

STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS

Supervisor's Confirmation of Clinical Experience

To be completed by the applicant and forwarded to the supervisor of 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 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 Please provide:

1. A description of the supervisory methods and 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: _____ Date: _____

Title at the time of supervision: _____

Address: _____ Highest degree earned: _____

Licensed as _____ State Licensed: _____ License # _____

Issue Date: _____ Phone Number: _____

Signature: _____