



**OPTIMA BEHAVIORAL HEALTH
APPLICATION FOR NEUROPSYCHOLOGICAL TESTING PRIVILEGES**

**Optima Behavioral Health
Application for Neuropsychological Testing Privileges
Licensed Clinical Psychologist**

Practitioner Name: _____

License Type: _____

License Number and Expiration Date: _____

Primary Practice Name: _____

Office Address: _____

Please complete the following information

Yes No
 I have received a doctorate degree in psychology from a regionally accredited institution with a program in psychology.

 I have completed at least 3 years, with a minimum of 500 hours per year, of clinical neuropsychological experience at either pre or post doctoral levels.

 I have completed 2 years of supervision in clinical neuropsychology satisfied by one or more of the following:

- a. 2 years postdoctoral supervision
- b. 1 year predoctoral and one year postdoctoral supervision
- c. successful completion of a postdoctoral fellowship



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Page 2 – Practitioner Name: _____

Please list all formal course work (completed and passed) that you believe qualifies you for testing privileges. Please attach additional pages and/or a resume/CV as needed.

For all schools listed, please request that an official transcript be sent to OBH Credentialing Department. Transcripts must show evidence of specific training in each type of testing for which you request privileges.

| <u>Course Name</u> | <u>School (include complete address)</u> | <u>Date Completed</u> |
|--------------------|--|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List other testing supervision:

| <u>Discipline</u> | <u>Name and Address of Supervisor</u> | <u>Dates of Supervision</u> |
|-------------------|---------------------------------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Indicate age groups to be tested

Children Adolescents Adults



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Page 3 – Practitioner Name: _____

Peer References

Please have two peers, knowledgeable in the neuropsychological testing area and at least one of which provided testing supervision to you during post doctoral clinical practice or a post doctoral fellowship. Provide letters of reference attesting to your qualifications and recent (within the last two years) experience; at least one letter must be from a provider not currently affiliated with your clinical practice. OBH will accept letters only from Licensed Clinical Psychologists.

Ethical Standards

OBH requires that all professionals providing psychological testing services adhere to the Code of Ethics and Standards of Practice adopted by their licensing board. As a Licensed Clinical Psychologist, I understand and agree (as indicated by checking each item and signing this form) to the following ethical standards:

Inform clients of (i) the purposes of an interview, testing or evaluation session and (ii) the ways in which information obtained in such sessions will be used before asking the client to reveal personal information or allowing such information to be divulged.

Consider the validity, reliability and appropriateness of tests selected for use with clients and carefully interpret the performance of individuals from groups not represented in standardized norms.

Provide clients with accurate information of what to expect in the way of tests, reports, billing, therapeutic regime and schedules before rendering services.



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Page 4 – Practitioner Name: _____

Attestation and Consent

By completing and signing this form, I hereby attest to the accuracy of all information provided, agree to notify OBH of any change in my license or clinical status affecting my ability to provide testing services, and verify my intent to adhere to OBH endorsed ethical principles. I also give OBH permission to request primary verification information from schools, facilities, other professionals, etc. regarding my qualifications to perform these services; a copy of this form shall be as valid as the original.

Practitioner Signature

Practitioner Printed Name

Date Signed

Please return this form, along with official transcripts and reference letters to:

**Optima Behavioral Health Credentialing
Attention: Testing Privileges
4417 Corporation Lane
Virginia Beach, VA 23462
Fax: (757) 552-8887 or (757) 756-4399
Phone: (757) 552-7193**

Please ensure that you call within 24 hours to confirm that your application has been received in the department.