



MHSA - WORKFORCE EDUCATION AND TRAINING

**LICENSURE PREPARATION PROGRAM  
EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY**

The Workforce Development Division (WDD) has a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA) - funded Licensure Preparation Program (LPP) to qualified public mental health staff (LAC DMH-operated and LAC 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](http://www.aatbs.com) for more details about the package.

**EPPP WORKSHOP DATE AND LOCATION**

**Date:** Thursday - Sunday, September 5 - 8, 2019

**Time:** 8:00 am – 5:00 pm

**Location:** Alliant University Campus, 1 Beach St., San Francisco, CA 94133

**APPLICATION DEADLINE:** Monday, September 2, 2019, or when slots are filled. Space is limited.

**Attendance to the Live 4-Day Workshop is MANDATORY for all MHSA-WET Participants**  
**This mandatory workshop is to be taken on his/her own time**

**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**
- 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
- The majority of work assignment is allocated to providing direct services in public mental health

**INSTRUCTIONS:**

1. **Scroll down** for the application form, which must be completed, scanned and emailed to [jkim@dmh.lacounty.gov](mailto:jkim@dmh.lacounty.gov) (or faxed to **(213) 252-8776**) **along with documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.** Applications will be accepted until **Monday, September 2, 2019**, 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: Mr. Jae Kim, LCSW E-mail: [jkim@dmh.lacounty.gov](mailto:jkim@dmh.lacounty.gov)



**EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY**

*Print or Type Only*

TITLE: LPP EPPP

DATE(S): September 5 – September 8, 2019

FIRST NAME:

LAST NAME:

JOB TITLE:

DISCIPLINE:

ETHNICITY:  
(optional)

AGENCY:

PROGRAM:

MAILING ADDRESS FOR STUDY PACKAGE:

CITY:

STATE:

ZIP:

PHONE #:

WORK E-MAIL:  
(required for information)

LANGUAGE(S) FLUENCY:  
(other than English)

PROVIDER # (Reporting Unit #):  
(LAC DMH Contracted Providers)

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 ☐

Is the majority of work assignment allocated to providing direct services in public mental health? 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.
- 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:

Email: [jkim@dmh.lacounty.gov](mailto:jkim@dmh.lacounty.gov)

Fax: (213) 252-8776 (No cover sheet necessary)