



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
SUPERVISOR'S CONFIRMATION OF POST DOCTORAL CLINICAL EXPERIENCE

SECTION TO BE COMPLETED BY APPLICANT by the postdoctoral clinical supervisor. If there is more than one supervisor, information can be completed by the primary supervisor.

Applicant's Legal Name: _____ Phone #: _____

Applicants 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 SUPERVISOR OF POSTDOCTORAL HOURS: *(Print or type)*

Name of facility _____

Address of facility _____

Applicant's title at time of supervision _____

Dates of Supervised Clinical Experience: From (Mo/Yr) _____ to (Mo/Yr) _____

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

Total supervised face-to-face hours in time period above, individual + group supervision: _____

Total Hours of Supervised Clinical Work Experience (_____ hrs/wk) X (_____ weeks) = _____
hours worked X weeks present

This includes all duties of the clinical experience: patient contact, supervision, notes, meetings, all tasks.

Attach a detailed description of:

- 1) The supervisory methods and the types of issues dealt with during supervision; the names and credentials of clinical supervisors other than yourself, if other supervisors are included in the hours herein documented;

2) The type of work performed by the applicant; and

3) The quality of work performed by the applicant.

Your recommendation concerning licensure:

Without Reservation

With Reservation

Against licensure

If other than "Without Reservation" please elaborate (typed and attached)

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

Supervisor's Name: _____

Supervisor's title at the time of supervision: _____ Degree _____

Supervisor's address: _____

Phone Number _____ Email _____

State _____ 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 _____