

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

APPLICATION FOR Prescribing Psychologist Clinical Rotation Program

The following materials are required to be submitted for application as a Prescribing Psychologist Clinical Rotation Program:

1. Application for Prescribing Psychologist Clinical Rotation Program. Type or print with black ink only.
2. Fee – \$1000. Make check or money order payable to the Department of Financial and Professional Regulation. THE FEE IS NOT REFUNDABLE.
3. Documentation to demonstrate the program complies with the requirements of Section 1400.220 of the Administrative Rules.
4. An interview with the Psychology Board may be requested. Additional information may be requested by the Board.

PART I: Application Category Information

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
Prescribing Psychologist Clinical Rotation Program	269	Non-examination	\$1000

PART II: Applicant Identifying Information

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Street, City, State, and ZIP Code)	
4. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	5. TITLE
6. EMAIL ADDRESS (REQUIRED)	

PART III: Certifying Statement

I certify that the information contained herein is true and correct according to the official records of this institution. The program complies with the requirements of Section 1400.220 of the Administrative Rules. Documentation demonstrating compliance with this Section has been submitted.

Print Name of School Official

Title

Signature of School Official

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com

INSTRUCTION SHEET

ILLINOIS PRESCRIBING PSYCHOLOGIST CLINICAL ROTATION PROGRAM Profession Code - 269

Clinical Rotation Training Programs

The designated program director is responsible for providing accurate information to each requirement specified below. This information must be documented with supporting data and a detailed, thorough response for each requirement. The program must comply with all requirements of Section 1400.220 of the Administrative Rules. An interview and or additional information may be requested by the Board.

The clinical rotation program must be offered by an APA or equivalent approved doctoral or pre-doctoral program or offered during a post-doctoral master's program in clinical psychopharmacology and housed in an institution that is accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation. The full-time practicum must include a minimum of 20 hours of rotations per week. A minimum of 14 months and a maximum of 28 months of supervised clinical training which results in 36 clinical rotation credits, including a research project, must be completed.

Required Clinical Rotations

During the clinical rotation program, students shall complete rotations in the following areas:

1. Emergency medicine;
2. Family medicine;
3. Geriatrics;
4. Internal Medicine;
5. Obstetrics and Gynecology;
6. Pediatrics;
7. Psychiatry;
8. Surgery; and
9. One elective of the program participant's choice.

Clinical Rotation Program Requirements

Submit documentation that demonstrates the program meets the following requirements. Documentation may include copies of course descriptions, rotation schedules, CVs for faculty members, evaluation forms, and any other pertinent information to document compliance with the requirements listed below.

- 1) All program faculty and preceptors hold an active physician and surgeon, advanced practice nurse, or prescribing psychologist license.
- 2) The program has access to adequate labs and clinical medical rotation sites.
- 3) The program requires a minimum of 20 clock-hours of rotations per week and requires all 36 credits of rotations to be completed within a minimum of 14 months and a maximum of 28 months after beginning the rotations. To earn 36 clinical rotation credits, a participant must complete a minimum of 1,620 clock-hours of clinical rotation training.
- 4) The program provides participants with experience in progressive patient management responsibilities.
- 5) The program provides a sufficient volume and variety of clinical experiences and coordinates and secures appropriate clinical sites and preceptors for required rotations. Clinical rotations may be held in hospitals, hospital outpatient clinics, community mental health clinics and correctional facilities. The program must coordinate clinical sites and preceptors for required rotations.
- 6) Prescribing psychologist participants must be clearly identified to distinguish them from other health care professionals and residents.
- 7) The program conducts periodic, objective and documented formative evaluations of participants to assess their acquisition of knowledge, problem-solving skills and clinical competencies. (Submit sample forms used to evaluate the participant.)
- 8) The program defines and maintains initial and ongoing evaluations of sites and preceptors used for clinical practice experiences. Explain how participants may provide feedback related to the training program.