

## QUALIFICATIONS OF PRE-DOCTORAL EVALUATORS

This form is to be completed in situations when:

- 1) An examinee will be requesting accommodations on the MCAT exam;
- 2) As part of his/her documentation, the MCAT examinee will be obtaining a psychoeducational or neuropsychological assessment, administered by a graduate student who has not yet completed a doctoral degree;
- 3) The pre-doctoral evaluator is a graduate student at a university, anticipating a graduate degree in psychology, education, or related field;
- 4) The assessment will be supervised by an experienced, doctoral-level clinician who is employed by the university.

This form contains two parts. The first is to be completed by the pre-doctoral clinician who evaluated the MCAT applicant. The second part is to be completed by pre-doctoral evaluator's clinical supervisor.

\*This completed form should be included with the MCAT examinee's application for accommodations.

### Part I: For the pre-doctoral evaluator

Clinician's name: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of MCAT applicant who you evaluated: \_\_\_\_\_

Dates of the evaluation: \_\_\_\_\_

Total number of graduate-level courses (already completed) in education and/or psychology: \_\_\_\_\_

Clinical supervisor: \_\_\_\_\_

Clinical Supervisor's direct phone number: \_\_\_\_\_

1. I have read and thoroughly understand the Evaluation Requirements for MCAT accommodations, as posted on the Web site: [www.aamc.org/students/applying/mcat/accommodations/application/](http://www.aamc.org/students/applying/mcat/accommodations/application/)

2. I have taken at least one graduate-level foundation course that includes both educational and psychological assessment:

Name and number of the course:

\_\_\_\_\_

Semester & year of the course: \_\_\_\_\_

Institution: \_\_\_\_\_

3. I have taken at least one graduate-level course in childhood psychopathology, that addresses the clinical presentation and differential diagnosis of Learning Disabilities and ADHD in children:

Name and number of the course:

\_\_\_\_\_

Semester & year of the course: \_\_\_\_\_

Institution: \_\_\_\_\_

4. I have completed or am currently enrolled in a graduate-level supervised practicum in psychological or educational assessment.

Name and number of the course:

\_\_\_\_\_

Semester & year of the course: \_\_\_\_\_

Institution: \_\_\_\_\_

5. Under direct supervision of an experienced, doctoral-level clinician, I have personally administered a comprehensive psychoeducational assessment to at least five individuals, at least three of whom were age 16 or older. [“Administered an assessment” means that you administered most/all of the tests, scored the tests, interpreted the results, integrated test results with background and other clinical information, discussed the findings with colleagues, and wrote the report.]

--If not, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. I understand the legal issues of the Americans with Disabilities Act that are related to test accommodations, as described in the MCAT Evaluation Requirements for examinees with disabilities (posted on the Web site noted above).

7. Please attach a copy of your curriculum vitae.

I certify that the above information is true. I understand that reporting false information to the MCAT Office of Accommodated Testing may jeopardize the MCAT applicant's request for accommodations, and such false information may be reported to my clinical supervisor and to the MCAT applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Part II: For the pre-doctoral evaluator's supervisor

Supervisor's name: \_\_\_\_\_

Institution: \_\_\_\_\_

Position at this institution: \_\_\_\_\_

Name of the pre-doctoral clinician under my supervision: \_\_\_\_\_

Name of the MCAT applicant who was evaluated: \_\_\_\_\_

1. After carefully reviewing the Qualifications of Pre-Doctoral Evaluators form completed by the graduate student who is under my supervision (above), I certify that the information contained therein is accurate to the best of my knowledge.
2. I have read and thoroughly understand the Evaluation Requirements for MCAT accommodations, as posted on the Web site: [www.aamc.org/students/applying/mcat/accommodations/application/](http://www.aamc.org/students/applying/mcat/accommodations/application/)
3. In considering the psychoeducational assessment of the MCAT examinee who was evaluated by the graduate student under my supervision:
  - a) I personally supervised/witnessed at least 50% of the testing administration.  
*--If not, please explain at the end of this form.*
  - b) I personally reviewed all of the test protocols, and can attest to the accuracy of the scoring.  
*--If not, please explain at the end of this form.*
  - c) I have personally spent at least 2 hours discussing this case with the graduate evaluator.  
*--If not, please explain at the end of this form.*
  - d) I have personally read, edited, and reviewed all revisions to the graduate clinician's written Report of this psychoeducational assessment.
  - e) I believe that the graduate clinician's *conclusions* and *recommendations* (as presented in the written Report) are based on sound evidence.
  - f) I have co-signed the written report.

4. I understand the legal issues of the Americans with Disabilities Act related to test accommodations, as described in the MCAT Evaluation Requirements for examinees with disabilities (posted on the Web site).
5. Please attach a copy of your curriculum vitae.

I certify that the above information is true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Additional explanations:

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\*This completed form should be returned to the MCAT examinee and included with the examinee’s application for accommodations.

### **Acknowledgments**

Thanks to Steven Zecker, Ph.D. at Northwestern University, and John Barton, Ph.D. at Arizona State University, for their generous contributions of time and expertise in developing this form.