NORTH CAROLINA PSYCHOLOGY BOARD

RS FORM #3

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:** _____

09. Duties, **which required supervision**, performed by the Psychological Associate:

10. Rate the following by circling the appropriate number. (Ratings should be provided within the context of a reduction in required supervision. As such, the ratings do not have to coincide with previous ratings given at the time that the supervisee was required to maintain a different schedule of supervision.) Provide any comments on an attached page.

A.	Supervisee's adherence to ethical, legal, and professional standards:						
	☐ 7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	excellent			average			very poor
B.	Supervisee's technical skills and competence:						
	☐ 7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	excellent			average			very poor
C.	Supervisee's utilization of supervision:						
	☐ 7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	excellent			average			very poor
D.	Supervisee's ability to function with reduced supervision:						
	7	☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	excellent			average			very poor

11. I recommend that the above-named Psychological Associate be permitted to practice psychology in North Carolina under the level of reduced supervision applied for as noted on the front of this form (i.e., Level 2 or Level 3):

☐ Yes ☐ No (attach explanation)

I attest that the signature hereto is my own signature and each and every statement made on this form was made by me, and is in all respects true and correct to the best of my knowledge and belief.

_____ Supervisor's Signature

_____ Supervisor's Name (type or print)

_____ License Number

_____ E-mail

_____ Address

_____|____|_____ City State Zip Code

_____ Daytime Telephone Number

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

_____ Notary Public

My commission expires _____, 20 ____.

SEAL