



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 has 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:

- Six Comprehensive Study Volumes
- TestMASTER – 8 full length online practice exams with 8 months access time
- Final Exam – An additional exam to be taken at the end of program
- Domain Quizzes– online quiz program with over 1000 additional questions
- Section Quizzes – study by section within the domains
- Content Summary Digital Library – 10 audio tracks highlighting key concepts
- Strategies Package – Test-taking strategies guide + 3 audio lectures
- Color-Coded Flashcards – Over 600 cards with key terms and concepts
- Expert Phone Consultation – one on one assistance available with exam experts
- Live 4-Day Workshop – 32 hours of instruction covering exam content and strategies

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 - Sunday, June 9 - 12, 2016

Time: 8:00 am – 5:00 pm

Location: Los Angeles – Facility TBD

APPLICATION DEADLINE: Monday, June 6, 2016, 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. **Scroll down** for the application form, which must be completed, scanned and emailed to jkim@dmh.lacounty.gov **along with documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.** Applications will be accepted until **Monday, June 6, 2016**, 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: Jae Kim, LCSW E-mail: jkim@dmh.lacounty.gov



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

EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY

Print or Type Only

TITLE: LPP EPPP **DATE(S):** Thursday, June 9 – Sunday, June 12, 2016

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

Meets the following eligibility criteria to participate in the LPP:

Name of Applicant (Print)

- 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 not 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

Agrees to the following terms and conditions:

Name of Applicant (Print)

- Attend the mandatory workshop and participate in all offerings of the program.
- The mandatory workshop is to be taken on his/her own time.
- 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: **Jae Kim, LCSW, WET Training Coordinator**
Fax: (213) 252-8776 *(No cover sheet necessary)*
E-mail: jkim@dmh.lacounty.gov