

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

7 Eagle Square Suite 300
Concord, NH 03301
(603) 271-2152

Postdoctoral Experience Form

TO BE COMPLETED BY APPLICANT AND FORWARDED TO POST DOCTORAL SUPERVISOR. Please return form to applicant in a signed sealed envelope.

I am applying for Licensure as a Psychologist in the state of New Hampshire. The New Hampshire Board of PSYCHOLOGISTS requires professional references. **THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION YOU HAVE IN YOUR FILE FAVORABLE OR OTHERWISE.**

(Please print legibly)

Name _____ Address _____

Signature _____ Date _____

TO BE COMPLETED BY THE POST DOCTORAL PROGRAM:

Name of Postdoctoral program _____

Address _____

Dates applicant in program: (mo/yr) From _____ To _____

Applicants experience was: [] Full Time _____(hrs/wk) **OR** Part Time _____(hrs/wk)

Total hours of post doc experience _____

Was the post doc completed? [] YES [] NO

Face-to-face individual supervision: _____(hrs/wk)

Applicant's primary supervisor _____ Degree _____ State _____

Licensed/Certified as a: _____ License No. _____ State _____

I HERBY ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE.

Signature _____ Date _____