

STATE OF NEW HAMPSHIRE
Office of Professional Licensure and Certification
Board of Psychologists

INTERNSHIP CONFIRMATION

TO BE FORWARDED BY APPLICANT TO SUPERVISOR OF INTERNSHIP EXPERIENCE
(Intern Supervisor: Please return this form to the applicant in a signed sealed envelope.)

To my Intern Supervisor:

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.

To be completed by the Applicant:

Name (print) _____ Signature _____
Address _____

To be completed by Intern Supervisor:

Name of internship program _____
Address _____

Dates applicant was in the program: from _____ (mo/yr) to _____ (mo/yr)

Applicant's experience was: full-time _____ (hrs/wk) OR part-time _____ (hrs/wk)

Total hours of internship experience: _____ Was the internship completed? Yes No

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

Applicant's primary internship supervisor _____ Degree _____ State _____

Licensed/certified as a _____ License No. _____ State _____

Type of approval of program (e.g., full, provisional, etc.) _____

Was this an APA approved program? Yes No

If your program was non-APA approved, please attach documentation that describes the goals and content of the internship as well as how at least 2 hours per week in learning activities took place.

Number of interns in training at the same time as the applicant: _____

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

Name _____ Date _____

Signature _____