



Arkansas Department of Health

Nathaniel Smith, MD, MPH, Secretary of Health

Psychology Board

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NOTE—The Board will accept only legible, signed, original forms without corrections.

—Supervision Report Form—

Quarterly Report

Annual Report

Period of Supervision From: _____ To: _____

Supervisee Name (PRINTED): _____ AR License Number: _____

Supervisor Name (PRINTED): _____ AR License Number: _____

I am not providing services requiring supervision at this time.

I am not residing in the State of Arkansas at this time.

1. Describe the frequency and type of scheduled supervision sessions, and nature of supervision contact, whether individual, group, telephone, and/or correspondence.

2. Indicate the total number of hours of supervision per type of contact as defined in question one (1).

3. Describe below the nature of unscheduled supervision and contact of supervisor with supervisee.

4. Describe supervisee's general function as related to supervision requirements.

5. Describe any specific areas covered in the supervision process, e.g., expanding practice, etc.

Supervisee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Any change of status in the supervisory relationship MUST be reported in writing by the supervisee to the board within ten (10) working days of the change of status per AR Psychology Board Rules and Regulations §6.3.B.(3).