presence of a supervising licensed psychologist or trained technician, provided such interaction with the supervising licensed psychologist equals or exceeds fifty (50%) percent of the total training time; (iii) will be under my direct and ongoing supervision in no greater than a 3:1 ratio or the part time equivalent thereto; (iv) will not be employed within a school setting and (v) will not select tests, analyze patient data or communicate results to patients.

I attest that my use of such testing technician will be undertaken only with special care and professional judgment in order to ensure the safety and well-being of the patient considering the severity of the symptoms, the age of the patient and the length of the examination process, and will include appropriate ongoing contact with me at appropriate intervals.

I attest that I will notify the patient or designated health care surrogate that I may utilize the services of a testing technician to administer certain exams, and will provide the patient or designated health care surrogate the opportunity to object to my plan to utilize a testing technician.

I hereby attest that the information contained herein is true and accurate and acknowledge that the use of a testing technician is subject to the full disciplinary and regulatory authority of the Board of Regents and the Department pursuant to Title VIII of the Education Law.

______________________________________________________________________________ _________________________________

Supervising Licensed Psychologist Signature Date

Print Name

Return this form along with any additional information to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, State Board for Psychology, 89 Washington Avenue, Albany, NY 12234-1000.