State of West Virginia
Board of Examiners of Psychologists
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APPLICATION FOR SUPERVISION - PART II

(To be completed by the Proposed Supervisor)

CANDIDATE:	**DEGREE:**

SUPERVISOR'S PERSONAL DATA

Name	**Employer:**
License # **Degree:**	**Position:**
Address:	**Address:**
	County:
City **State** **Zip**	**City:** **State:** **Zip:**
Home Telephone:	**Work Telephone:** **Ext.**
Email:	**Fax:**

Please check where you prefer to receive your mail. ☐ **Home** ☐ **Work**

SUPERVISION DATA

Location of Supervision	
If not on site, how will supervision requirements be met?	
Will the supervisor have access to the Supervisee's employer's patient records?	
Will the supervisor be directly observing the provision of therapeutic and assessment services by the supervisee?	
Non-supervisory Relationship to Supervisee	

I have reviewed the information supplied by the candidate on the Application for Supervision Part I form for initiation of supervision, and agree to provide supervision for the professional functions indicated. I possess the necessary training and experience to provide such supervision. I understand that I will be responsible for the professional activities and conduct of the applicant until such time as he or she obtains a license to practice psychology or terminates the supervision agreement with me.

I have discussed the supervision requirements with the applicant, and it is understood that I will charge $ _____ per hour for supervision. I agree to provide a minimum of one hour of individual supervision for every twenty hours of psychology work performed by the applicant. I have read the supervision guidelines and understand my supervision responsibilities. I affirm that I have verified the employee status of the supervisee.

Signature of Supervisor _____ **Date** _____

FOR BOARD USE ONLY

☐ **Supervisor Approved**	☐ **Limitations/Restrictions, As Indicated**

Please name existing supervisor(s), if any, to be included on gold card: