

VERIFICATION OF SUPERVISION FORM

PSYCHOLOGICAL PRACTITIONER – AUTONOMOUS PRACTICE

This form must be submitted to compile required information and verification from your supervisor about your post-degree supervised experience towards a licensed psychological practitioner authorized for autonomous practice.

INSTRUCTIONS

The applicant should complete the top portion of this form **only**, then provide this form to the supervisor who supervised the applicant's post-licensure supervised experience. The completed form should be returned to the applicant for inclusion in their application for submission to the Virginia Board of Psychology. **If supervision took place under more than one clinical psychologist, a separate form is required for each supervisor.**

TO BE COMPLETED BY PSYCHOLOGICAL PRACTITIONER:

Last Name:	First Name:	Middle or Former Names:
Email Address:	Phone Number:	Last 4 digits of Social Security Number: XXX-XX- ____ _

TO BE COMPLETED BY SUPERVISOR:

Part I: Supervisor's Information

Supervisor's Last Name:	Supervisor's First Name:
Supervisor's Email Address:	Supervisor's Phone Number:
Supervisor's License Number:	Supervisor's License Title:

Part II: Worksite Information (location where applicant obtained post-degree supervised experience hours toward autonomous practice). *Add additional sheets as necessary.*

Name of Primary Worksite:	Address of Primary Worksite:
Name of Additional Worksite (if applicable):	Address of Additional Worksite (if applicable):

Part III: Dates of Supervision

Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)	Total Months:
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Part IV: Supervision of the Psychological Practitioner

(If the response is "NO" to any of the below questions, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.)

1. Under your direct supervision, how many hours of supervised practice did the psychological practitioner complete?	_____	
2. Prior to practice, did you and the psychological practitioner enter into a signed supervisory agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. As the supervising clinical psychologist, did you periodically review patient charts or electronic patient records completed by the psychological practitioner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. As the supervising clinical psychologist, did you provide appropriate and regular input on cases, patient emergencies and referrals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. As the supervising clinical psychologist, did you provide appropriate professional development?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. As the supervising clinical psychologist, did you manage areas of deficiency if needed or indicated during supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. As the supervising clinical psychologist, did you ensure that the psychological practitioner only practiced within their scope of education and training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part V: Discipline Specific Knowledge/Information and Competencies

(If the response is "NO" to any of the below questions, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.)

A. Does the psychological practitioner demonstrate sufficient understanding of, and ability to apply, the following domains for competent autonomous practice?

1. Affective bases of behavior (e.g., the psychology of affect, emotion and mood including topics such as the neuroscience of emotion or emotional regulation)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Cognitive bases of behavior (e.g., learning theory, cognition, memory, decision making)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Developmental bases of behavior (e.g., the psychology of development across the life span with a focus on two or more distinct developmental periods)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, discrimination multicultural issues)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Research methodology (e.g., research design, quantitative and qualitative methods, data analysis, sampling procedures sufficient to allow consumption and application of psychological research)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Psychometrics (e.g., techniques of psychological measurement, issues of reliability and validity of psychological measures)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Part VI: Profession-Wide Competencies

(If the response is "NO" to any of the below questions, please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.)

B. As the supervisor, did you observe (live, audio or video) the psychological practitioner's practice and their ability to perform competently and autonomously in the following areas?

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|--|------------------------------|-----------------------------|
| 1. Integrating psychological science and practice? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Professional ethics and standards of practice? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Individual and cultural diversity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Professional values and behavior? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Communication and interpersonal skills? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Psychological assessment? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Psychological intervention? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Knowledge of supervision approaches and theories? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Consultation and interprofessional skills? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Part VII: Competency to Practice Autonomously

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| C. In your opinion as the supervising clinical psychologist, did the psychological practitioner demonstrate sufficient competency to practice autonomously? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
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Part VIII: Attestation of Supervisor

I, _____ (name of supervisor) declare by my signature, to the best of my knowledge the foregoing is true and correct.

Signature of Supervisor

Date

Wet/Original or Verifiable Electronic Signature Only

AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who supervised the foregoing Applicant for licensure; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____, 20_____

Signature of Notary: _____.

My commission expires on _____.

My commission # (if applicable): _____.