



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
WORKFORCE EDUCATION AND TRAINING (WET) DIVISION

The WET Division announces a limited number of slots available for the MHA WET- funded licensure preparation program, at a discounted rate, to qualified public mental health staff (DMH-operated and DMH-contracted programs).

**California Psychology Supplemental Examinations (CPSE) through Association for Advanced Training in the Behavioral Sciences (AATBS)**

**AATBS CPSE Combo Package Includes:**

- Two Comprehensive Study Volumes
- TestMASTER - 3 full length online practice exams with 3 months access time
- Expert Phone Consultation – one on one assistance available with exam experts
- Live 2-Day Workshop – 16 hours of instruction covering exam content and strategies

The next scheduled workshops will be held at the Sheraton Gateway LAX Hotel, located at 6101 West Century Boulevard, Los Angeles, CA 90045. Available workshop dates:

**Saturday, February 11<sup>th</sup>- Sunday, February 12<sup>th</sup>, 2012 (8am-5pm)**

Request form to attend the February workshop and receive the study package must be faxed by January 10, 2012

**Saturday, June 9<sup>th</sup>- Sunday, June 10<sup>th</sup>, 2012 (8am-5pm)**

Request form to attend the June workshop and receive the study package must be faxed by March 30, 2012

**\*Mandatory attendance to the Live 2-Day Workshop is required for all MHA-WET CPSE participants.**

Please visit the following website for more package information:

<http://www.aatbs.com/buynow.asp?license=1&lcnum=8&id=138>

**Eligibility:**

- Must be in good standing with current employer; no disciplinary action within the last year
- Approved by the licensing board to take the licensure examination
- Must have successfully completed the Examination for Professional Practice in Psychology (EPPP)
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health

**Priority will be given to clinicians who meet at least one of following criteria:**

- If applicable, licensure waived status with employer to expire within 12 months
- Previous attempt(s) at passing the CPSE

**INSTRUCTIONS:**

1. Please **scroll down** for the application form. Application form must be completed and faxed to Anna Perne, LCSW, at (213) 252-8775 or (213) 252-8776.
2. An e-mail approved confirmation will be sent out.
3. Participant will be given a phone number to register and pay the non-refundable payment of \$100 by VISA, American Express or MasterCard to AATBS.
4. AATBS will register the participant for the requested workshop and the study package will be mailed to the address provided on the application when payment is received.

CONTACT: Anna Perne, LCSW, Training Coordinator-WET Division  
e-mail: [aperne@dmh.lacounty.gov](mailto:aperne@dmh.lacounty.gov) phone: (213) 251- 6422



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CALIFORNIA PSYCHOLOGY SUPPLEMENTAL EXAMINATION (CPSE)

*Print Only*

TITLE: California Psychology Supplemental Examination (CPSE)	DATES:
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FIRST NAME:	LAST NAME:
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JOB TITLE:	DISCIPLINE:	ETHNICITY: <i>(optional)</i>
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AGENCY:	PROGRAM:
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MAILING ADDRESS FOR STUDY PACKAGE:

CITY:	STATE:	ZIP
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PHONE#:	E-MAIL: <i>(required for information)</i>
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LANGUAGE(S) FLUENCY, OTHER THAN ENGLISH: \_\_\_\_\_

Service area of employment, please circle      1      2      3      4      5      6      7      8

Have you taken the licensure examinations previously? please circle      yes      no

If applicable, expiration date of licensure waived status with employer: \_\_\_\_\_

\_\_\_\_\_ is currently in a job position providing a minimum of 65% of his/her time in direct clinical services in public mental health. The applicant is currently in good standing with his/her current employer and has no disciplinary action within the last year.  
**Name of Applicant      (Print)**

\_\_\_\_\_ agrees to follow the following terms and conditions:  
**Name of Applicant      (Print)**

- Completes the licensure preparation program by attending the mandatory workshops and participates in all the offerings of the program.
- Provides Workforce Education and Training (WET) Division examination results and any other information relating to employment and promotional status.
- Understands that the mandatory workshops are to be taken on his/her own time.

**When approved by the WET Division, participant must register and pay the non-refundable discounted rate of \$100 by VISA, American Express or MasterCard. (Contact name and number for registration will be given for those individuals who are approved.)**

**Return Application to:**  
Anna Perne, LCSW  
WET Training Coordinator  
Fax: (213) 252-8775 OR (213) 252-8776  
E-mail: [aperne@dmh.lacounty.gov](mailto:aperne@dmh.lacounty.gov)  
Phone: (213) 251-6422

\_\_\_\_\_  
Signature of Applicant      Date

\_\_\_\_\_  
Signature of Supervisor      Date

\_\_\_\_\_  
Name of Supervisor / Phone Number

\_\_\_\_\_  
Email Address of Supervisor