Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Psychology of the District of Columbia for a license to practice psychology. All applicants are required to demonstrate their qualifications for licensure by submitting signed statements from each supervisor who supervised the applicant’s practice while obtaining the required pre-doctoral experience. Accordingly, you are asked to provide the requested information by completing Page 2 of this form. Please include the requested information only for any periods of supervision that you provided before the applicant's doctoral degree was awarded. Any additional remarks may be written on a separate sheet of paper and attached to this form.

When completed, the original form should be returned to the applicant at the address above. Your prompt attention to this request is appreciated.

Thank you in advance for your cooperation.

District of Columbia Board of Psychology
The information requested below pertains to the period of supervision before the applicant’s doctoral degree; two thousand (2,000) hours acquired during a Pre-Doctoral internship. (PHOTOCOPIES OR FAXED COPIES OF COMPLETED FORM ARE NOT ACCEPTABLE; THIS FORM MUST BE THE ORIGINAL)

Applicant’s Name

Period of Supervision (Pre-doctoral)
From (mm/dd/yyyy): ___________________ To (mm/dd/yyyy): ___________________

Location of Supervision

Applicant’s Title/Position

Applicant’s Duties and Responsibilities

Supervisor: Please fill out this section accurately and completely.

Please fill in the total number of hours of work during the applicant’s period of employment described above. For example one full year’s work at 40 hours per week amounts to 2080 hours. Do not include any hours after the date that the applicant’s doctoral degree was granted (Pre-Doctoral Internship ONLY).

All Sections Must be Completed

Total Hours _______ Hours

Were all of these hours under general supervision? * □ Yes □ No

If no, how many hours were under general supervision? ***

Gen. Supv.*** _______ Hours

How many of these hours were under immediate supervision? **

Immed. Supv. _______ Hours

What percent of the total hours does the immediate supervision represent?

_____ %

Of the hours in immediate supervision, how many were in:

Individual (one-on-one) supervision?

Indiv. Supv. _______ Hours

Group Supervision?

Group Supv. _______ Hours

Rating of applicant’s performance: □ Satisfactory □ Unsatisfactory

If the applicant’s performance was unsatisfactory, please provide a written explanation on a separate sheet of paper.

* General supervision is that in which the supervisor is available to supervise in person or by communications device.

** Immediate supervision is that in which the supervisor maintains direction and control of the services and is physically present with the supervisee and either discussing or observing his or her practice. At least 10% of the applicant’s hours must be under immediate supervision.

*** General supervision should equal the difference between “Total Hours” and “Immediate Supervision”.

Supervisor’s Profession: □ Psychologist □ Psychiatrist □ Independent Clinical Social Worker

Supervisor’s License Number and State Issuing License ________________________________

I certify that the above information is true to the best of my knowledge and that I will be willing to interpret or substantiate the information provided should the Board of Psychology need clarification at a later date.

Signature of Supervisor ___________________________ Supervisor’s Name and Title (PRINT or TYPE) ___________________________

Supervisor’s Address ___________________________ Telephone ___________________________ Date ___________________________

Revised: 10-20-2021