

NORTH CAROLINA PSYCHOLOGY BOARD

895 State Farm Road, Suite 101, Boone, NC 28607

Telephone: (828) 262-2258

RS FORM #2

APPLICATION FOR REDUCED SUPERVISION

An application form must be completed, signed, notarized, and returned to the Board along with all required supporting documentation. Type or legibly print except for signature. See RS FORM #1 for further instructions.

Level Applied For (*check only one*):

- Level 2.** After a minimum of 3 calendar years consisting of at least 4500 hours of post-licensure supervised practice, minimum supervision may be provided as follows:

| No. of hours per month engaging in activities that require supervision | No. of hours of required individual supervision per month |
|--|---|
| 1-20 | 1 |
| 21 plus | 2 |

The applicant must document that (1) all performance ratings for the preceding 3 years and 4500 hours of post-licensure supervised practice have been average or above average; (2) not less than one calendar year of supervision has been received from the most recent supervisor; and (3) the supervisee has the recommendation of the most recent supervisor for this level of supervision.

- Level 3.** After a minimum of 5 calendar years consisting of at least 7500 hours of post-licensure supervised practice, a minimum of 1 hour per month individual supervision may be provided to a Psychological Associate.

The applicant must document that (1) all performance ratings for the preceding 5 years and 7500 hours of post-licensure supervised practice have been average or above average; (2) not less than one calendar year of supervision has been received from the most recent supervisor; and (3) the supervisee has the recommendation of the most recent supervisor for this level of supervision.

01. Full Name _____ 02. License No. _____

03. License Date ____/____/____ 04. E-mail Address _____

05. Mailing Address _____

06. Daytime Telephone (____) _____

07. Affidavit. After completing all parts of this application, have the following Affidavit completed by a Notary Public.

_____ personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

I have received a copy of the directions for completing this application. The signature hereto is my own signature and each and every statement made in this application was made by me, and is in all respects true and correct to the best of my knowledge and belief. Pursuant to G.S. § 90-270.15, I understand that making any fraudulent, misleading, or intentionally or materially false statements in this application could result in denial of my application and other disciplinary action.

(Signature of Applicant)

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____

Notary Public

SEAL

My commission expires _____, 20 ____.

08. In chronological order, beginning with present position, list all supervised practice which supports your application for reduced supervision (minimum of preceding 3 years for Level 2 and preceding 5 years for Level 3). Make a copy of the enclosed LPA SUPERVISION REPORT (RS FORM #3) for each supervisor who is listed below. Send a form to each supervisor with instructions to return the completed form to you **in a sealed envelope with the supervisor's signature over the seal**. Forms submitted to the Board office without the supervisor's signature over the seal will NOT be accepted. **See Form RS FORM #1 (DIRECTIONS) for further instructions.** Attach additional sheets if necessary, **using the same format**. Documentation beyond 5 calendar years and 7500 hours is not required.

| Dates | TOTAL Hours ¹ | Institution (Name/Address) | Position/ Title | Duties | Supervisor (Name/Address) |
|-------------------|--------------------------|----------------------------|-----------------|--------|---------------------------|
| <i>mm/dd/yyyy</i> | | | | | |
| from / / | | | | | |
| to / / | | | | | |
| from / / | | | | | |
| to / / | | | | | |
| from / / | | | | | |
| to / / | | | | | |
| from / / | | | | | |
| to / / | | | | | |

GRAND TOTAL _____ (sum of the "TOTAL Hours" column; a minimum of 4500 is required for Level 2 and 7500 for Level 3)

¹List the **TOTAL** number of hours in which you engaged in activities requiring supervision with the listed supervisor during the specified time period. Do **NOT** list hours per week or per month.