

NORTH CAROLINA PSYCHOLOGY BOARD

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SUPERVISION REPORT

Please read carefully and you may type or print. A separate report must be completed for each Supervision Contract Form on file with the Board.

SUPERVISEE GENERIC INFORMATION

(This information must be supplied on *each* report.)

1. Name _____ License Number _____

2. Mailing Address _____

Note change in mailing address: Yes No

E-mail address _____ Daytime telephone number (____) _____

3. This report form covers: (**check only one**)

ONLY ONE WORK SETTING PER REPORT

Practice/work at (provide business name & address):

Unemployment
 Retirement

4. Work at setting reported in #3 has terminated:

Yes

No

Not Applicable

(checked unemployment or retirement)

5. Report covers the following period of time. _____ through _____

Report must cover past, NOT future, activities. (month, day, year) (month, day, year)

6. Check the supervision level for which you were

approved by the Board **during the time period in #5.**

Levels 2 and 3 require that you previously have been approved by the Board

Applicant

Provisional

Level 1

Level 2

Level 3

▶ **COMPLETE ONLY ONE SECTION PER REPORT**

▶ **COMPLETE SECTION 1** if you have a Supervision Contract Form on file with a supervisor for the setting reported in Item 3 above
OR

▶ **COMPLETE SECTION 2** if you have a Supervision Contract Form on file for activities not requiring supervision at the setting reported in Item 3 above (i.e., unemployment/retirement, out-of-state practice, work in another field, etc.)

SECTION 1

This section must be completed by the supervisor of the following: a Provisionally Licensed Psychologist or Applicant who has practiced psychology or a Licensed Psychological Associate who has engaged in activities requiring supervision. If the individual named in #1 under the Generic Information has not engaged in practice which required supervision, enter zero ("0") where applicable.

A. Supervisor's Name _____ License Number _____

B. Mailing Address _____

Note change in mailing address: Yes No Daytime telephone number: (____) _____

E-mail Address _____

C. Supervision with above supervisor has terminated for practice at the setting listed in #3 of Generic Information: Yes No

D. Number of hours of individual face-to-face supervision: _____ per week month quarter (every three months)

E. Number of supervision sessions: _____ per week month quarter (every three months)

F. Hours supervisee has been engaged in activities requiring supervision: _____ per week month quarter

For **Psychological Associates**, this number shall include **only** those hours during which the supervisee engaged in the specific activities requiring supervision as defined by law and rules (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). For **Provisional Licensed Psychologists** and **Applicants**, this number shall include **all** activities which constitute the practice of psychology [definition of "practice of psychology" is found in G.S. §90-270.136(8)].

G. Total number of hours supervisee has engaged in activities requiring supervision during **this reporting period**: _____

