

NORTH CAROLINA PSYCHOLOGY BOARD



SUPERVISOR FORM

Instructions to the Applicant: Type or print your name and the supervisor's name where indicated below, and forward the form to the clinical and/or administrative supervisor. **The completed form must be returned directly to you in a sealed envelope with the supervisor's signature over the seal.** Unsigned forms/envelopes will be returned. You will submit the sealed envelope to the Board along with a transmittal form.

To: _____ Re: _____
(supervisor's name) (applicant's name)

To the Supervisor completing this form: The above-named individual has made application for licensure as a Psychologist/Psychological Associate in North Carolina and has listed you as a supervisor. The Psychologist has doctoral level training and engages in independent professional practice. The Psychological Associate has master's level training and performs more complex professional functions only under supervision. Information must be provided on this form, although additional sheets may be attached if necessary. Please type or print. **The completed form must be returned directly to the applicant in a sealed envelope with your signature over the seal.** Original signature is required; faxed copies are not acceptable. Thank you for your prompt reply.

01. Institution/setting where applicant was supervised: _____

02. Your position at the time supervision occurred: _____

03. Applicant's position or title: _____

Was this an internship? Yes No

If Yes, provide the following: full-time part-time Hours per week _____

APA accredited: Yes No

specialty area: Clinical School Counseling Other _____

04. Dates of applicant's employment or training: from ____/____/____ to ____/____/____

05. (a) Dates of your supervision of applicant: from ____/____/____ to ____/____/____ (do not future date)

(b) Are there any periods of time included in the supervision dates during which supervision was not provided? Yes No
If yes, indicate dates and explain (e.g., maternity leave, military leave, etc.)

06. (a) Number of hours per week applicant practiced psychology under your direction: _____
(see practice of psychology definition below; include ALL practice hours, not just direct client contact hours)

(b) Total number of weeks during which applicant practiced psychology under your direction: _____

(c) Total number of **practice of psychology** hours accumulated [6(a) x 6(b)]: _____

G.S. 90-270.2(8): Practice of psychology. -- The observation, description, evaluation, interpretation, or modification of human behavior by the application of psychological principles, methods, and procedures for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior or of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, or mental health. The practice of psychology includes, but is not limited to: psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation. Psychological services may be rendered to individuals, families, groups, and the public. The practice of psychology shall be construed within the meaning of this definition without regard to whether payment is received for services rendered.

07. Did the applicant engage in **health services activities** (definition below) under your supervision? "Yes" "No"

21 NCAC 54 .2701: Health services in psychology include services provided directly to clients/patients or groups of clients/patients, which include the diagnosis, evaluation, treatment, remediation, and prevention of: mental, emotional, and behavioral disorder; substance abuse and dependency; and psychological aspects of physical illness, accident, injury, and disability. Included are psychotherapy, counseling, psychoeducational, and neuropsychological services related to the above. Also included are psychological assessment and report writing, including scoring of test protocols; documentation of services provided to clients/patients (e.g. progress or process notes, clinical entries in records); collateral contacts by a psychologist with family members, caretakers, and other individuals for the purpose of benefiting a client/patient of that psychologist; and consultation with other professionals in service to the psychologist's clients/patients.

08. Total number of **health services** hours accumulated: _____

[NOTE: Health services hours cannot exceed practice hours reported in 6(c)]

09. Number of *hours per week of individual face-to-face supervision* which the applicant received from you: _____

10. Duties performed by applicant (continue on attached sheet if necessary):

11. Are you licensed as a Psychologist in North Carolina or in any other state or jurisdiction in the U.S. or Canada? Yes No

If "Yes," list the state(s) or other jurisdiction(s) in which you are licensed as a psychologist.

13. In your opinion, is the applicant competent to practice as a Psychologist/Psychological Associate? Yes
Provide any explanations and/or further comments No (explain)
below or on an attached sheet. Cannot judge (explain)

I, the undersigned, verify that the statements and information contained herein are true, complete, and accurate to the best of my knowledge and belief, and that I have not withheld any information which might affect this application.

Name of Supervisor (type or print)

Signature of Supervisor

Supervisor's Address

Supervisor's E-mail Address

Supervisor's Daytime Telephone #

Date