



VERIFICATION of POST-DEGREE SUPERVISION FOR CLINICAL PSYCHOLOGIST LICENSURE

If you needed to fulfill the deficient practicum hours during a post-degree residency, this form must be submitted to compile required information and verification from your supervisor about your post-degree residency towards clinical psychology licensure.

INSTRUCTIONS

The applicant should complete the top portion of this form **only**, then provide this form to the licensee who supervised the applicant's post-degree residency experience. (Supervised experience obtained in Virginia without written Board approval will not be accepted toward licensure). 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 qualified supervisor, a separate form is required for each supervisor.**

TO BE COMPLETED BY APPLICANT/RESIDENT: Complete the top portion of this form **only**.

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Email Address:	Phone Number:	Last 4 digits of Social Security Number: XXX-XX- ____ _	

TO BE COMPLETED BY SUPERVISOR:

Part I: Supervisor's Information

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

Part II: Worksite Information (location where resident obtained post-degree supervised experience hours toward licensure)

Name of Worksite:		
Address of Worksite:		
City:	State:	Zip Code:

Part III: Dates of Supervision

Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)	Total Months:
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Part IV: Hours & Competencies (Answers to the below questions should be provided based on the supervision obtained only under the instructions of the supervisor completing this form. 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. Did the applicant receive a minimum of two (2) hours supervision per 40 hours of supervised experience?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Did the applicant complete a minimum of one (1) hour of individual supervision per 40 hours of supervised experience?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. How many hours of supervision did the applicant complete under your supervision?	Individual Hours _____	Group Hours _____
d. Did the applicant complete a minimum of 1,500 hours of supervised post-degree supervised residency in the delivery of clinical psychology services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>If not, how many hours</i> _____
e. Did the applicant appropriately diagnosis mental disorders according to standards of the profession?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Did the applicant order and provide treatments to clients as needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Did the applicant provide psychological evaluation or assessment of personal characteristics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Did the applicant interpret or report on scientific theory in psychology?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. In your opinion, has the applicant demonstrated competency sufficient for licensing and the independent practice as a clinical psychologist? If "NO", please provide an explanation on a separate sheet of paper and provide it with this form to the applicant.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Part V: Declaration of Supervisor		
<p>I, _____ (name of supervisor) declare by my signature, to the best of my knowledge the foregoing is true and correct.</p> <p>_____ Signature of Supervisor</p> <p>_____ Date</p>		

Wet/Original or Verifiable Electronic Signature Only