



REQUEST FOR TERMINATION OF SUPERVISION Resident in Clinical Psychology

This form must be used to notify the Virginia Board of Psychology of the termination of a board-approved residency between a supervisor and resident. Please email the completed form to psy@dhp.virginia.gov with the subject line: Request for Termination of Supervision.

At the conclusion of the residency, the supervisor must complete the [Verification of Post-Degree Supervision](#) form. The resident must keep this form in their records until the completion of their residency and application for licensure.

IMPORTANT: Virginia law states that a person who has neither passed the examination nor been issued a license as a Clinical Psychologist, even if they have completed the necessary number of supervised practicum or residency hours, **must not** engage in the provision of Clinical Psychology services except as a Board approved "Resident in Clinical Psychology". The only exception is providing Clinical Psychology services in an **exempt** setting. See, § 54.1-3601 for exemptions. You must hold a current "Resident in Clinical Psychology" registration **and** be under the supervision of a Board-approved supervisor **until you are issued** a license as a Clinical Psychologist.

RESIDENT'S INFORMATION

Resident's Last Name:

Resident's First Name:

Resident's Telephone Number:

Resident's Email Address:

Resident's Registration Number (10-digit number):

SUPERVISOR'S INFORMATION

Supervisor's Last Name:

Supervisor's First Name:

Supervisor's Telephone Number:

Supervisor's Email Address:

Supervisor's Virginia Psychologist License Number: (10-digit number):

SUPERVISION TERMINATION DATE

Date of Termination: (MM/DD/YYYY):

Signature of Supervisor

Date

FOR OFFICE USE ONLY (Psychology Staff)

Resident # Terminated

Date Processed

Processed By