Virginia Department of Health Professions
Board of Psychology

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VERIFICATION OF PRE-DOCTORAL SUPERVISED PRACTICUM HOURS CLINICAL PSYCHOLOGIST

This form is used to compile required information and verification from your director of clinical training about your pre-doctoral supervised practicum hours.

The Regulations require applicants to have a minimum of 1,500 hours of post-doctoral residency in clinical psychology for no less than one year and not to exceed 3 years.

However, an applicant may fulfill the residency requirement, or some part thereof, in the pre-doctoral practicum supervised experience as prescribed in Regulation 18VAC125-20-54(F), by reporting the hours of experience, as certified by the program director, on this form.

TO BE COMPLETE BY APPLICANT: Complete the top portion of this form only.

Last Name:	First Name:	Middle/Maiden Name:	Suffix:

Date of Birth: (MM/DD/YYYY)	Last 4 digits of Social Security Number: XXX-XX- ___ ___ ___ ___
Applicant's Student ID Number:	Email Address:

TO BE COMPLETED BY DOCTORAL PROGRAM'S DIRECTOR OF CLINICAL TRAINING:
Please provide official verification of information requested below. The completed form containing **wet/original or verifiable electronic signature** can be emailed directly to the Board at psy@dhp.virginia.gov or returned to the applicant for inclusion in their online application submitted to the Virginia Board of Psychology.

Requirements	Hours	
A: Total Number of Practicum Hours in "Face-to-face direct client services" (must be a minimum of 375 hours to fulfill the complete residency requirement):		
B: Total Number of Practicum Hours in "Service-related activities" (A + B must be no less than 750 hours to fulfill the complete residency requirement):		
C: Total Number of Practicum Hours in "Supporting activities" (includes D):		
D: Total Number of Hours of Individual Face-to-Face and/ or Group Supervision Obtained During Practicum (must be no less than 1/8 of A+B):	Individual	Group
E: Total Number of Practicum Hours Credit Requested (A+B+C must total no less than 1500 hours to fulfill complete residency requirement; those with less than 1500 may fulfill the remainder according to 18VAC125-20-65-B):		

I certify, to the best of my knowledge, that the information provided for this applicant's pre-doctoral practicum is complete and accurate.

Printed Name of Institution_____

Printed Name of Director of Clinical Training_____ Title_____

Signature of Director_____ Date _____

Wet/Original or Verifiable Electronic Signature Only