

VERIFICATION OF EXPERIENCE FORM

To be completed by Primary Supervisor. PLEASE PRINT OR TYPE. When answering questions, pay particular attention to the time periods of the supervised professional experience.

SECTION I.

SUPERVISEE: _____
Last First M.I. Date of Birth

Aliases: _____
Last First M.I.

METHOD OF ACCRUAL OF SUPERVISED PROFESSIONAL EXPERIENCE VERIFIED ON THIS FORM (check one):

- | | | | |
|--|-------------------------|--|---------------------------------|
| <input type="checkbox"/> PSYCHOLOGICAL ASSISTANT | REGISTRATION NO.: _____ | <input type="checkbox"/> DEPT. OF MENTAL HEALTH WAIVER | (attach waiver documentation) |
| <input type="checkbox"/> REGISTERED PSYCHOLOGIST | REGISTRATION NO.: _____ | <input type="checkbox"/> ALTERNATIVE SUPERVISION AGREEMENT | (attach board copy of approval) |
| <input type="checkbox"/> EXEMPT SETTING | EMPLOYER: _____ | | |
| <input type="checkbox"/> PSYCHOLOGICAL INTERN | SCHOOL: _____ | | |
| <input type="checkbox"/> OUT-OF-STATE EXPERIENCE | STATE: _____ | | |

PRIMARY SUPERVISOR: _____
Last First M.I. Phone

Address of Record (Street) _____ City _____ State _____ Zip _____ Fax _____

E-mail _____ Degree _____ License Type _____ License No. _____ Issue Date _____ Jurisdiction (state or province) _____

Were you licensed in another state during this supervision period? If so, complete the following:

State _____ License Type _____ License No. _____ Issue Date _____

DELEGATED SUPERVISORS:

Complete the following: For ALL persons providing delegated supervision. List names, license types, license numbers, and issue dates of license.

NAME	LICENSE TYPE	LICENSE NO.	ISSUE DATE

SECTION II.

DATE OF SUPERVISION:

FROM	TO	Total Number of Weeks Worked:	Average Number of Hours Worked Per Week:	Total Hours for Entire Period:
mm / dd / yyyy	mm / dd / yyyy			

DUTIES: Describe below, in detail, the psychological duties included in the supervised professional experience being verified on this form: _____

SECTION III. (TO BE COMPLETED BY PRIMARY SUPERVISOR ONLY)

Please answer the following questions as they apply to this supervision experience.

PSYCHOLOGY INTERNSHIPS (*Section 2911, Business and Professions Code*)

Yes No

1. **For experience earned on or after January 1, 2001**—Was this internship placement accredited by the APA, or is it a member of or meets the membership requirements of APPIC or CAPIC?

PSYCHOLOGICAL ASSISTANTSHIPS (*Section 2913, Business and Professions Code*)

1. **General question for ALL periods of time**—Were you and the supervisee at all times in compliance with Section 1391 of the California Code of Regulations?

ALL SUPERVISION EXPERIENCES (*Sections 2909(d), 2910, 2911, 2913, Business and Professions Code*)

General questions for ALL periods of time:

1. Did you provide at least 1 hour of face-to-face, direct, individual supervision every week?
2. Did the supervisee receive supervision for at least 10% of the time worked each week?
3. Did you and any delegated supervisors possess and maintain a valid, active license during the entire supervision period?
4. Was your supervision in compliance with APA Ethical Principles and Code of Conduct as well as licensing laws and regulations?
5. Did you ensure that the supervisee was at all times in compliance with all applicable licensing laws and regulations?
6. Did you and any delegated supervisor have adequate education, training, and experience to supervise this supervisee's areas of practice?
7. Did the supervisee have the appropriate education and training to practice in these areas?
8. Did you and/or any delegated supervisors receive payment, monetary or otherwise, from the supervisee for the purpose of providing supervision?
9. Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client(s) during the period of supervision?
10. Was your license and/or any delegated supervisor's license to practice psychology or any other profession subject to discipline by any state or country during the period of supervision? *If yes, explain on a separate sheet of paper.*
11. Prior to or during the period of supervision, did you and/or any delegated supervisor have an intimate or familial relationship with the supervisee?
12. Was the supervisee a psychotherapy client of yours and/or any delegated supervisor's prior to or during the period of supervision?

General questions for ALL supervision experiences on or after January 1, 2001:

1. Were you employed at the same work setting where the supervisee was providing psychological services at least half of the time the supervisee was working?
2. Were you available to the supervisee 100% of the time the supervisee was working?
3. Have you and any delegated supervisor completed 6 hours of formal training in supervision pursuant to California Code of Regulations, Section 1387.1(b) and 1387.2(b)?
4. Did you inform each client or patient in writing, prior to the rendering of services by the supervisee, that the supervisee is unlicensed and is functioning under the direction and supervision of yourself and that any fees paid for services of the supervisee must be paid directly to you or the employer?
5. Did the supervisee have a proprietary interest in your business and/or the business of any delegated supervisor?
6. Did the supervisee serve in any capacity that would influence your judgement and/or the judgement of any delegated supervisor in providing supervision?

General question for ALL supervision experiences prior to January 1, 2001:

1. Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the supervisee was obtaining supervised professional experience?

I would rate the supervisee's performance under my supervision as _____satisfactory _____unsatisfactory during the period of supervision.

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

Name (Print or Type): _____ Date _____

Signature _____ County/State _____

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.