



# Arkansas Department of Health

Nathaniel Smith, MD, MPH, Secretary of Health

## Psychology Board

101 E. Capitol Ave., Ste. 415 | Little Rock | AR 72201  
501-682-6167 | Fax 501-682-6165

### Licensee Supervision Completion – PE Independent Practice

*This form must be signed and submitted to the Board office. Only original copies will be accepted. Please Type or Print*

**Date:** \_\_\_\_\_

**Psychological Examiner Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Supervising Psychologist Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

Each direct supervisor must complete a form showing 3000 hours of supervised experience of the Psychological Examiner – Independent Practice licensee. This form may be duplicated for this purpose.

**Please note: Do not post-date this form.** This form will be acceptable only if it arrives in the Board office after all required supervised experience is completed.

### Supervision Information

Name of facility/agency: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Supervised Practice Began: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Supervision Plan Approval Granted: \_\_\_\_\_

Full Time    Hrs \_\_\_\_\_    Wks \_\_\_\_\_

Part Time    Hrs \_\_\_\_\_    Wks \_\_\_\_\_

Total number of hours of supervised experience: \_\_\_\_\_

Number of direct, individual face-to-face supervising hours per week for period listed above: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Supervisor Credentials

Supervisor Name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Profession: \_\_\_\_\_

Highest Degree: \_\_\_\_\_  
Field: \_\_\_\_\_

Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you listed in the National Register of Health Service Providers in Psychology?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above-named Psychological Examiner – Independent Practice licensee has successfully completed 3000 hours of supervised experience in the State of Arkansas. I am a direct supervisor for all or a portion of the required supervised experience.

I hereby attest that all the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Psychological Examiner Signature* *License #* *Date*

\_\_\_\_\_  
*Supervisor Signature* *License #* *Date*

**For Board Use Only**

**Date Submitted for Board Approval:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
*Board Member*

**Date:** \_\_\_\_\_