

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

SUMMARY OF SUPERVISED CLINICAL EXPERIENCE INTERNSHIP AND POST DOC

To be **completed by the applicant** and sent directly to the Board with the application.

Dates From – To mm/dd/yyyy	<u>Facility</u>	<u>Supervisor</u>	Hours of Face-to- Face Supervision	Total Hours of Clinical Program Experience
	Predoctoral	Internship Experie	nce (minimum 1500 h	ours)
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