



ASPPB

Association of State and
Provincial Psychology Boards

MOBILITY PROGRAM

Missing Documentation Affidavit

Please indicate if a _____ licensee would have, at the time of initial licensure in _____, provided verified documentation of and met the following criteria:

- | | | |
|-----|----|---|
| YES | NO | A minimum of 3,000 hours total of supervised experience (internship and postdoc) |
| YES | NO | At least 1,500 of the minimum 3,000 hours was completed as a post-doctoral supervised experience |
| YES | NO | Each experience was completed in no less that ten (10) months and no more than 24 months |
| YES | NO | Each experience included at least one (1) hour per week of individual face-to-face supervision with a licensed psychologist |

Signature: _____

Print Name: _____

Title: _____

Date: _____

Please return this form to Taja S. Slaughter, Director of Credentialing, via email to tslaughter@asppb.org or via postal mail to PO Box 849, Tyrone, GA 30290

CREDENTIALS BANK / PLUS / IPC / E. PASSPORT / CPQ / EPPP SCORE TRANSFER