



LPA SUPERVISION REPORT

TO THE APPLICANT: Type or print your name and the supervisor's name where indicated, mark the level of reduced supervision for which you are applying, and forward this form (RS FORM #3) to the supervisor. Make additional copies of this form if necessary.

To: \_\_\_\_\_ Re: \_\_\_\_\_
(supervisor's name) (applicant's name)

Level of Reduced Supervision Applied For: [ ] Level 2 (1 hour per month for 1-20 hours practice/month; 2 hours per month for 21+ hours practice/month)
[ ] Level 3 (1 hour per month)

TO THE SUPERVISOR: The above-named Psychological Associate has made application for reduced supervision, has indicated that you have provided supervision to him/her, and has reported that you are able to provide information with regard to this application. Type or print your responses. The completed form must be notarized and returned directly to the applicant in a sealed envelope with your signature over the seal. Original signature is required; faxed copies are not acceptable.

01. Institution/setting where applicant was supervised: \_\_\_\_\_

02. Your position at the time supervision occurred: \_\_\_\_\_

03. Applicant's position or title: \_\_\_\_\_

04. Dates of post-licensure supervision: from \_\_\_\_\_ to \_\_\_\_\_
(mm/dd/yyyy) (mm/dd/yyyy)

05. Total number of hours the Psychological Associate engaged in activities requiring supervision during the report period shown in # 4: \_\_\_\_\_ (total number of hours)

[This number shall include only those hours during which the supervisee engaged in the specific activities requiring supervision as defined by G.S. § 90-270.5(e) and 21 NCAC 54 .2006 (assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures)].

06. Number of hours of individual face-to-face supervision per month: \_\_\_\_\_

07. Number of supervision sessions per month: \_\_\_\_\_

08. Number of hours the Psychological Associate engaged in activities requiring supervision per month: \_\_\_\_\_

