



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

BOARD OF PSYCHOLOGISTS
POSTDOCTORAL EXPERIENCE FORM

SECTION TO BE COMPLETED BY APPLICANT and send to the Director/provider of the postdoctoral experience. (Print legibly)

Name: _____ Phone: _____

Home Mailing Address: _____

I am applying for a License as a Psychologist in New Hampshire. The New Hampshire Board of Psychologists requires confirmation of postdoctoral supervised clinical experience. **This is your authority to release any information you have in your files, favorable or otherwise.**

Signature _____ Date _____

TO BE COMPLETED BY THE DIRECTOR OF POSTDOCTORAL EXPERIENCE: (Print or type)

Name of Postdoctoral Program (if applicable): _____

Name of facility: _____

Address of facility: _____

Was the postdoctoral program APA approved at the time of the applicant's attendance? [] Yes [] No.

Applicant's title in program _____

Dates in postdoctoral program: From (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____

Applicant's experience was : [] Full time _____ hr/wk [] Part time _____ hrs/ per week

FACE-TO-FACE Individual Supervision: Hours/week _____ Total in time period: _____

Name of applicant's primary supervisor _____

Degree _____ Licensed/Certified # _____ State _____

Was the postdoctoral experience successfully completed? [] Yes [] No.

If not, please explain: _____

Your recommendation concerning licensure:

Without Reservation With Reservation Against licensure

If other than "Without Reservation" provide a detailed explanation (typed and attached)

This form is to be returned to the applicant in a Signed Sealed Envelope.

Name of Supervisor: _____

Title of supervisor at the time of program: _____ Degree: _____

Supervisor's Address: _____

Phone Number: _____ Email Address: _____

State of Licensure: _____ License Number: _____

Licensed/Certified (Field, Specialty): _____ Issue date: _____

"I hereby attest that all of the information contained on the form is true and accurate to the best of my knowledge and belief."

Signature of Supervisor: _____ Date _____

The Supervisor of the internship experience shall return the completed form to applicant in a signed sealed envelope.