

Lic Number 33819

File Number 14131

APPLICANT'S NAME Mooney Megan Anna  
Last First Middle

**I. EXAMINATIONS**

A. APPROVAL FOR EPPP 6/29/07 FOR JUR 6/29/07  
mo.-day-yr. mo.-day-yr.

B. EPPP EXAM INFORMATION	1ST EXAM	2ND EXAM	3RD EXAM
Score in Texas	<u>620</u>		
Score from other State			
Date Taken	<u>11/14/07</u>		
Form Number	<u>7166431</u>		
I.D. Number	<u>SSNA</u>		
Cut-off for Texas	<u>500</u>		

C. JUR EXAM INFORMATION	1ST EXAM	2ND EXAM	3RD EXAM
Score	<u>980/0</u>		
Date Taken	<u>11/14/07</u>		
Cut-off for Texas	<u>960/0</u>		

D. SP EXAM INFORMATION	1ST EXAM	2ND EXAM	3RD EXAM
Score			
Date Taken			
I.D. Number			
Cut-off for Texas			

E. ORAL EXAM INFORMATION	1ST EXAM	2ND EXAM	3RD EXAM
Score Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>			
Date Taken <u>1-12-08</u>			
Category <u>Clinical</u>			



**II. LIST THE DATES OF LIC/HSP ISSUED BY THE BOARD**

Licensed Psychological Associate \_\_\_\_\_  
 Provisionally Licensed Psychologist 11/14/07 mo.-day-yr.  
 Licensed Psychologist \_\_\_\_\_  
 LSSP (Grandparented? Y or N) \_\_\_\_\_  
 Temp Lic \_\_\_\_\_  
 HSP \_\_\_\_\_

TAB Spacefinder Systems M11122

**University of Arkansas  
Official Transcript**

Hunt Hall 146  
Fayetteville, AR 72701  
United States  
Identifying Code: 001108

Name : Mooney, Megan Anne  
Student ID : 002767521  
SSN :   
Birthdate : XXXXXXXXXX

2007 JUN 14 11:59 AM

Print Date : 06-14-2007

Texas State Board of Examiners  
of Psychologists  
333 Guadalupe St Ste 2-450  
Austin, TX 78701-3942

- - - - - Beginning of Academic Record - - - - -  
Fall 1998

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 5033	PSYCHOPATHOLOGY	3.00	A	12.000	G
PSYC 5043	ASSMT INTEL/COGN ABILITY	3.00	A	12.000	G
PSYC 5133	INFERENTIAL STATISTICS	3.00	B	9.000	G
PSYC 5313	CLINICAL RESEARCH METHODS	3.00	A	12.000	G
GRAD TERM GPA : 3.750		QPT: 45.000	HRS ATT: 12.00	EARN: 12.00	
GRAD CUM GPA : 3.750		QPT: 45.000	HRS ATT: 12.00	EARN: 12.00	

Spring 1999

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 507V	CLINICAL PRACTICUM I	2.00	CR	0.000	G
PSYC 5143	ADV DESCRIPTIVE STAT	3.00	B	9.000	G
PSYC 5163	THEORIES OF PERSONALITY	3.00	B	9.000	G
PSYC 600V	MASTER'S THESIS	1.00	R	0.000	G
PSYC 6163	TECHNIQUES PSYCHOTHERAPY	3.00	A	12.000	G
GRAD TERM GPA : 3.333		QPT: 30.000	HRS ATT: 9.00	EARN: 11.00	
GRAD CUM GPA : 3.571		QPT: 75.000	HRS ATT: 21.00	EARN: 23.00	

Summer 1999

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 607V	CLINICAL PRACTICUM III	1.00	CR	0.000	G
PSYC 608V	CLINICAL PRACTICUM IV	1.00	CR	0.000	G
GRAD TERM GPA : 0.000		QPT: 0.000	HRS ATT: 0.00	EARN: 2.00	
GRAD CUM GPA : 3.571		QPT: 75.000	HRS ATT: 21.00	EARN: 25.00	

Fall 1999

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 5023	OBJ PERS/NEUROPSYCH ASSMT	3.00	A	12.000	G
PSYC 5113	THEORIES OF LEARNING	3.00	A	12.000	G
PSYC 600V	MASTER'S THESIS	2.00	R	0.000	G
PSYC 607V	CLINICAL PRACTICUM III	2.00	CR	0.000	G
PSYC 611V	INDIVIDUAL RESEARCH	3.00	A	12.000	G
PSYC 6133	ADV PHYSIOLOGICAL PSYCH	3.00	A	12.000	G
GRAD TERM GPA : 4.000		QPT: 48.000	HRS ATT: 12.00	EARN: 14.00	
GRAD CUM GPA : 3.727		QPT: 123.000	HRS ATT: 33.00	EARN: 39.00	

THIS TRANSCRIPT IS PRINTED ON SECURE PAPER AND DOES NOT REQUIRE A RAISED SEAL. TRANSCRIPT IS VALID ONLY WHEN IT BEARS THE SIGNATURE OF THE REGISTRAR.

THE NAME OF THE UNIVERSITY IS PRINTED IN RED ACROSS THE FACE OF THE 11 X 8 1/2 TRANSCRIPT



**University of Arkansas  
Official Transcript**

Hunt Hall 146  
Fayetteville, AR 72701  
United States  
Identifying Code: 001108

Name : Mooney, Megan Anne  
Student ID : 002767521  
SSN : XXXXXXXXXX  
Birthdate : XXXXXXXXXX

Print Date : 06-14-2007

**Spring 2000**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>OPT</u>	<u>LVL</u>
PSYC 5053	ADV PERSONALITY ASSESMT	3.00	A	12.000	G
PSYC 5063	ADV SOCIAL PSYCHOLOGY	3.00	B	9.000	G
PSYC 600V	MASTER'S THESIS	3.00	R	0.000	G
PSYC 608V	CLINICAL PRACTICUM IV	3.00	CR	0.000	G
GRAD TERM GPA : 3.500		QPT: 21.000	HRS ATT: 6.00	EARN: 9.00	
GRAD CUM GPA : 3.692		QPT: 144.000	HRS ATT: 39.00	EARN: 48.00	

**Summer 2000**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>OPT</u>	<u>LVL</u>
PSYC 607V	CLINICAL PRACTICUM III	1.00	CR	0.000	G
PSYC 608V	CLINICAL PRACTICUM IV	1.00	CR	0.000	G
GRAD TERM GPA : 0.000		QPT: 0.000	HRS ATT: 0.00	EARN: 2.00	
GRAD CUM GPA : 3.692		QPT: 144.000	HRS ATT: 39.00	EARN: 50.00	

**Fall 2000**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>OPT</u>	<u>LVL</u>
PSYC 607V	CLINICAL PRACTICUM III	3.00	CR	0.000	G
PSYC 609V	CLINICAL GRADUATE SEMINAR	3.00	A	12.000	G
PSYC 611V	INDIVIDUAL RESEARCH	3.00	A	12.000	G
PSYC 6213	BEHAVIOR THERAPY	3.00	A	12.000	G
GRAD TERM GPA : 4.000		QPT: 36.000	HRS ATT: 9.00	EARN: 12.00	
GRAD CUM GPA : 3.750		QPT: 180.000	HRS ATT: 48.00	EARN: 62.00	

**Spring 2001**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>OPT</u>	<u>LVL</u>
PSYC 5013	ADV DEVELOPMENTAL PSYCH	3.00	A	12.000	G
PSYC 608V	CLINICAL PRACTICUM IV	3.00	CR	0.000	G
PSYC 6223	ETHNIC/GENDER INFLUENCES	3.00	A	12.000	G
PSYC 6233	PROFESSIONAL ISSUES DIVERSITY ISSUES	3.00	A	12.000	G
GRAD TERM GPA : 4.000		QPT: 36.000	HRS ATT: 9.00	EARN: 12.00	
GRAD CUM GPA : 3.789		QPT: 216.000	HRS ATT: 57.00	EARN: 74.00	

**Summer 2001**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>OPT</u>	<u>LVL</u>
PSYC 607V	CLINICAL PRACTICUM III	1.00	CR	0.000	G
PSYC 608V	CLINICAL PRACTICUM IV	1.00	CR	0.000	G
GRAD TERM GPA : 0.000		QPT: 0.000	HRS ATT: 0.00	EARN: 2.00	
GRAD CUM GPA : 3.789		QPT: 216.000	HRS ATT: 57.00	EARN: 76.00	

THIS TRANSCRIPT IS PRINTED ON SECURE PAPER AND DOES NOT REQUIRE A RAISED SEAL. TRANSCRIPT IS VALID ONLY WHEN IT BEARS THE SIGNATURE OF THE REGISTRAR.

THE NAME OF THE UNIVERSITY IS PRINTED IN RED ACROSS THE FACE OF THE 11 X 8 1/2 TRANSCRIPT



**University of Arkansas  
Official Transcript**

Hunt Hall 146  
Fayetteville, AR 72701  
United States  
Identifying Code: 001108

Name : Mooney, Megan Anne  
Student ID : 002767521  
SSN :   
Birthdate : XXXXXXXXXX

Print Date : 06-14-2007

**Fall 2001**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>	
PSYC 607V	CLINICAL PRACTICUM III	3.00	A	12.000	G	
PSYC 611V	INDIVIDUAL RESEARCH	1.00	A	4.000	G	
PSYC 6323	SEM DEVELOPMENTAL PSYCH	3.00	A	12.000	G	
THAC 199V	THESIS HOURS ACCEPTED Waiver	6.00	A	24.000	G	
GRAD TERM GPA :		4.000	QPT:	52.000	HRS ATT: 13.00	EARN: 13.00
GRAD CUM GPA :		3.829	QPT:	268.000	HRS ATT: 70.00	EARN: 89.00

- - - - Degrees/Certificates Awarded - - - - -

**Degree : Master of Arts**  
**Confer Date : 19-DEC-2001**  
**Major : Psychology**

**Spring 2002**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>	
PSYC 4143	HISTORY/SYSTEMS OF PSYCH	3.00	A	12.000	G	
PSYC 608V	CLINICAL PRACTICUM IV	3.00	CR	0.000	G	
PSYC 611V	INDIVIDUAL RESEARCH	3.00	A	12.000	G	
PSYC 6173	CLINICAL CHILD PSYCHOLOGY	3.00	A	12.000	G	
GRAD TERM GPA :		4.000	QPT:	36.000	HRS ATT: 9.00	EARN: 12.00
GRAD CUM GPA :		3.848	QPT:	304.000	HRS ATT: 79.00	EARN: 101.00

**Summer 2002**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>	
PSYC 607V	CLINICAL PRACTICUM III	1.00	CR	0.000	G	
GRAD TERM GPA :		0.000	QPT:	0.000	HRS ATT: 0.00	EARN: 1.00
GRAD CUM GPA :		3.848	QPT:	304.000	HRS ATT: 79.00	EARN: 102.00

**Fall 2002**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>	
PSYC 609V	CLINICAL GRADUATE SEMINAR	3.00	A	12.000	G	
PSYC 611V	INDIVIDUAL RESEARCH	3.00	A	12.000	G	
GRAD TERM GPA :		4.000	QPT:	24.000	HRS ATT: 6.00	EARN: 6.00
GRAD CUM GPA :		3.859	QPT:	328.000	HRS ATT: 85.00	EARN: 108.00

**Spring 2003**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>	
PSYC 700V	DOCTORAL DISSERTATION	9.00	R	0.000	G	
GRAD TERM GPA :		0.000	QPT:	0.000	HRS ATT: 0.00	EARN: 0.00
GRAD CUM GPA :		3.859	QPT:	328.000	HRS ATT: 85.00	EARN: 108.00

**Summer 2003**

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>	
PSYC 699V	CLINICAL PSYCH INTERNSHP	1.00	CR	0.000	G	
PSYC 700V	DOCTORAL DISSERTATION	2.00	R	0.000	G	
GRAD TERM GPA :		0.000	QPT:	0.000	HRS ATT: 0.00	EARN: 1.00
GRAD CUM GPA :		3.859	QPT:	328.000	HRS ATT: 85.00	EARN: 109.00

THIS TRANSCRIPT IS PRINTED ON SECURE PAPER AND DOES NOT REQUIRE A RAISED SEAL. TRANSCRIPT IS VALID ONLY WHEN IT BEARS THE SIGNATURE OF THE REGISTRAR.

THE NAME OF THE UNIVERSITY IS PRINTED IN RED ACROSS THE FACE OF THE 11 X 8 1/2 TRANSCRIPT



University of Arkansas  
Official Transcript

Hunt Hall 146  
Fayetteville, AR 72701  
United States  
Identifying Code: 001108

Name : Mooney, Megan Anne  
Student ID : 002767521  
SSN :   
Birthdate : XXXXXXXXXX

Print Date : 06-14-2007

Fall 2003

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 699V	CLINICAL PSYCH INTERNSHP	1.00	CR	0.000	G
PSYC 700V	DOCTORAL DISSERTATION	5.00	R	0.000	G
GRAD TERM GPA : 0.000 QPT: 0.000		HRS ATT: 0.00	EARN: 1.00		
GRAD CUM GPA : 3.859 QPT: 328.000		HRS ATT: 85.00	EARN: 110.00		

Spring 2004

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 699V	CLINICAL PSYCH INTERNSHP	1.00	CR	0.000	G
PSYC 700V	DOCTORAL DISSERTATION	5.00	R	0.000	G
GRAD TERM GPA : 0.000 QPT: 0.000		HRS ATT: 0.00	EARN: 1.00		
GRAD CUM GPA : 3.859 QPT: 328.000		HRS ATT: 85.00	EARN: 111.00		

Summer 2004

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 699V	CLINICAL PSYCH INTERNSHP	1.00	CR	0.000	G
GRAD TERM GPA : 0.000 QPT: 0.000		HRS ATT: 0.00	EARN: 1.00		
GRAD CUM GPA : 3.859 QPT: 328.000		HRS ATT: 85.00	EARN: 112.00		

Fall 2004

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 699V	CLINICAL PSYCH INTERNSHP	1.00	A	4.000	G
GRAD TERM GPA : 4.000 QPT: 4.000		HRS ATT: 1.00	EARN: 1.00		
GRAD CUM GPA : 3.860 QPT: 332.000		HRS ATT: 86.00	EARN: 113.00		

Spring 2005

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 699V	CLINICAL PSYCH INTERNSHP	1.00	CR	0.000	G
GRAD TERM GPA : 0.000 QPT: 0.000		HRS ATT: 0.00	EARN: 1.00		
GRAD CUM GPA : 3.860 QPT: 332.000		HRS ATT: 86.00	EARN: 114.00		

Summer 2005

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>QPT</u>	<u>LVL</u>
PSYC 699V	CLINICAL PSYCH INTERNSHP	1.00	CR	0.000	G
GRAD TERM GPA : 0.000 QPT: 0.000		HRS ATT: 0.00	EARN: 1.00		
GRAD CUM GPA : 3.860 QPT: 332.000		HRS ATT: 86.00	EARN: 115.00		

THIS TRANSCRIPT IS PRINTED ON SECURE PAPER AND DOES NOT REQUIRE A RAISED SEAL. TRANSCRIPT IS VALID ONLY WHEN IT BEARS THE SIGNATURE OF THE REGISTRAR.

THE NAME OF THE UNIVERSITY IS PRINTED IN RED ACROSS THE FACE OF THE 11 X 8 1/2 TRANSCRIPT






University of Arkansas  
Official Transcript

Page 5

Hunt Hall 146  
Fayetteville, AR 72701  
United States  
Identifying Code: 001108

Name : Mooney, Megan Anne  
Student ID : 002767521  
SSN :   
Birthdate : 

Print Date : 06-14-2007

Fall 2005

Graduate Arts & Sciences

<u>Course</u>	<u>Description</u>	<u>Hrs Att</u>	<u>Grade</u>	<u>OPT</u>	<u>LVL</u>
PSYC 700V	DOCTORAL DISSERTATION	1.00	R	0.000	G
GRAD TERM GPA :	0.000	OPT: 0.000	HRS ATT: 0.00	EARN: 0.00	
GRAD CUM GPA :	3.860	OPT: 332.000	HRS ATT: 86.00	EARN: 115.00	

- - - - Degrees/Certificates Awarded - - - -

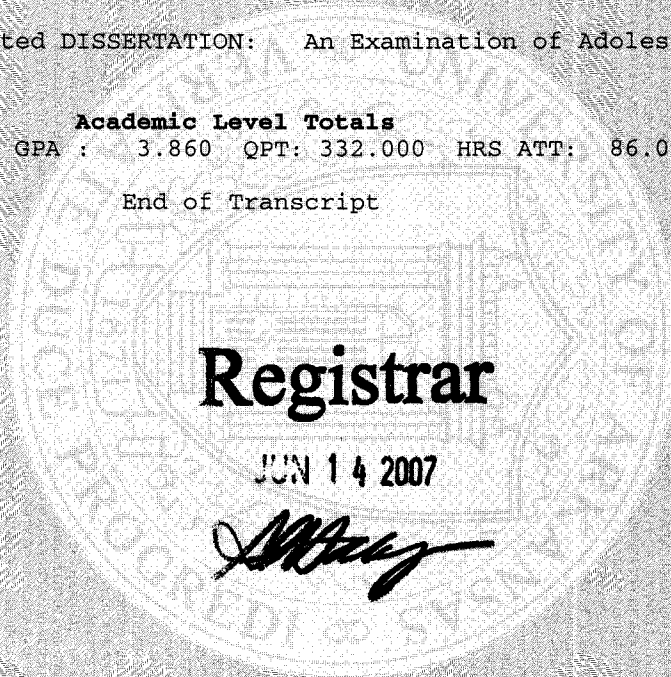
Degree : Doctor of Philosophy  
Confer Date : 14-DEC-2005  
Major : Psychology

12-10-2001 Completed DISSERTATION: An Examination of Adolescent Dating Violence in clinical Sample

Academic Level Totals

GRAD CUM GPA : 3.860 OPT: 332.000 HRS ATT: 86.00 EARN: 115.00

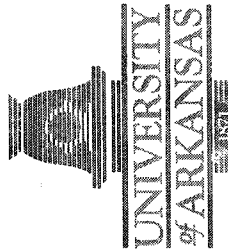
End of Transcript



THIS TRANSCRIPT IS PRINTED ON SECURE PAPER AND DOES NOT REQUIRE A RAISED SEAL. TRANSCRIPT IS VALID ONLY WHEN IT BEARS THE SIGNATURE OF THE REGISTRAR.

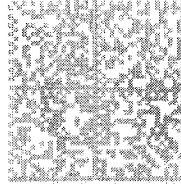
THE NAME OF THE UNIVERSITY IS PRINTED IN RED ACROSS THE FACE OF THE 11 X 8 1/2 TRANSCRIPT





Office of the Registrar  
146 Silas H. Hunt Hall  
University of Arkansas  
Fayetteville, Arkansas 72701

UNIVERSITY OF ARKANSAS  
FAYETTEVILLE, ARKANSAS 72701



POSTAGE

016H2657 209  
\$00.378  
06/14/2007  
Mailed From 72701  
US POSTAGE

1871  
UNIVERSITY OF ARKANSAS  
FAYETTEVILLE, ARKANSAS 72701



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS 333 Guadalupe, Suite 2-450 Austin, Texas 78701 (512) 305-7700

2007 JUN 10 11:43 Official Use Only

APPLICATION FOR: (CHECK ONE)

- Provisional Licensure as a Psychologist, Rule 463.10(b)(1)
Provisional Licensure as a Psychologist, Rule 463.10(b)(2)\*
Provisional Licensure as a Psychologist, Rule 463.10(c)
Psychological Associate Licensure, Rule 463.8

PLEASE PRINT OR TYPE

A. Name MEGAN ANNE MOONEY Social Security Number [Redacted]

B. Name as you want it to appear on license MEGAN A. MOONEY PH.D.

C. Mailing Address 834 ARLINGTON ST. HOUSTON TX 77007

D. Home Telephone (713) 861-4430 Business Telephone (713) 802-6236

E. Date of Birth [Redacted] Place of Birth MEDIA DELAWARE PA

F. Gender: Male Female [checked]

G. Have you taken the Examination for Professional Practice in Psychology? NO If yes, When Where Your Score

Have you taken the Texas Board's Jurisprudence Examination? NO If yes, When Your Score

H. Indicate if you hold any of the following current credentials: NO American Board of Professional Psychology (ABPP) NO Certificate of Professional Qualification in Psychology (CPQ) NO National Register Health Service Provider

\* If applying under Board Rule 463.10(b)(2), please submit all supporting documentation clearly labeled for each section of the rule as required by Board rule.

I. If you have a disability or impairment which will necessitate special accommodations, facilities or procedures during the administration of the examination(s), please specify your condition **in writing** when submitting your application. Your request for special accommodations, facilities or procedures **must be accompanied by a physician's certification of your condition.**

---



---



---

J. Degree Earned: PH. D.  
 Degree Granting Institution: UNIVERSITY OF ARKANSAS  
 Area of Training: CLINICAL PSYCHOLOGY  
 Title or Program: CLINICAL PSYCHOLOGY  
 Date Degree Granted: 12.14.2005  
month-day-year

- K. Type of Degree: (select one)
- 1. Doctoral Degree in Psychology.
  - 2. The substantial equivalent of a doctoral degree in psychology in both subject matter and extent of training obtained prior to January 1, 1979.
  - 3. A degree from a country other than the United States (if so, submit documentation which satisfies the requirements of Board Rule 463.25).
  - 4. Master's Degree in Psychology.
  - 5. Master's Degree in Other than Psychology.

L. Master's Degree Information:

- 1. Committee Chair or Graduate Advisor's Name PATRICIA PETRETIC - JACKSON
- 2. Title of Master's Thesis (if applicable): DIFFERING PERCEPTIONS OF DATING VIOLENCE IN A HIGH SCHOOL SAMPLE

M. Doctoral Degree Information (if applicable):

- 1. Committee Chair/Advisor's Name PATRICIA PETRETIC
- 2. Doctoral Dissertation Committee

Full Name	Department	Current Address	Licensed Psychologist (Yes or No)
PATRICIA PETRETIC	PSYCHOLOGY	216 MEMORIAL HALL UNIVERSITY OF ARKANSAS FAYETTEVILLE, AR 72701	YES
TIMOTHY CAVELL	"	"	YES
DOUGLAS BEHREND	"	"	NO



Name \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- e. Was supervisor a licensed psychologist? YES \_\_\_\_\_ NO \_\_\_\_\_
- f. In what state was supervisor licensed? \_\_\_\_\_
- g. On what date was supervisor licensed? \_\_\_\_\_

O. Please provide a chronology of all your education, training, internships and employment since enrolling in your master's or doctoral program. If there are any gaps in the chronology, please explain. Use extra pages if necessary.

Name of Facility & Address	Dates	Supervisor's Name (if applicable)	Description of education, internship, training or employment
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DR. HOUSTON, TX 77007	12/15/05 TO CURRENT	LOU ANN TODD MOCK	POST DOCTORAL FELLOWSHIP
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DR. HOUSTON, TX 77007	07/12/04 TO 12/14/05	LOU ANN TODD MOCK	PSYCHOLOGY FELLOWSHIP
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	07/01/03 TO 06/30/04	LOIS FRIEDMAN / LOU ANN TODD MOCK	PREDOCTORAL INTERNSHIP
UNIVERSITY OF ARKANSAS 216 MEMORIAL HALL FAYETTEVILLE, AR 72701	08/98- 12/14/05	PATRICIA PETRETIC	DOCTORAL PROGRAM

P. Other Certification or License

Have you ever been certified and/or licensed as a psychologist in this or any other state/province? NO  
If yes, please provide the following information (use extra pages if necessary):

- 1. Credentialed as \_\_\_\_\_
  - a. Jurisdiction where credentialed \_\_\_\_\_  
Date Credentialed \_\_\_\_\_ Credential Number \_\_\_\_\_  
Expiration date of current credential \_\_\_\_\_  
mo - day - yr
  - b. With master's or specialist's degree \_\_\_\_\_ doctoral degree \_\_\_\_\_
  - c. Name of credentialing agency \_\_\_\_\_
  - d. Address of credentialing agency \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_



City

State/Province

Zip

- e. Has any complaint ever been filed against this credential? \_\_\_\_\_
- f. If so, state nature and resolution of this complaint (Use extra pages if necessary).  
\_\_\_\_\_

Q. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction?  
NO If yes, please attach an explanation and supporting legal documents for each separate incident.

R. Have you ever practiced psychology without a license or exemption in the state of Texas? NO  
If yes, please attach an explanation.

S. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in the state of Texas?  
NO If yes, please attach an explanation.

T. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency?  
NO If yes, please attach an explanation.

U. Do you use drugs or intoxicating liquors to an extent that affects your professional competency? NO  
If yes, please attach an explanation.

V. Is there any action pending against any mental health license that you hold in this or any other jurisdiction? NO  
If yes, please attach an explanation.

W. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?  
NO If yes, please attach an explanation and a copy of pertinent orders or decisions.

X. Current Employment

1. Employer's Name DEPELCHIN CHILDREN'S CENTER
2. Employer's Address 4950 MEMORIAL DR.  
Street or P.O. Box  
HOUSTON TX 77007  
City State Zip
3. Hours you worked per week 40 Job Title POSTDOCTORAL FELLOW
4. Date employment began 12/2005
5. Psychological Services provided INDIVIDUAL, FAMILY, & GROUP THERAPY; ASSESSMENT; CONSULTATION TO SCHOOLS & INTERNS
6. Supervisor's Name LOU ANN TODD MOCK, PH.D.

7. Supervisor's Credentials (check one)  Provisionally Licensed Psychologist  
 Licensed Psychologist  
 Neither
8. Jurisdiction where supervisor licensed TX
9. Current title/position of supervisor CLINICAL DIRECTOR, CHILD TRAUMATIC STRESS PROGRAM
10. Supervisor's Address 4950 MEMORIAL DR.  
Street or P.O. Box
- HOUSTON TX 77007  
City State Zip

Y. Are you presently providing psychological services in Texas? YES If yes, are you:  
 (Please check one)

- Currently licensed by this Board? \_\_\_\_\_ If so, state type of license
- Employed in a statutorily exempt agency as defined in Section 501.004 of the Psychologists' Licensing Act. If so, state name of agency
- If neither of the above, please attach an explanation.

PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

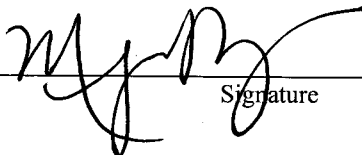
In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

  
 Signature

June 14, 2007  
 Date

PAPLPAPP - January 2006

Megan A. Mooney, Ph.D.  
PLP Application Form

Explanation for Part Y: I have provided psychological services at DePelchin Children's Center in Houston, TX for the past 1 ½ years (12/05 – current) as a Postdoctoral Fellow under the supervision of Lou Ann Todd Mock, Ph.D., L.S.S.P. Prior to that time, Dr. Mock also supervised my provision of psychological services at DePelchin Children's Center after the completion of my Internship and prior to the completion of my dissertation.

# TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
(512) 305-7700

## Reference Letter for Provisionally Licensed Psychologist

Name and Address of Licensed Psychologist

Lou Ann Meach  
4950 Memorial Dr  
Houston, TX 77007

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): Megan Mooney

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes  No

a. If **NO**, please sign this section and return to the Board's office.

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

b. If **YES**, please complete the following about yourself:

Lou Ann Meach

\_\_\_\_\_  
Your Printed Name

Lou Ann Meach

\_\_\_\_\_  
Your Signature

Current Address: 4950 Memorial Dr

Houston TX 77007

Telephone: (713) 802 3839  
Area Code

Texas State Board of Examiners of Psychologists  
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Clinical psychology

Current Job Position: Assoc Prof Baylor Coll of Medicine

Please give date(s) of your licensure at the time that you knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology:

Date	License No.	State	Current? Yes/No
<u>1/1977</u>	<u>21432</u>	<u>TX</u>	<u>yes</u>
<u>7/1987</u>	<u>30188</u>	<u>TX</u>	<u>yes (L328)</u>

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. from January 1, 1984 to September 15, 1985).

From: July 1, 2003 To: March 26, 2007 (ongoing)

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

agency

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

supervisor

5. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes \_\_\_\_\_ No

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

Wide range of assessment & treatment services with  
children, adolescents, & adults

7. Do you feel the applicant is physically and mentally competent to render psychological services as a provisionally licensed psychologist? If **NO**, please attach letter of explanation. Yes  No

8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for provisional licensure? If **YES**, please attach letter of explanation. Yes  No

3-29-2007

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

PLPREF - August 2006

# TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450

Austin, Texas 78701

(512) 305-7700

## Reference Letter for Provisionally Licensed Psychologist

Name and Address of Licensed Psychologist

Laura K. Eskridge  
21603 Satin Clover Court  
Magnolia, TX 77355

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): Megan Mooney

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes  No

a. If **NO**, please sign this section and return to the Board's office.

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

b. If **YES**, please complete the following about yourself:

Laura K. Eskridge  
Your Printed Name

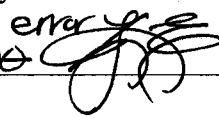
Laura K. Eskridge  
Your Signature

Current Address: 21603 Satin Clover Court,  
Magnolia, TX 77355

Telephone: (281) 7733944 cell  
Area Code

Texas State Board of Examiners of Psychologists  
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Clinical psychology, ~~school~~ <sup>emergency</sup> 

Current Job Position: Licensed Specialist in School Psychology, Katy ISD

Please give date(s) of your licensure at the time that you knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology:

Date	License No.	State	Current? Yes/No
≈ 7/05	31710	TX	Yes
≈ 5/06	33095	TX	Yes

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. from January 1, 1984 to September 15, 1985).

From: July, 2003 To: current

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

community mental health/counseling

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

colleague, administrative supervisor

5. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes \_\_\_\_\_ No



6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

child & adult psychological testing/evaluation,  
individual and family therapy, school-based  
assessment & intervention - Megan is a very <sup>energetic</sup> capable, competent, and ethical professional.

7. Do you feel the applicant is physically and mentally competent to render psychological services as a provisionally licensed psychologist? If **NO**, please attach letter of explanation. Yes  No

8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for provisional licensure? If **YES**, please attach letter of explanation. Yes  No

3.14.07

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

PLPREF -- August 2006

# TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
(512) 305-7700

## Reference Letter for Provisionally Licensed Psychologist

Name and Address of Licensed Psychologist

Robert J. McLaughlin, Ph.D.  
3418 Mercer Street, #200  
Houston, TX 77027

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): Megan A. Mooney, Ph.D.

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes  No
- a. If **NO**, please sign this section and return to the Board's office.

Your Printed Name

Your Signature

- b. If **YES**, please complete the following about yourself:

Robert J. McLaughlin, Ph.D.  
Your Printed Name

Robert J. McLaughlin  
Your Signature

Current Address: 3418 Mercer Street, #200  
Houston, TX 77027

Telephone: (713) 961-0651  
Area Code

Texas State Board of Examiners of Psychologists  
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Clinical Psychology

Current Job Position: ① Assistant Professor, Baylor College of Medicine  
② Robert J. McLaughlin, Ph.D., P.C.  
③ Director, ADAPT Counseling

Please give date(s) of your licensure at the time that you knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology:

Date	License No.	State	Current? Yes/No
<u>6-14-1984</u>	<u>022879</u>	<u>TX</u>	<u>Yes</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. from January 1, 1984 to September 15, 1985).

From: August 18, 2003 To: Present (May 21, 2007)

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

Medical School, Psychology Internship, then Agency

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

Supervisor during internship, then colleague

5. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes \_\_\_\_\_ No

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

Psychological assessment and treatment of children and adults, school and other consultation. She has demonstrated proficiency in a rigorous range of professional experiences.

7. Do you feel the applicant is physically and mentally competent to render psychological services as a provisionally licensed psychologist? If **NO**, please attach letter of explanation. Yes  No

8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for provisional licensure? If **YES**, please attach letter of explanation. Yes  No

May 21, 2007  
Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

PLPREF – August 2006



**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Ste. 2-450

Austin, TX 78701

(512) 305-7700

July 6, 2007

MEGAN ANNE MOONEY PH.D  
834 ARLINGTON ST  
HOUSTON, TX 77007

Re: Application for Licensure

Dear MEGAN MOONEY:

The Texas State Board of Examiners of Psychologists determined that you have satisfied the requirements for the Psychologists' Licensing Act and are eligible to take the written examinations given by the Board.

The Board requires that all applicants pass two exams:

- (1) a professional exam covering the discipline and profession of psychology and
- (2) a jurisprudence exam covering knowledge of the laws and rules governing the profession of psychology.

**EPPP Examination:**

The EPPP exam is now computerized. Enclosed is the EPPP packet from PES with information concerning the computerized EPPP and the procedures for registering for this examination. Upon the Board's receipt of the EPPP exam fee of \$450 made payable to the Professional Exam Service, plus an additional exam fee of \$200 made payable to TSBEP if you are taking it on the doctoral level, and the completed scantron, the Board will forward your completed scantron and exam fee to PES. PES will provide you with a letter indicating your approval to sit for the EPPP, at which time you can contact PES and set your specific sitting date. The Texas cut-off score for the EPPP is 350 for master's level and 500 for doctoral level.

Re: Application

Page Two

**Jurisprudence Examination:**

The Jurisprudence exam will be offered as an open-book, mail-out test. Upon receipt of the Jurisprudence exam fee of \$210 made payable to TSBEP, the Board will send you the exam booklet, a scantron answer sheet, and instructions regarding this examination within seven days. After receipt of the Jurisprudence exam packet, you will have approximately two weeks to complete it; however, the completed exam and materials must be returned to the Board's office by the postmark on the front of the booklet or the exam will not be scored. The passing score on the open-book Jurisprudence exam for applicants for provisionally licensed psychologist and applicants for licensed specialist in school psychology is 90%. The passing score for applicants for licensed psychological associate is 80%.

Results of the exams will be issued monthly by letter. Do not call the Board's office to check on your exam scores until six weeks have elapsed since you sat for the EPPP or since you returned the Jurisprudence exam to the Board.

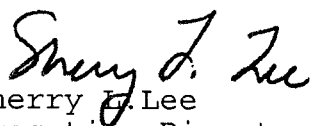
If you are not successful on the EPPP exam, you may take the exam again by notifying the Board and upon the Board's receipt of another exam fee and completed scantron. The Board will provide you with another EPPP exam packet. If you are not successful on the Jurisprudence exam, you may take the exam again by notifying the Board and upon the Board's receipt of another Jurisprudence exam fee.

Applicants must successfully pass all examinations required of them within two years of the date they are approved to sit for each exam. Failure to do so will result in termination of the application.

To avoid any delay, please make your check payable to the Texas State Board of Examiners of Psychologists.

If we can be of any further assistance, please feel free to contact David McCaig at the Board's office.

Sincerely,

  
Sherry J. Lee  
Executive Director

Enclosure: EPPP exam packet



**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Ste. 2-450  
Austin, TX 78701  
(512) 305-7700

July 6, 2007

EXAMINATION(S) FORM

MEGAN ANNE MOONEY PH.D  
834 ARLINGTON ST  
HOUSTON, TX 77007

RE: Application For Licensure

Candidate ID #:14131

The Texas State Board of Examiners for Psychologists' records indicate the following examination(s) for Psychological Associate or Provisional Licensure as a Psychologist are needed:

Prof. Practice in Psychology	650.00
Jurisprudence	210.00

The costs for each examination are noted above. Please attach the appropriate fee and RETURN this form to the Board's office. If your above address is no longer current, please indicate on this form your correct mailing address.

Please indicate the license for which you are applying:

Licensed Psychological Associate

Provisionally Licensed Psychologist

Additionally, if you currently have an application pending for licensed specialist in school psychology, please indicate below:

Licensed Specialist in School Psychology.

Please note that the Jurisprudence exam passing score for the LPA is 80% and the passing score for the LSSP is 90%.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Ste. 2-450

Austin, TX 78701

(512) 305-7700

*Note:* The exam(s) listed on this document is(are) required for the license for which you have applied. If you believe there is some irregularity regarding your need for this exam(s), contact the Board's office immediately.





082041

410-

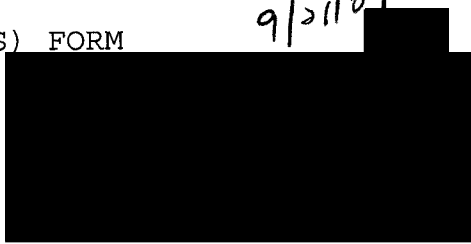
TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Ste. 2-450  
Austin, TX 78701  
(512) 305-7700

July 6, 2007

Mailed  
9/21/07

EXAMINATION(S) FORM



MEGAN ANNE MOONEY PH.D  
834 ARLINGTON ST  
HOUSTON, TX 77007

RE: Application For Licensure

Candidate ID #:14131

The Texas State Board of Examiners for Psychologists' records indicate the following examination(s) for Psychological Associate or Provisional Licensure as a Psychologist are needed:

Prof. Practice in Psychology	650.00
Jurisprudence	210.00

The costs for each examination are noted above. Please attach the appropriate fee and RETURN this form to the Board's office. If your above address is no longer current, please indicate on this form your correct mailing address.

Please indicate the license for which you are applying:

- Licensed Psychological Associate
- Provisionally Licensed Psychologist

Additionally, if you currently have an application pending for licensed specialist in school psychology, please indicate below:

Licensed Specialist in School Psychology.

Please note that the Jurisprudence exam passing score for the LPA is 80% and the passing score for the LSSP is 90%.

9/13/07  
Date

Signature

POSTAGE REQUIRED.

PLEASE PRESS FIRMLY

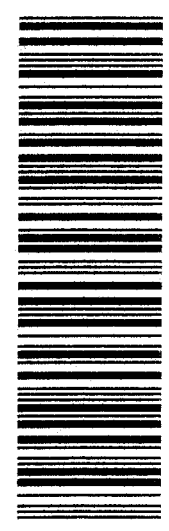
PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY



**PRIORITY MAIL**  
UNITED STATES POSTAL SERVICE®

United States Postal Service®  
**DELIVERY CONFIRMATION™**



0305 1720 0002 1504 5717

DELIVERY CONFIRMATION NUMBER:  
0305 1720 0002 1504 5717

Megan Anne Mooney Ph.D.  
834 Arlington St.  
Houston, Tx 77007



Postmark Here

Access internet web site  
[www.usps.com](http://www.usps.com)®  
or call 1-800-222-1811

- CHECK ONE (POSTAL USE)
- Priority Mail™ Ser.
  - First-Class Mail® parcel
  - Package Services parcel

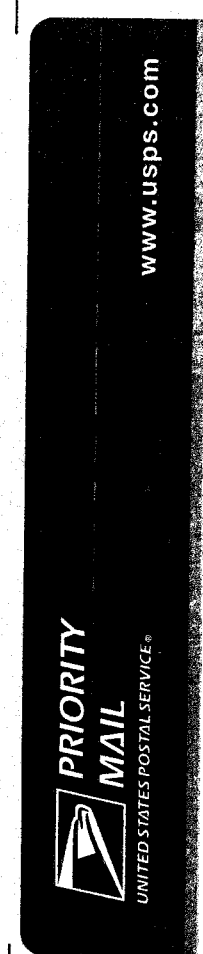
(See Reverse)

**U.S. Postal Service™ Delivery Confirmation™ Receipt**

Postage and Delivery Confirmation fees must be paid before mailing.

PS Form 152, May 2002

www.usps.com

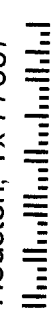


From 149/ 300

TSBEP  
333 GUADALUPE ST STE 2-450  
AUSTIN TX 78701-3942

TO

Megan Anne Mooney Ph.D.  
834 Arlington St.  
Houston, Tx 77007



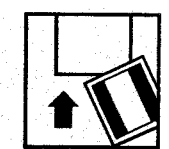
Label 228C September 2002

F05

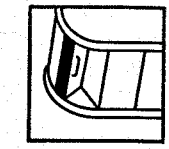
▲ Complete address information or place label here ▲

WeD

**2. PAYMENT METHOD**  
Affix postage or meter strip to area indicated in upper right hand corner.



**3. ATTACH LABEL (Optional)**  
Remove label backing and affix in designated location.



**4. Bring Your Priority Mail package**  
to a post office, present it to you  
or call 1-800-222-1811 for pickup.  
Stamped mail may be deposited  
in a collection box ONLY if it weighs  
less than 16 ounces.

Any amount of mailable material may be enclosed, as long as the envelope is not modified, and the contents are entirely confined within the envelope with the adhesive provided as the means of closure. Domestic use only.

# EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

## FEE FORM

The examination fee for the EPPP is \$450.00. Please submit your fees made out to: Professional Examination Service. You MUST include this form with your payment. Your payment will not be accepted without this form. You can pay using either a certified check or money order.

**Candidate Information: THE FOLLOWING INFORMATION IS REQUIRED.** If candidate information is missing, we cannot guarantee your payment will be credited to the appropriate application.

MEGAN ANNE MOONEY  
First Name Middle Name Last Name

834 ARLINGTON ST. HOUSTON TX 77007  
Address City State/Province Postal Code

[REDACTED] KRANK  
Social Security or Social Insurance Number Mother's Maiden Name

**Certified Check/Money Order:** If you are paying with a certified check or money order, make the check payable to "PES" or "Professional Examination Service". Please indicate on the check, your name, social security / social insurance number, and the name of the state or province to which you are applying for licensure. If you do not have a social security or social insurance number, please include your name and your mother's maiden name on the

**Bank of America** 

Cashier's Check

No. 3259803

Notice to Purchaser: In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date: **SEPTEMBER 18, 2007**

30-1/1140  
NTX

Banking  
Center

**HEIGHTS BANKING CENTER**

**MEGAN ANNE MOONEY**

Remitter (Purchased By)

\$ **\*\*450.00\*\***

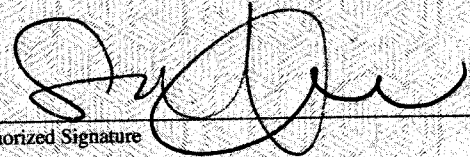
Pay

**\*\*FOUR HUNDRED FIFTY DOLLARS AND 00 CENTS\*\***

To  
The  
Order  
Of

**\*\*\*\*\***

Authorized Signature



Bank of America, N.A.  
San Antonio, Texas

VOID AFTER 90 DAYS

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK

Return this form, along with the completed scannable *application for computerized testing form*, to the jurisdiction where you are applying for licensure.

FF-B (AL, AR, CT, ID, IL, LA, MD, MA, MO, NE, NV, ND, OH, OK, TX, UT, WV, WY) For Candidate Use Only 1/03



**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Ste. 2-450

Austin, TX 78701

(512) 305-7700

November 14, 2007

MEGAN ANNE MOONEY PH.D  
834 ARLINGTON ST  
HOUSTON, TX 77007

Re: Examination Results

Dear MEGAN MOONEY:

According to the records of the Texas State Board of Examiners of Psychologists, you have applied to become a Provisionally Licensed Psychologist.

This licensure requires the passage of both the Jurisprudence and the Professional Practice in Psychology exams. Please note, for exams scored after February 1, 2004, the Professional Practice in Psychology exam score is a "scaled" raw score. For exams prior to this date, the score is a percentage score. All Jurisprudence exam scores are percentage scores. Your results on these examinations are as follows:

<u>Exam</u>	<u>Score</u>	<u>Pass/Fail</u>	<u>Exam Date</u>
Jurisprudence (JURIS-PLP)	98	Pass	11/14/2007
Prof. Practice in Psychology (EPPP-PLP)	620	Pass	11/14/2007

Your License Number is: 33819.

The actual license will be sent to you by certified mail as soon as it is completed by the calligrapher.

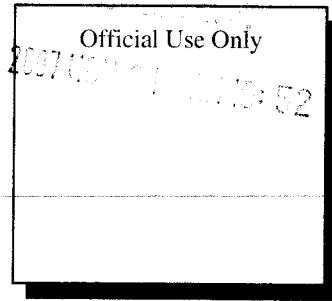
As a Provisionally Licensed Psychologist, you are required to work in one of two settings: (1) as the supervisee of a licensed psychologist, or (2) as an employee in an exempt agency.

The Board congratulates you on your licensure as a Provisionally Licensed Psychologist and looks forward to assisting you in the future. If we can be of assistance to you, do not hesitate to contact the Board's office. Please keep this letter as evidence of passing the exams and licensure. Experience has indicated that candidates may have a need for this information in the future.

Sincerely,

A handwritten signature in cursive script that reads "Sherry L. Lee".

Sherry L. Lee  
Executive Director



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
(512) 305-7700

ORAL EXAMINATION  
CANDIDATE APPLICATION FORM

PLEASE PRINT OR TYPE

Name MEGAN ANNE MOONEY  
First Middle Last

Mailing Address 834 ARLINGTON ST.  
Street or P.O. Box

HOUSTON TX 77007  
City State Zip

Please check if the above is a rental home  
Social Security Number

Provisional License Number: 33819

Declared Area of Oral Examination (check one of the following):

- Clinical
- Counseling
- School
- Neuropsychology
- Industrial/Organizational

Megan  
Signature

11/19/07  
Date

Please return this form, a **CURRENT** passport (2 x 2) photo, and the application fee of \$320 to the Board's office.

**NOTE:** Application form, photo and fee must be received together prior to the deadline. Incomplete applications will **NOT** be accepted.

If you have a disability or impairment which will necessitate special accommodations, facilities or procedures during the administration of the Oral Examination, please specify your condition **in writing** when submitting your application. Your request for special accommodations, facilities or procedures **must be accompanied by a physician's certification of your condition.**



**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Ste. 2-450

Austin, TX 78701

(512) 305-7700

December 15, 2007

MEGAN ANNE MOONEY PH.D  
834 ARLINGTON ST  
HOUSTON, TX 77007

Re: Oral Examination

Dear MEGAN MOONEY:

Your application to sit for the oral examination before the Texas State Board of Examiners of Psychologists is complete. The following information is provided for your information.

Date: January 12, 2008 Time: 11:45 AM  
Area: Clinical

Location: University of Texas, George I. Sanchez Building  
Second Floor  
Austin, Texas  
(Corner of Martin Luther King and Speedway.)

Every effort should be made to sit for this exam as examiners are invited to assist the Board based upon the number of applications received. Your exam fee is not refundable. If you are unable to sit for this exam please call the Board office prior to the exam. Our telephone number is (512)305-7700.

If we can provide additional information or be of any assistance to you, please feel free to contact the Board office.

We look forward to seeing you.

Sincerely,

A handwritten signature in cursive script that reads "Sherry L. Lee".

Sherry L. Lee  
Executive Director

ORAL EXAMINATION  
CANDIDATE'S SCORE SHEET

I. NAME OF CANDIDATE Megan Mooney DATE 1/12/08  
PLEASE PRINT

II. ORAL EXAMINER #1 FRANCISCO PEREZ Francisco Perez, Ph.D. PASS/FAIL  
PRINTED NAME/SIGNATURE (CIRCLE ONE)  
ORAL EXAMINER #2 William Wardell William Wardell PASS/FAIL  
PRINTED NAME/SIGNATURE (CIRCLE ONE)

INFORMATION BELOW THIS LINE IS FOR STAFF ONLY

III. CANDIDATE NOTIFICATION:

A. TIME DISMISSED:

12:25

B. RE-EXAM (SAME DAY) \_\_\_\_\_ TIME OF SECOND EXAM \_\_\_\_\_  
YES/NO

By accepting the opportunity to retake the examination today, I understand that examiners are expected to be as objective as possible in their examination; however, my examiners know that I received a split decision on my first examination.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

C. CANDIDATE WAIVER FOR RE-EXAM:

I choose to waive the right to retake the exam at this time and will reapply at a future exam period. I understand that I will be required to pay the Oral Examination fee to retake the examination at that time.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

OTHER COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Ste. 2-450

Austin, TX 78701

(512) 305-7700

February 22, 2008

MEGAN ANNE MOONEY PH.D  
834 ARLINGTON ST  
HOUSTON, TX 77007

Re: Oral Examination

Dear MEGAN MOONEY:

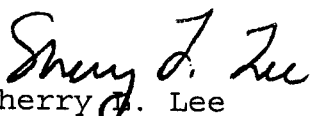
The Texas State Board of Examiners of Psychologists is pleased to inform you that you have achieved a successful score on the Oral Examination given by the Board on January 11-January 12, 2008.

The next step in our process is for you to make formal application for licensure after you have satisfied the two years of supervised experience required by the Psychologists' Licensing Act. The application fee is \$180.00.

The Board congratulates you on your passing of the Oral Exam. The Board determined that examiners are not required to provide feedback for applicants passing the Oral Exam. Consequently, no comment sheets are available from your examiners.

If we can be of assistance to you, please feel free to contact the Board's office.

Sincerely,

  
Sherry J. Lee  
Executive Director





TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450 Austin, Texas 78701 (512) 305-7700

2009 FEB 23 11:40 AM 083762 Official Use Only

Application for Licensure as a Psychologist

PLEASE PRINT OR TYPE

I. PERSONAL INFORMATION

A. Name MEGAN ANNE MOONEY First Middle Last

B. Name as you want it to appear on license: MEGAN A. MOONEY PH.D. Gender: Male Female Degree

C. Social Security Number [Redacted]

D. Mailing Address 834 ARLINGTON ST. HOUSTON TX 77007 Street or P.O. Box City State Zip

E. Home Telephone (713) 861-4430 Business Telephone (713) 802-6236

F. Doctoral degree conferred on 12-14-2005 mo - day - yr

G. Date provisionally licensed as a psychologist in Texas 11-14-07 mo - day - yr

H. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction? NO If yes, please attach an explanation and supporting legal documents for each separate incident.

I. Have you ever practiced psychology without a license or exemption in the state of Texas? NO If yes, please attach an explanation.

J. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in the state of Texas? NO If yes, please attach an explanation.

K. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency? NO If yes, please attach an explanation.

L. Do you use drugs or intoxicating liquors to an extent that affects your professional competency? NO If yes, please attach an explanation.

M. Is there any action pending against any mental health license that you hold in this or any other jurisdiction?

NO If yes, please attach an explanation.

N. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?

NO If yes, please attach an explanation and a copy of pertinent orders or decisions.

II. PLEASE INDICATE BELOW THE EXPERIENCE YOU ARE OFFERING TO MEET THE REQUIREMENTS FOR LICENSURE. See Section 501.252 of the Psychologists' Licensing Act and Board Rules 463.11 and 465.2.

A. FORMAL YEAR

1. Was your experience in the field of industrial/organizational psychology?  YES  NO

If no, was your experience approved by the American Psychological Association or does it meet Board Rule 463.11 or 463.13? (Check only one.)

- (a)  APA, 463.11(c)(1) and 463.11(c)(2)(A)      (b)  463.11(c)(1) and (c)(2)(B)      (c)  463.11(c)(1) and (c)(2)(C)      (d)  463.13

If you selected (d), please answer the following.

Do you have at least 1500 hours of supervised experience for your formal year?  Yes  No

(If your answer is yes, please answer only 2 through 6.)

If you selected (a), (b), or (c), please complete the following questions 2 through 12.

2. Name of psychologist/supervisor LOU ANN TODD MOCK, PH.D.

3. Current address of psychologist/supervisor 4950 MEMORIAL DR.  
Street or P.O. Box

HOUSTON TX 77007  
City State Zip

4. Was supervisor licensed as a psychologist when supervision occurred?  YES  NO

5. Jurisdiction where supervisor was licensed as a psychologist TEXAS

6. Name of agency/address where experience was obtained BAYLOR COLLEGE OF MEDICINE  
Name

ONE BAYLOR PLAZA  
Street or P.O. Box  
HOUSTON TX 77030  
City State Zip

7. Duration of experience (Please give specific beginning and ending dates.)

From 07-01-03 to 06-30-04  
mo - day - yr mo - day - yr

8. Hours you worked per week 40-50

9. Job Title of Applicant PSYCHOLOGY INTERN
10. Does this supervised experience satisfy the requirements of the Board's supervision guidelines?  
 YES  NO  (See Rule 465.2)
11. Was the supervising psychologist trained in the area of supervision provided to the supervisee?  
 YES  NO
12. Was the supervising psychologist related within the second degree of affinity (marriage) or within the second degree of consanguinity (by blood relationship)?  
 YES  NO

**B. SECOND YEAR**

Complete only 1 or 2

1.  §463.13: Licensed Out-of-State Applicants. Please complete questions a through e.
- a. Did your supervision consist of at least 1500 hours?  
 YES \_\_\_\_\_ NO \_\_\_\_\_
- b. Name of psychologist/supervisor \_\_\_\_\_
- c. Was supervisor licensed as a psychologist when supervision occurred?  
 YES \_\_\_\_\_ NO \_\_\_\_\_
- d. Jurisdiction where supervisor was licensed as a psychologist \_\_\_\_\_
- e. Name of agency/address where experience was obtained \_\_\_\_\_  
 Name
- \_\_\_\_\_ City State Zip
2.  §463.11: Second Year of Supervised Experience. Please complete questions a through k.
- a. Job Title PSYCHOLOGY POSTDOCTORAL FELLOW
- b. Name of agency/address where experience was obtained DEPELCHIN CHILDREN'S CENTER  
 Name
- HOUSTON TX 77007  
 City State Zip
- c. Duration of experience (Please give specific beginning and ending dates.)  
 From 12-15-2005 to CURRENT/02-26-08  
 mo - day - yr mo - day - yr

- d. Hours you worked per week 40 - 50
- e. Name of psychologist/supervisor LOUANN TODD MOCK, PHD
- f. Current address of psychologist/supervisor 4950 MEMORIAL DR.  
Street or P.O. Box
- HOUSTON, TX 77007  
City State Zip
- g. Was supervisor licensed as a psychologist when supervision occurred?  YES  NO
- h. Jurisdiction where supervisor was licensed as a psychologist TEXAS
- i. Does this supervised experience satisfy the requirements of the Board's supervision guidelines?  
 YES  NO  (See Rule 465.2)
- j. Was the supervising psychologist trained in the area of supervision provided to the supervisee?  
 YES  NO
- k. Was the supervising psychologist related within the second degree of affinity (marriage) or within the second degree of consanguinity (blood relationship)?  
 YES  NO

Use additional pages, if necessary, to show experience. Please be precise in reporting dates and hours.

III. CURRENT EMPLOYMENT

B. Are you currently employed? YES  NO

If yes, please complete the following:

1. Job Title PSYCHOLOGY POSTDOCTORAL FELLOW
2. Name/address of employment DEPELCHIN CHILDREN'S CENTER  
Name  
4950 MEMORIAL DR.  
Street or P.O. Box  
HOUSTON TX 77007  
City State Zip
3. Duration of job position 12 - 15 - 05 to CURRENT / 02 - 20 - 08  
mo - day - yr. mo - day - yr
4. Hours you work per week 40 - 50
5. Is agency exempt as defined in Section 501.004 of the Psychologists' Licensing Act?  
 YES  NO

a. If yes, please indicate: \_\_\_\_\_  
Name of Supervisor (Please Print)

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

b. If no, please provide the following information:

(1) Name of licensed psychologist providing supervision.

LOU ANN TODD MOCK, PH.D., L.S.S.P.

(2) Position of psychologist providing supervision.

ASSOCIATE PROFESSOR, BAYLOR COLLEGE OF MEDICINE;  
CLINICAL SUPERVISOR, DEPELLAIN CHILDREN'S CENTER;

(3) Address of psychologist providing supervision.

4950 MEMORIAL DR.  
Street or P.O. Box

HOUSTON \_\_\_\_\_ TX \_\_\_\_\_ 77007 \_\_\_\_\_  
City State Zip

#### IV. LICENSURE IN OTHER STATES

A. Are you actively licensed as a psychologist in another jurisdiction?

YES \_\_\_\_\_ NO

If yes, name of jurisdiction: \_\_\_\_\_

Duration of licensure \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

B. List **all** other jurisdictions where you have ever been licensed and provide the dates of licensure.

Name of Jurisdiction \_\_\_\_\_

Duration of Licensure \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name of Jurisdiction \_\_\_\_\_

Duration of Licensure \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

C. Was at least one of your two years of supervised experience completed after you received your doctoral degree as indicated on your transcript?

YES  NO \_\_\_\_\_

V. PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

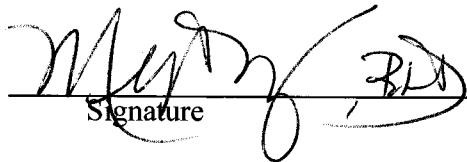
In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

  
Signature

2/26/08  
Date

licensure application – January 2006



**TEXAS STATE BOARD OF EXAMINERS  
OF PSYCHOLOGISTS**  
333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
(512) 305-7700

**Formal Internship Verification Form  
for Application for Licensure as a Psychologist**  
(To be completed by the Director of Internship Training)

Applicant Name: Megan Mooney, Ph.D.

The applicant indicated on the application for licensure as a psychologist that he/she completed an internship that was either accredited by the American Psychological Association or met the Board's criteria in §463.11.

I. Name and address of agency or where experience was obtained:

Baylor College of Medicine  
Dept. of Psychiatry  
One Baylor Plaza  
Houston, TX 77030

Dates worked: Beginning Date: 7/1/2003 Ending Date: 6/30/2004

Hours applicant worked per week: 45

Please indicate the type of internship completed. (Check only one)

APA §463.11(c)(2)(A)  (Go to Section IV)      §463.11(c)(2)(B) \_\_\_\_\_ (Go to Section II)      §463.11(c)(2)(C) \_\_\_\_\_ (Go to Section III)  
School District

II. If the internship met §463.11(c)(2)(B), please answer the following with respect to the dates of internship supervision. If your answer is "no" to any of the questions except 6 and 7, please provide an explanation.

1. Did the internship agency have a clearly designated staff psychologist actively licensed in the jurisdiction in which the internship took place, given responsibility for directing the internship, and present at the training facility for a minimum of twenty (20) hours a week?      Yes \_\_\_\_\_      No \_\_\_\_\_

Name: \_\_\_\_\_  
Staff Supervising Psychologist

\_\_\_\_\_  
Jurisdiction where licensed

2. Did the internship agency have two or more full-time psychologists on the staff as primary supervisors at least one of whom was actively licensed as a psychologist in the jurisdiction where the internship took place? Yes \_\_\_\_\_ No \_\_\_\_\_

3. List the names of the supervising psychologists and where they were licensed.

Name: \_\_\_\_\_  
Staff Supervising Psychologist

\_\_\_\_\_  
Jurisdiction where licensed

Name: \_\_\_\_\_  
Staff Supervising Psychologist

\_\_\_\_\_  
Jurisdiction where licensed

4. Was there a minimum of two hours per week or **regularly scheduled formal, face-to-face individual supervision and two additional hours per week in learning activities provided by the supervising psychologists and/or the Director of Internship Training?** Yes \_\_\_\_\_ No \_\_\_\_\_

5. Were the supervising psychologists (including the Director of Internship Training) trained in the area of supervision provided to the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Were the supervising psychologists (including the Director of Internship Training) related within the second degree of affinity or within the second degree of consanguinity to the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Were the supervising psychologists (including the Director of Internship Training) under an Agreed Order (disciplinary action by the Board) at the time of supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Was the supervision provided by a staff member or an affiliate of that agency who carried clinical responsibilities for the cases being supervised? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Did the internship provide training in a range of assessment and intervention activities conducted directly with patients/clients? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Was at least 25% of trainee's time in direct patient/client contact (minimum 375 hours)? Yes \_\_\_\_\_ No \_\_\_\_\_



11. Was training post-clerkship and post-practicum? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Was there a minimum of two full-time equivalent interns at the internship level of training during applicant's training period? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Did the intern indicate the training status to the clients served? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Did the internship agency inform prospective interns about the goals and content of the internship, as well as the expectations for quantity and quality of trainee's work? Yes \_\_\_\_\_ No \_\_\_\_\_

**GO TO SECTION IV**

---

III. If the internship met §463.11(c)(2)(C), School District, please answer the following with respect to the dates of internship supervision. If your answer is "no" to any of the questions except 6 and 7, please provide an explanation.

1. Was the internship consistent with a written plan and met the specific training objectives of the program? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did the internship agency have two or more psychologists/LSSPs on the staff as primary supervisors at least one of whom was actively licensed as a psychologist/LSSP in the jurisdiction where the internship took place. Yes \_\_\_\_\_ No \_\_\_\_\_
3. List the names of the supervising psychologists and where they were licensed.

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

\_\_\_\_\_  
Jurisdiction where licensed:

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

\_\_\_\_\_  
Jurisdiction where licensed:

4. Did the field-based supervisors provide at least two hours per week of direct supervision for each intern and did the university supervisor maintain an ongoing relationship with the field-based internship supervisors and provide at least one field-based contact per semester with each intern? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Were the supervising psychologists/ LSSPs (including the Director of Internship Training) trained in the area of supervision provided to the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Were the supervising psychologists/ LSSPs (including the Director of Internship Training) related within the second degree of affinity or within the second degree of consanguinity to the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Were the supervising psychologist/ LSSPs (including the Director of Internship Training) under an Agreed Order (disciplinary action by the Board) at the time of supervision? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Did at least 600 clock hours of the internship experience occur in a school setting and provide a balanced exposure to regular and special educational programs? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Was the field-based supervisor/LSSP responsible for no more than two interns at any given time and university supervisors responsible for no more than twelve interns at any given time? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Was the internship documented by a written contractual agreement specifying the period of the internship and the training objectives of the program? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Was the internship experience systematically evaluated in a manner consistent with the specific training objectives of the program? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Was the internship experience conducted in a manner consistent with the current legal/ethical standards of the profession? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Did the internship agency have a minimum of two full-time equivalent interns at the internship level during the applicant's training period? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Was the supervision in a school setting supervised by a licensed psychologist/ LSSP? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

\_\_\_\_\_  
Jurisdiction where licensed:

Name: \_\_\_\_\_  
Supervising Psychologist/LSSP

\_\_\_\_\_  
Jurisdiction where licensed:

15. Did the jurisdiction in which the internship took place require a separate credential to practice in a school setting? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Was the portion of the internship which took place in a non-school setting supervised by a licensed psychologist? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Was the internship provided at or near the end of the formal training period? Yes \_\_\_\_\_ No \_\_\_\_\_

**GO TO SECTION IV**

---

IV. I attest that the above is correct.

Melinda Stankey, Ph.D  
Director of Internship Training  
Please Print

2-1-08  
Date

Melinda Stankey Ph.D  
Director of Internship Training  
Signature

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Current Job Position: Associate Professor and Director of  
Clinical Psychology Training Program

Please give date(s) of your licensure at the time that you supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
<u>6/2/89</u>	<u>3731</u>	<u>TX</u>	<u>Yes</u> ✓
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date: 7/1/2003 Ending Date: 6/30/2004  
Month/Day/Year Month/Day/Year

3. How many clock hours per week did the applicant work under your supervision during the above time period?

45 hrs/week

4. Please state the total number of hours of direct (one-to-one) supervision you provided to the applicant per week.

3 hrs/wk

5. Please state the type of professional setting where your supervision took place. (i.e., college campus, private practice, agency, etc.)

College of Medicine

6. What was your professional relationship with the applicant? (e.g. internship director, employer in private practice, agency, etc.)

Director of Internship

7. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?  
 Yes \_\_\_\_\_ No x \_\_\_\_\_
8. Please list the psychological services you feel the applicant is qualified to provide.  
Consultation, psychological assessment and psychotherapy  
 \_\_\_\_\_
9. Did the applicant receive supervision within those areas of your training, knowledge, and skill?  
 Yes x \_\_\_\_\_ No \_\_\_\_\_
10. Did the applicant have the background, training, and experience appropriate to the function performed? Yes x \_\_\_\_\_ No \_\_\_\_\_
11. Was a verification of your supervision for the applicant listed on your license renewal submitted to the Board's office? Yes \_\_\_\_\_ No x \_\_\_\_\_
12. Do you feel the applicant is physically and mentally competent to render psychological services as a licensed psychologist? Yes x \_\_\_\_\_ No \_\_\_\_\_  
 If no, please attach letter of explanation.
13. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes \_\_\_\_\_ No x \_\_\_\_\_  
 If yes, please attach letter of explanation.
14. Did the title used by the applicant while under your supervision clearly indicate his/her supervised status? Yes x \_\_\_\_\_ No \_\_\_\_\_
15. What title was used? Psychology Intern
16. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements?  
 Yes x \_\_\_\_\_ No \_\_\_\_\_
17. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes x \_\_\_\_\_ No \_\_\_\_\_

This information is needed for the applicant's file before the Texas State Board of Examiners of Psychologists can consider his/her request for licensure. Please respond as quickly as possible so that the applicant's professional career can be considered and hopefully fulfilled. The Public Information Act is enforced as required by State law. Thank you for your consideration in this matter.

2/1/2008

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

LPREF – August 2006





Current Job Position: Associate Prof. Baylor College of Medicine

Please give date(s) of your licensure at the time that you supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
<u>1/27</u>	<u>21432</u>	<u>TX</u>	<u>Yes</u> ✓
<u>7/97</u>	<u>30188</u>	<u>TX</u>	<u>Yes (Lapse)</u>

2. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date: 7-1-2003 Ending Date: 1-30-2008 (current)  
Month/Day/Year Month/Day/Year

3. How many clock hours per week did the applicant work under your supervision during the above time period?

40

4. Please state the total number of hours of direct (one-to-one) supervision you provided to the applicant per week.

1 hr

5. Please state the type of professional setting where your supervision took place. (i.e., college campus, private practice, agency, etc.)

agency

6. What was your professional relationship with the applicant? (e.g. internship director, employer in private practice, agency, etc.)

clinical supervisor

7. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes \_\_\_\_\_ No

8. Please list the psychological services you feel the applicant is qualified to provide.

Wide range of assessment & treatment with  
children, adolescents, & adults

9. Did the applicant receive supervision within those areas of your training, knowledge, and skill?

Yes  No \_\_\_\_\_

10. Did the applicant have the background, training, and experience appropriate to the function performed? Yes  No \_\_\_\_\_

11. Was a verification of your supervision for the applicant listed on your license renewal submitted to the Board's office? Yes \_\_\_\_\_ No

12. Do you feel the applicant is physically and mentally competent to render psychological services as a licensed psychologist? Yes  No \_\_\_\_\_

If **no**, please attach letter of explanation.

13. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes \_\_\_\_\_ No

If **yes**, please attach letter of explanation.

14. Did the title used by the applicant while under your supervision clearly indicate his/her supervised status? Yes  No \_\_\_\_\_

15. What title was used? psychology intern; psychology post-doctoral fellow

16. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements?

Yes  No \_\_\_\_\_

17. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes  No \_\_\_\_\_

---

Texas State Board of Examiners of Psychologists

Two (2) Documentation of Experience Forms

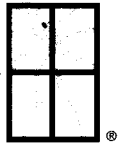
This information is needed for the applicant's file before the Texas State Board of Examiners of Psychologists can consider his/her request for licensure. Please respond as quickly as possible so that the applicant's professional career can be considered and hopefully fulfilled. The Public Information Act is enforced as required by State law. Thank you for your consideration in this matter.

1 - 30 - 2008

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

LPREF - August 2006



**DePelchin**  
Children's Center

*Serving Children & Families Since 1892*

February 26, 2008

Texas State Board of Examiners of Psychologists  
333 Guadalupe, Suite 2 -450  
Austin, TX 78701

To the Members of TSBEP:

Please find my enclosed application for Licensure as a Psychologist in the State of Texas. I believe I have enclosed all required documentation. I would like to clarify my dates of employment and how this relates to my documentation of experience.

I completed my predoctoral internship with Baylor College of Medicine from July 1, 2003 through June 30, 2004. At the time of completion of my internship, I had not completed my doctoral dissertation and therefore had not achieved my doctoral degree. I was hired by DePelchin Children's Center in Houston, TX as a Clinical Psychology Fellow under the supervision of Lou Ann Todd Mock, Ph.D., L.S.S.P. from July 12, 2004 through December 14, 2005. Upon conference of my doctoral degree on December 14, 2005, I was promoted to Clinical Psychology Postdoctoral Fellow at DePelchin. I have therefore completed the required second year of supervised experience with Dr. Mock as my supervisor at DePelchin Children's Center from the dates of December 15, 2005 through the current date, February 26, 2008.

I hope that this information clarifies my employment and supervision history. If you have any questions or concerns, please do not hesitate to contact either myself or Dr. Mock. Dr. Mock can be reached at 713.802.3839.

Thank you for your consideration of my application.

Sincerely,

Megan A. Mooney, Ph.D.  
Provisional License No. 33819

Work: 713.802.6236  
Cell: 832.265.3147  
Email: [mmooney@depelchin.org](mailto:mmooney@depelchin.org)

4950 Memorial Drive  
Houston, Texas 77007  
Phone: 713.730.2335  
[www.depelchin.org](http://www.depelchin.org)

United Way of the  
Texas Gulf Coast



*Member, Texas Alliance for Child and Family Services  
Member, Child Welfare League of America  
Member, Alliance for Children and Families*

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

Name: Megan Anne Mooney, PhD.  
Date Degree Conferred: 12-14-05  
Completion Date (if applicable, must be on transcript):

Is the applicant actively licensed as a psychologist in good standing in another state(s)? Y or N

If yes, name of state(s) licensed:

Was verification from the state with a notary seal or state seal for confirmation? Y or N

Does the applicant have 3,000 hours of supervision? At least half of these hours (1,500) which are post-doctoral? Y or N

OR

Did the applicant send in the Formal Internship and Documentation of Experience Form? Y or N

Which rule does the Formal Year meet? (APA) or 463.11(c)(2)(B) or 463.11(c)(2)(C)

Did the applicant send in documentation of post-doctoral supervision? Y or N

Please provide the following:

Formal Year

Supervisor's Name	Start Date	End Date	Hours per Week	# of Months
Lou Ann Todd Moore	7-1-03	6-30-04	45	12

Post-Doc Year

Supervisor's Name	Start Date	End Date	Hours per Week	# of Months
Low Ann Mock	12-15-05 7-1-03	Current 1-30-08	40	12 +

Fingerprints ✓  
STATUS: Complete

Additional Comments:



**TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**

333 Guadalupe, Ste. 2-450

Austin, TX 78701

(512) 305-7700

April 14, 2008

MEGAN ANNE MOONEY PH.D  
834 ARLINGTON ST  
HOUSTON, TX 77007

RE: Application for Licensure  
License No: 33819

Dear MEGAN MOONEY:

The Texas State Board of Examiners of Psychologists approved your application for licensure as a psychologist. Your actual license will be sent to you after the calligrapher has completed the actual document.

As you enter the practice of psychology, it is important that you adhere to the requirements of the Psychologists' Licensing Act and Rules and Regulations of the Board. The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and profession as a whole. It is the ethical responsibility of all licensees to ensure that their competence, education, training and experience are accurately represented.

There are many concerns for the profession of psychology. The Board appreciates your willingness to assist them in dealing with some of these concerns. They look forward to working with you in the future.

Please know that the Board is ready to respond to any inquiries, comments, or suggestions you might have. If we can be of assistance to you in the future, feel free to contact the Board's office.

Congratulations on your achievement and good luck to you as you enter the practice of psychology.

Sincerely,

A handwritten signature in cursive script that reads "Sherry L. Lee".

Sherry L. Lee  
Executive Director