



## Arkansas Department of Health

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Governor Asa Hutchinson

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

### —Application for Supervisor Status—

Use this form to apply for status as a supervisor. Supervisory status is required to supervise Psychological Examiners, Provisional Licensees, Postdoctoral Fellows (except those providing services only as part of a defined academic training program), and Neuropsychology Technicians. **Please submit all supporting documentation with this form or arrange to have it sent directly to the Board office.**

Name (PRINTED): \_\_\_\_\_ License Number: \_\_\_\_\_

Note that under § 6.2.G of the Rules and Regulations:

“Supervising Psychologists shall be licensed or certified for the practice of psychology and must be aware of and abide by the ethical principles and state or provincial statutes pertaining to the practice of psychology in general and to supervision in particular. Supervisors have adequate training, knowledge and skill to render competently any psychological service that their supervisee undertakes. They shall not permit their supervisee to engage in any psychological practice that they cannot perform competently themselves. The supervisor has the responsibility to interrupt or terminate the supervisee’s activities whenever necessary to ensure adequate training and the protection of the public. The supervisor has training and/or coursework in supervision and three (3) current recommendations in order to qualify as a supervisor.”

Please check all that apply:

- I have received training/supervised experience in supervision.
- I will be supervising interns.
- I will be supervising Board registered Neuropsychology Technicians.

1. Please provide transcripts or letters attesting to any education, training, and/or experience received in supervision.
2. Please provide references from three (3) psychologists attesting to your qualifications as a supervisor.

Your signature on this form certifies that you have read, understood, and agree to abide by all provisions of section 6 of the Arkansas Psychology Board’s Rules and Regulations.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_