

Psychological/Psychiatric testing and Evaluation/Bonding Assessment Services Personal Qualification Questionnaire

A. To be qualified for this contract, the contractor shall:

- Currently be a California Board Certified Psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. OR
- Physician and surgeon, who must be certified by the American Board of Psychiatry and Neurology. OR
- A certificate of medical examiner issued by the State Department of State Hospitals as described in section of the California Welfare and Insinuation Code.

B. Be familiar with the DSM-5 and psychological testing (such as WAIS-R, Rorschach, TAT, CAT, MMPI, MCMI, MAPI, Bender, and DAP), etc.

C. Every item on the Personal Qualifications Questionnaire must be addressed. Provide detailed information regarding the psychologist / psychiatrist / Physician /Certificate of Medical Examiner background as it relates to this requirement. Information provided shall include scholastic records, post graduate experience and work experience.

Answers to questions must be typed and can be entered directly into this fillable document. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed). Please sign and date where indicated.

D. The information you provide will be used to determine your acceptability. In addition to the Personal Qualifications Questionnaire, please submit:

- Resume
- Copy of Clinical License(s)
- Two letters of recommendation
- A Sample Psychological/Psychiatric testing and evaluation and/or Bonding Assessment

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Date: _____

1. General Information

Contractor's Name: _____

Clinician Last Name, First, MI: _____

Address: _____

Phone: _____

E-mail: _____

2. List degrees (including those in progress), date received, and institution:

Degree/Degrees in Progress	Date received	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List all licenses, and Certificates by State or Federal Agency. Include all those that have been either voluntarily or involuntarily withdrawn (Include Drug Enforcement Agency (DEA) Certification):

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License/Board Certificate/Registration Number	State	Issue Date	Expires
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Provide a list of qualifying and/or specialty Certification and Continuing Education Unit coursework completed (recent and/or relevant).

5. List familiarity with the DSM-5 and psychological testing (such as WAIS-R, Roschach, TAT, CAT, MMPI, MCMI, MAPI, Bender, and DAP), etc.

6. Describe your experience conducting psychological testing and evaluations and/or bonding assessments for children and parents/caretakers. Include your experience working with families involvd with Child Protective Services as a result of alleged neglect and/or physical, emotional, or sexual abuse of children:

7. Other information (include any additional information you wish to provide)

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8. Have you ever been formally disciplined by your credentialing agency or successfully litigated against?

Yes No

If "Yes", please provide a detailed explanation. Specifically address disposition of the claims or charges and State of revocation:

9. Are you currently an employee of Sacramento County?

Yes No

If "Yes", list department and position title in which you are currently working:

If "No", have you ever worked for Sacramento County?

Yes No

If you previously worked for Sacramento County under another name, please identify:

10. Have you ever been terminated for cause or released from probation from Sacramento County employment?

Yes No

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11. Do you authorize the County to obtain information regarding your job performance from previous employers?

(Note: Failure to consent to a reference check will be grounds for disqualification of your application.)

Yes No

Exceptions: _____

If "Yes", please attach a letter authorizing release of information

I hereby certify that the above information to be true and accurate to the best of my knowledge.

Applicant's signature: _____ Date: _____