COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

PROGRAM SUPPORT BUREAU

WORKFORCE EDUCATION AND TRAINING DIVISION

LICENSURE PREPARATION PROGRAM
EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY

The Workforce Education and Training (WET) Division announces a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA) WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

AATBS EPPP GOLD PACKAGE INCLUDES:

- Exam Strategies Package
- 6 Comprehensive Study Volumes
- TestMASTER: 1,800 practice questions
- Domain Quizzes
- TestMASTER Final Exam
- Live 4-Day Workshop
- Content Summary Digital Audio Library
- Color-Coded Flashcards
- Expert Phone Consultation

MHSA WET Participant Price: $100 (Retail Value: $1,700)

Visit www.aatbs.com for more details about the package.

EPPP WORKSHOP DATE AND LOCATION

Date: Thursday, January 8 - Sunday, January 11, 2015
Time: 8:00 am – 5:00 pm
Location: Radisson Hotel Phoenix Arizona, 427 North 44th St., Phoenix, AZ 85008

APPLICATION DEADLINE: Monday, January 5, 2015, or when slots are filled. Space is limited.

Attendance to the Live 4-Day Workshop is MANDATORY for all MHSA-WET Participants

ELIGIBILITY:

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- **APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION**
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health
- Has not previously participated in the MHSA WET-funded LPP for the EPPP; this package is available one time per individual

PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the EPPP

INSTRUCTIONS:

1. Please **scroll down** for the application form, which must be completed and faxed to Angelica Fuentes at (213) 252-8776 ***along with documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.*** Applications will be accepted until **Monday, January 5, 2015**, or when capacity is reached.
2. An e-mail confirming receipt of application will be sent to all applicants.
3. Upon approval, participants will be given a phone number to register and pay the non-refundable fee of $100 by VISA, MasterCard or American Express to AATBS.
4. AATBS will register participants for the requested workshop and mail the study package to the address provided on the application when payment is received.

All applications are reviewed. Submission of application does not guarantee approval.

CONTACT: Angelica Fuentes, LCSW E-mail: afuentes@dmh.lacounty.gov

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PROGRAM SUPPORT BUREAU

WORKFORCE EDUCATION AND TRAINING DIVISION

EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY

Print or Type Only

TITLE: LPP Examination for Professional Practice in Psychology	**DATE(S): Thursday, January 8 – Sunday, January 11, 2015**

FIRST NAME:	**LAST NAME:**

JOB TITLE:	**DISCIPLINE:**	**ETHNICITY:** *(optional)*

AGENCY:	**PROGRAM:**

MAILING ADDRESS FOR STUDY PACKAGE:

CITY:	**STATE:**	**ZIP:**

PHONE #:	**E-MAIL:** *(required for information)*

LANGUAGE(S) FLUENCY: *(other than English)*

Service area of employment: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Have you previously taken the EPPP? Yes ☐ No ☐

Is your license-waivered agreement with your employer expiring within 12 months? Yes ☐ No ☐

_____
Name of Applicant (Print)

Meets the following eligibility criteria to participate in the LPP:

- Currently in good standing with his/her employer with no disciplinary action in the last 12 months;
- Successfully completed the required supervision hours;
- Has been approved by the board to take the EPPP.
- Currently provides a minimum of 65% of his/her time in direct clinical services in the public mental health system; and
- Has <u>not</u> previously participated in the MHSA WET-funded LPP for the EPPP

Supervisor's Name _____ Supervisor's Signature _____ Date _____

Supervisor's Phone Number _____ Supervisor's E-mail _____

_____
Name of Applicant (Print)

Agrees to the following terms and conditions:

- Attend the <u>mandatory workshop</u> and participate in all offerings of the program.
- The mandatory workshop is to be taken <u>on his/her own time</u>.
- Provide the WET Division with exam results and employment/promotional status information.

☐ **I have attached documentation indicating board approval to sit for the EPPP.**

Applicant's Signature _____ Date _____

The WET Division will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of $100 by VISA, MasterCard or American Express.

Return Application to: **Angelica Fuentes, WET Training Coordinator**
Fax: (213) 252-8776 *(No cover sheet necessary)*
E-mail: afuentes@dmh.lacounty.gov