

Counseling Psychology ABPP Board Certification
Candidate Reimbursement Application

The American Board of Counseling Psychology (ABCoP) and the Society of Counseling Psychology of the American Psychological Association (Division 17) have instituted a reimbursement program for candidates who are members of Division 17 in order to encourage board certification in Counseling Psychology.

Candidates who have successfully completed the Practice Sample stage of the board certification application process and are thereby approved to take the Oral Examination, the final stage of the board certification process, may apply for reimbursement of fees associated with the application process during the credentialing and Practice Sample stages. Candidates must email the following in .pdf format to the ABCoP Treasurer, Dr. Scott Edwards scottedwardsphd@gmail.com):

1. A completed copy of this application page;
2. A copy of verification of membership in the Society of Counseling Psychology (Division 17) (This can be obtained from Debbie Nolan, Executive Director of Division 17 at dnolan@div17.org. Ms. Nolan will confirm your membership with Division 17 and APA and send you a statement of verification); and,
3. A copy of your Practice Sample approval letter from the Practice Chair of the ABCoP.

Please note that reimbursement will only be made for fees that you actually paid. If you are a training director and had your Application fees waived by ABPP, you will cannot be 'reimbursed' for that expense. If you are the recipient of an ABPP Foundation Scholarship that will, upon completion of the board certification process, cover your Application, Practice Sample, and Oral Examination fees, you should rely on those scholarship funds for reimbursement rather than applying to the Division 17/ ABCoP reimbursement program. Oral Examination fees and expenses will not be reimbursed to you.

Checks will be mailed to you within approximately 30 days after receipt of your application following verification by ABPP of fees paid.

Name of Candidate:

Mailing Address:

Phone:

Email:

Amount of the fees you have paid for the Application and Practice Sample: