

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services (DAAS)
Psychological Services

APS AFFIRMATION OF QUALIFICATIONS

Vendor Company Name: _____

I affirm that _____, an employee OR subcontractor, shall be providing direct services to APS Clients as stated in the Service Specifications and meets the following qualifications:

For Psychological Services, administering evaluation or supervising the administration of the Psychological Evaluation process, and preparation of Psychological evaluation reports who meet the following criteria:

Is a Psychologist licensed in accordance with A.R.S. Title 32 Chapter 19.1, Articles 1, 2, and 3.

For Neuropsychological Services, administering evaluations or supervising the administration of the Neuropsychological Evaluation process, and preparation of Neuropsychological evaluation reports who meet the following criteria:

Is a Psychologist licensed in accordance with A.R.S. Title 32 Chapter 19.1, Articles 1, 2 and 3; AND

Have completed a minimum of a one (1) year approved post – doctoral residency training in neuropsychology with primary practice in Neuropsychology; OR

Be eligible within five (5) years of completing the post-doctoral residency to belong to the American Board of Professional Psychology, Division of Neuropsychologists.

Is communicating in American Sign Language while providing services directly to a VR Client and has one or more of the following certifications:

A valid Arizona Sign Language Interpreter license

Certification by the Registry of Interpreters for the Deaf (RID):

National Interpreter Certification (NIC) NIC, including NIC Advanced or NIC Master; or

Certified Deaf Interpreter (CDI); or

Certificate of Interpretation (CI); or

Certificate of Transliteration (CT); or

Comprehensive Skills Certificate (CSC); or

Interpreter Certification (IC); or

Transliteration Certificate (TC).

Certification by the Board for Evaluation of Interpreters: Basic, Advanced, Master, Court Interpreter Certificate.

Certification by the National Association of the Deaf (NAD), level IV or V.

A documented Sign Communication Proficiency Interview (SCPI) rating of Intermediate or above.

A valid and current American Sign Language Teacher’s Certification (ASLTA), Qualified or Professional levels.

Will be providing direct services to APS Clients under the Service Specifications in a foreign language and has basic competence in the subject language and is able to interpret effectively, accurately and impartially.

I affirm that this person has the qualifications noted above and the documentation is on file with this business.

Printed Name

Title

Date