



**MISSISSIPPI
BOARD OF
PSYCHOLOGY**

P.O. Box 20, Jackson, MS 39205
www.psychologyboard.ms.gov
601.576.2577

**AFFIDAVIT for EPPP by
Training Director**

Student's Name: _____

Student's Contact Information:

E-mail: _____ Phone #: _____

Training Director's Information:

Name: _____

E-mail: _____ Phone #: _____

University where student is currently enrolled as a psychology doctoral student:

This training program is APA Accredited: ___ YES ___ NO

By signing this form, I am stating that I am the training director of the above listed program, and in my professional opinion this student has completed sufficient coursework and is in good standing in the doctoral program listed above. I therefore, without reservation recommend to the MS Board of Psychology that this student be approved to take the EPPP.

Signature

Date

TRAINING DIRECTOR NOTARIZATION:

I, _____, hereby state and acknowledge that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

Signature: _____

This the ___ day of _____ 20 ____.

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

Notary Public

My Commission Expires

SEAL