

**STATE OF NEW HAMPSHIRE  
BOARD OF PSYCHOLOGISTS**

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

**Supervisor's Confirmation of Post Doc Clinical Experience**

To be completed by the applicant and forwarded to the supervisor of post doc clinical experience

**Request to the Supervisor and Release of Information to the Board**

Please send one form to each supervisor and have them return it to you in a signed sealed envelope.

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

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Summary of Supervised Clinical Experience**

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Applicant's Title at the time of supervision \_\_\_\_\_

Dates of Supervised Clinical Experience: From: month \_\_\_\_\_ year \_\_\_\_\_ To: month \_\_\_\_\_ year \_\_\_\_\_

**FACE-TO-FACE** Individual Supervision: Hours/Week \_\_\_\_\_ TOTAL supervised face-to-face hours \_\_\_\_\_

**Total Hours of Supervised Clinical Work Experience\*** \_\_\_\_\_

(\* # of hours worked per week X # of weeks worked)

**Was a Candidate Agreement or Employment Relationship on file in the Board office prior to commencement of the supervision?      YES                      NO**

**SUPERVISOR'S CONFIRMATION OF  
POST DOCTORAL CLINICAL EXPERIENCE**

Supervisor: Please provide (typed and attach)

- 1) A description of the supervisory methods and the types of issues dealt with during supervision
- 2) A description of the type of work performed by the applicant
- 3) A description of the quality of work performed by the applicant

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_

Title at the time of supervision \_\_\_\_\_

Address  
\_\_\_\_\_

Highest degree earned \_\_\_\_\_

Licensed as \_\_\_\_\_ by \_\_\_\_\_  
state

License # \_\_\_\_\_ Issue date \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_