

INSTRUCTIONS FOR COMPLETING THE VERIFICATION OF EXPERIENCE FORM:

- The primary supervisor shall complete and sign a verification of experience form upon completion of supervised professional experience accrued in California. This form is provided for your convenience to help you meet the requirements pursuant to CCR Section 1387.
- If the experience was accrued outside of California, use the [Out-of-State Verification of Experience Form](#) on the Board's website.
- Provide this completed form and the original signed supervision agreement to the supervisee in a sealed envelope and sign across the seal.
- The supervisee shall submit the sealed envelope along with their application.
- Please make a copy for your records.
- Please note that if the form is incomplete, it could cause a delay in the application process.

SUPERVISEE:

Last Name First Name M.I. Date of Birth

ALIAS:

Last Name First Name M.I.

E-mail Address Phone Number Registration Number (if applicable)

PRIMARY SUPERVISOR:

Last Name First Name M.I.

E-mail Address Phone Number

Street City State Zip

License Type License Number Issue Date Jurisdiction (State or Province)

VERIFICATION OF EXPERIENCE

Start Date (e.g., 10/3/2016)	Completion Date (e.g., 10/3/2017)	Number of hours worked per week (excludes supervision) (e.g., 33)	Number of hours of supervision per week (e.g., 4)	Total number of hours of verified experience (i.e., (# of hours worked per week + # of hours of supervision per week) x # of weeks worked) (e.g., (33+4) x 52 = 1,924)

The supervisee and I complied with all the conditions and acknowledgments set forth in the Supervision Agreement.

Yes No

The supervisee demonstrated overall performance at or above the level of competence expected for his or her current level of training.

NOTE: If the answer to either of the above questions is "no," please thoroughly explain on a separate sheet and attach it to this form as an addendum.

I declare under penalty of perjury under the laws of the State of California that all the foregoing is true, complete, and correct.

Primary Supervisor's Name (Print or Type) _____

Primary Supervisor's Original Signature _____ Date _____

City/State _____

(Revised 9/17)

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

Access to Your Information

You may review the records maintained by the California Board of Psychology that contain your personal information, as permitted by the Information Practices Act. See contact information below.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by e-mail at bopmail@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at dca@dca.ca.gov.