

Complete forms must be sent to the board office at:

Board of Psychology
4052 Bald Cypress Way Bin C-05
Tallahassee, FL 32399-3255



Board of Psychology Supervising Psychologist Verification

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Form must be completed by the primary supervising psychologist.

This form is not required for Endorsement applicants.

Florida law requires two years or 4,000 hours of supervised experience for licensure.

Per Rule 64B19-11.005, Florida Administrative Code (F.A.C.), the board recognizes that the applicant's internship satisfies one year or 2,000 of those hours.

Use this form to verify the remaining one year or 2,000 post-doctoral hours.

Applicant Name: _____

1. SUPERVISOR INFORMATION

Supervisor Name: _____ Telephone: _____

Address: _____
Street and Number City State ZIP

At the time you supervised the applicant, were you licensed in any state? Yes No

If "Yes," provide the following:

License #	State

2. SUPERVISOR EDUCATION HISTORY

List your **doctoral** degree(s) in psychology. In the "Major" column, indicate whether the doctoral degree in psychology was in **clinical, counseling, school psychology, or any combination** of these. If none of these are applicable, list your actual major. Under the "Degree Awarded" column, list whether the degree earned was a **Psy.D., Ed.D., or Ph.D.** in psychology. If none of these are applicable, list your actual degree.

School Name/Location	Major(s)	Graduation Date (MM/DD/YYYY)	Degree Awarded

3. APPLICANT'S POST-DOCTORAL SUPERVISED EXPERIENCE LOCATIONS

Facility Name	Street Address	City/State	ZIP

For applicants who completed the required post-doctoral supervised experience at more than one location under more than one supervisor, a separate "**Supervising Psychologist Verification**" form must be completed and signed by the licensed psychologist supervisor and applicant for **each** post-doctoral experience location. Refer to Rule 64B19-11.005(2)(b), F.A.C.

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Applicant Name: _____

4. APPLICANT'S POST-DOCTORAL EXPERIENCE

A. Provide the dates of the applicant's post-doctoral supervised experience. List only the date range over which the 2,000 hours of post-doctoral supervised experience was completed.

From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

B. Did the applicant's supervised experience for a total of one year or 2,000 hours average at least 20 hours a week over no more than 104 weeks or, alternatively, did the supervised experience average no more than 40 hours a week over no more than 52 weeks? Yes No

If "No," indicate the total hours of supervised experience the applicant accrued while under your supervision and the number of weeks of experience:

Total Number of Hours: _____ Total Number of Weeks: _____

C. Did the supervised experience require at least 900 hours in activities related to direct client contact? Yes No

If "No," provide the number of hours completed: _____

D. Did the applicant's supervised experience include an average of **at least two hours** of clinical supervision each week, with **at least one hour** of such as individual face-to-face supervision? *The remaining hour of clinical supervision may have included individual supervision, group supervision or case presentation. Note that both hours of supervision may have been conducted by HIPPA compliant video.* Yes No

If "No," provide the following:

Total number of clinical supervision hours/week: _____ Total number of individual face-to-face supervision hours/week: _____

E. Provide the applicant's title while under your supervision: _____

F. Was the applicant supervised by more than one supervisor? Yes No

G. Were there other licensed psychologists who provided supervision for the purpose of fulfilling Florida's licensure requirements? Yes No

If "Yes," provide the name(s) and license number(s) below:

Name	License #

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Applicant Name: _____

- H. Did you enter into an agreement with the applicant which detailed the applicant's obligations and remuneration as well as your responsibilities to the applicant? Yes No
- I. Did you determine that the applicant was capable of providing competent and safe psychological service to each client? Yes No
- J. Did you maintain professional responsibility for the applicant's work? Yes No
- K. Did you have complete authority in all professional disagreements with the applicant? Yes No
- L. Were you kept informed of all the services performed by the applicant? Yes No

If you responded "No" to any question H through L, attach a written explanation on a separate page.

- M. Was there any other relationship existing between the supervisor and the psychological applicant other than the supervisory association? Yes No
- N. Have you ever received any complaints about the psychological applicant or have any reason to suspect that the applicant is less than fully ethical, professional, or qualified for licensure? Yes No

If you responded "Yes" to question M or N, attach a written explanation on a separate page.

5. SUPERVISOR STATEMENT

I declare that the above information is true and correct to the best of my knowledge. I also declare that I have read Rule 64B19-11.005, F.A.C., and entered into an agreement with the applicant as required.

Supervisor Signature: _____

Date: _____
MM/DD/YYYY

Applicant Signature: _____

Date: _____
MM/DD/YYYY