



## SUPERVISOR'S VERIFICATION OF EXPERIENCE

The Board of Psychologist Examiners has received an application for licensure from the applicant named below. (To be filled out by Applicant and forwarded on to the supervisor.)

<b>Applicant:</b>
<b>Address:</b>
<b>City &amp; State:</b>
<b>Telephone No.</b>

Your name has been submitted by the applicant as a person who has supervised their professional experience as a psychologist-in-training. We would appreciate you providing the Board with the information requested and return this form directly to the Board office at the above address.

<u>SUPERVISOR OF:</u> (check appropriate box)	Predoctoral Hours <input type="checkbox"/> Postdoctoral Hours <input type="checkbox"/>
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**SUPERVISOR**    (Please start here)

<b>Applicant:</b>
<b>Address:</b>
<b>City &amp; State:</b>
<b>Telephone No.</b>

Please list area of practice in which you are formally trained and/or certified/licensed?

\_\_\_\_\_

License # \_\_\_\_\_ State: \_\_\_\_\_ Date of Initial License \_\_\_\_\_

Title held during supervision of the applicant: \_\_\_\_\_

Was this an APA-Accredited Predoctoral Internship?    Yes       No

- List the place(s) where the applicant engaged in professional experience under your supervision. Please indicate and clarify if the location of actual supervision varied.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- What title did the applicant hold during period of supervision? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



3. If the applicant was in a training program under your supervision, please describe briefly and give the duties of the applicant.

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Dates of Supervision: From: _____ To: _____
Number of Hours/Week: _____ Number of Weeks: _____
Total Hours: _____ (During entire period verified Direct & Non Direct)

4. Was supervision conducted on a weekly basis? \_\_\_\_\_  
a. Number of one-to-one weekly supervisory hours? \_\_\_\_\_

5. Specify any other supervision provided to the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF EXPERIENCE:**

6. I would rate this applicant's performance under my supervision: (Please check appropriate box.)

Excellent                      Acceptable                      Not Acceptable                      Unable to Evaluate

7. **REMARKS:** The Board would appreciate any information regarding your evaluation in Item#6 above. Please include any information you consider to be relevant regarding this applicant.

\_\_\_\_\_  
Signature of Supervisor or Director of Training

\_\_\_\_\_  
Date

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**Please e-mail directly to the Board Office upon completion to: [Psychologist.Examiners@state.nm.us](mailto:Psychologist.Examiners@state.nm.us)**

