

**PSYCHOLOGICAL ASSOCIATE APPLICANT  
SUPERVISED EXPERIENCE VERIFICATION FORM**  
(type or print all information)

**TO THE APPLICANT:** Fill in your name and the name and address of your training site and forward the form to the training site director for completion.

Applicant's Name: \_\_\_\_\_

Internship, externship, practicum, or other field experience site name and address:

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

**TO THE TRAINING SITE DIRECTOR:** In accordance with 21 NCAC 54 .1802(a)(8), a student's program shall include internship, externship, practicum, or other field experience which meets specified criteria. The above named applicant requests your assistance in verifying the following components of the applicant's training. After completing ALL items, **return this form DIRECTLY to the North Carolina Psychology Board at the above address.**

Did the student complete an internship, externship, practicum, or other field experience at the training site named above?  Yes  No

- A. Was the supervised training experience a planned and directed program of training for the practice of psychology, in contrast to on-the-job training, and was the trainee provided with a planned and directed sequence of training integrated with the educational program in which the student was enrolled?  Yes  No

If yes, provide the name of the student's educational institution and educational program:

Institution: \_\_\_\_\_ Program: \_\_\_\_\_

Was this supervised training experience planned by the educational program's faculty and training site staff, rather than by the student?  Yes  No

- B. Did the supervised training experience have a written description detailing the program of training, or a written agreement, developed prior to the time of the training, between the student's educational program and the training site, which was approved by the student's educational program prior to its occurrence?  Yes  No
- C. Did the training site have a designated and appropriately licensed or certified psychologist or psychological associate who was responsible for the integrity and quality of the supervised training experience?  Yes  No

If Yes, provide the name **and** degree of the psychologist: \_\_\_\_\_

- D. Was the student designated as an “intern,” “extern,” or “practicum student,” or hold other designation which indicated training status for the practice of psychology?  Yes  No

If yes, what was the student’s title? \_\_\_\_\_

- E. Did the supervised training experience occur over a period of at least 12 weeks and include at least 500 hours of supervised training?  Yes  No

Dates of training: from \_\_\_\_\_ (mm/dd/yy) to \_\_\_\_\_ (mm/dd/yy)

Number of weeks of training: \_\_\_\_\_ Number of supervised training hours: \_\_\_\_\_

**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.

- Were at least 400 hours of the training spent in the practice of psychology as defined above?  Yes  No

Number of hours in the practice of psychology: \_\_\_\_\_

**Health services in psychology** include the diagnosis, evaluation, treatment, remediation, and prevention of: mental, emotional, and behavioral disorder, disability, and illness; substance abuse; habit and conduct disorder; and psychological aspects of physical illness, accident, injury, and disability. Included are counseling, psychoeducational, and neuropsychological services related to the above. Health services include collateral contacts by a psychologist with families, caretakers, and other professionals for the purpose of benefiting a patient or client of that psychologist, as well as, direct services by a psychologist to individuals and groups.

- Were at least 200 hours of the supervised training spent in the provision of health services as defined above?  Yes  No

If yes, provide a description of activities.

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**NOTE:** For further information regarding the practice of psychology and health services, please visit the Board website at [www.ncpsychologyboard.org](http://www.ncpsychologyboard.org) (select “FAQ” on the side bar and then “What is the difference between health services and the practice of psychology?”).

F. **If** the supervised training experience was completed **in** North Carolina, did a North Carolina licensed or certified psychologist or psychological associate, or a psychologist who is exempt from licensure under N.C.G.S. 902-70.4(b), provide the student with a minimum of **one hour per week of individual face-to-face**, regularly scheduled supervision during at least 12 separate weeks of the supervised training experience, with the specific intent of overseeing the practice of psychology, and health services, if applicable, rendered by the student?  Yes  No  Not applicable

Provide the name of the supervising psychologist(s): \_\_\_\_\_  
\_\_\_\_\_

**If** the supervisor(s) was **not** licensed by the NC Psychology Board, attach documentation of the supervisor's exemption under G.S. § 90-270.4(b), or if applicable, a copy of the supervisor's current school psychologist license issued by the Department of Public Instruction.

G. **If** the supervised training experience was completed **outside** of North Carolina, did a licensed or certified psychologist or psychological associate, or an individual holding a master's, specialist, or doctoral degree in psychology, provide the student with a minimum of **one hour per week of individual face-to-face**, regularly scheduled supervision during at least 12 separate weeks of the supervised training experience, with the specific intent of overseeing the practice of psychology, and health services, if applicable, rendered by the student?  Yes  No  Not applicable

Provide the name of the supervising psychologist(s): \_\_\_\_\_  
\_\_\_\_\_

Attach proof of the supervisor's license (e.g., copy of license or computer printout of licensing board verification) or degree program (e.g., copy of supervisor's graduate transcript) to establish the supervisor's training in psychology.

**AFFIDAVIT:** I certify that I have personal knowledge of the training program evaluated above and that all answers marked on this form and any other information attached hereto are true and correct to the best of my knowledge.

Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_, 20\_\_\_\_.

Notary's Signature

SEAL