State of West Virginia
Board of Examiners of Psychologists
P.O. Box 3955
Charleston, WV 25339-3955

Phone: 304-558-3040
Fax: 304-558-0608
Email: psychbd@wv.gov
Web: psychbd.wv.gov

2018

Dear Doctoral Applicant:

Thank you for requesting an application for psychologist or school psychologist licensure in West Virginia. The West Virginia Board of Examiners of Psychologists is committed to assisting you with the licensure process. We welcome you as an applicant for reciprocity or as a supervised psychologist.

According to West Virginia Law, an applicant may not work as a Psychologist or Supervised Psychologist in West Virginia until written notice is received from the Board office stating the application has been approved and a card is issued granting supervised or licensure privileges.

Please refer to the enclosed checklists and use the one that applies to your application type. It will be beneficial for you to submit only those items specified on the checklist.

A sealed transcript will be needed for your application. This must be sent directly from the University to the Board office, paper or electronic transcripts are accepted. The degree listed on your transcript must include the word "Psychology", must be based in clinical psychology or school psychology. The university must be regionally accredited in order to obtain licensure in WV. Reciprocity candidates also need verification of their license(s) and EPPP or Praxis scores. Refer to the Licensure Information for additional information.

As soon as all required documents are received by the Board office, the completed application will be reviewed by the Board Secretary or Executive Director for approval. This typically takes 5 to 10 days after receipt of all materials. The Board office will issue a gold card to supervised psychologists with the approval letter. If a temporary license is requested for reciprocity candidates, a license card will be issued with the approval letter.

Should you have questions or need assistance completing the application, you may contact the Board office using the information listed above. Please visit our web site for beneficial information.

Sincerely,

Kathy Lynch
Administrative Assistant

Enclosure: Application Packet

DOCTORAL DEGREE REQUIREMENTS

EDUCATION

6. **Doctoral Degree Applicants** must possess a Ph.D. or Psy.D. or an Ed.D. in a clinical form of psychology. Degrees are granted by an accredited institution of higher learning, the degree must have been completed in a department of psychology, a department of educational psychology, a department of education and psychology, or in a university department with the official designation containing the words "psychology" or "psychological."

7. **Accredited Graduate Degree Granting Institutions** must be accredited by one of the six nationally recognized regional accrediting agencies which include: North Central Association of Colleges and Schools, Western Association of Schools and Colleges, Southern Association of Colleges and Schools, New England Association of Schools and Colleges, Northwest Association of Schools and Colleges, Middle States Association of Schools and Colleges.

8. **Required Core Graduate Level Course** work includes, but is not limited to, all of the following areas: clinical interviewing, diagnosis and treatment planning, psychopathology, biological bases of behavior, ethics, assessment of children and adults, individual psychotherapy, clinical practicum, clinical internship, and tests and measures.

APPLICATION REQUIREMENTS

1. **Application:** If your credentials meet the above cited criteria, contact the Board office for an application. All application materials and fees listed on the appropriate check list must be submitted for Board approval. Email: psychbd@wv.gov

2. **W-2 Employees:** All doctoral level supervised-psychologists must be W-2 employees. Evidence that the supervised-psychologist is or will be employed in this way must be submitted with the application.

SUPERVISION

1. **Gold Card:** Once approved, applicants will be issued a "Gold Card" which denotes that they are Board approved supervised-psychologists. It also designates the Board approved supervisor(s) for the supervised-psychologist. This card has an expiration date. It must be renewed on an annual basis via submission of a renewal form, continuing education certificates, CE Audit Form, and a fee.

2. **Adherence to Supervision Contract:** Supervised-psychologists and their supervisors are expected to complete supervision in accordance with the tenants of the contract.

3. **Supervision Required with Internship of 1,800 Hours or More:** If the candidate completed a pre-doctoral internship which meets the requirement of at least 1,800 hours, she/he will be eligible to sit for an oral examination upon successful passage of the EPPP, submission of

quarterly reports, and submission of oral examination materials. Once these tasks have been completed, she/he will be scheduled for the next available oral examination.

4. **Supervision Required With Internship:** Doctoral degree applicants are required to complete one year of supervision if they completed a pre-doctoral or post-doctoral internship approved by the American Psychological Association (APA) or arranged through a program of study at an accredited institution of higher learning.

5. **Supervision Required Without Internship:** Applicants who have not completed an internship are required to complete 2 years of supervised practice.

6. **Quarterly Reports:** Supervised-psychologists are required to submit quarterly reports to the Board office 4 times per year. Additional information will be provided once an application is approved. Quarterly reports include face to face supervision and psychology work hours completed by the supervisee. Supervisors are also required to keep a supervision log, see the supervision contract for details.

7. **Continuing Education:** 10 hours of continuing education per full year is required for renewal of gold cards, 1.5 hours must be in ethics.

EXAMINATIONS

1. **EPPP:** Doctoral degree supervised psychologists must pass the EPPP within two (2) years and shall only take the EPPP a maximum of five (5) times during the 2-year supervision period. Those who fail to pass the EPPP within the designated periods will no longer be eligible for licensure. Those that do not meet this requirement must cease all psychological practice and must stop using the title of "Supervised-Psychologist."

2. **Oral Examination:** For those with an 1,800 hour approved internship these candidates are eligible to sit for an oral examination after passing the EPPP. For those who are being supervised, after completing the required years of full time supervised work and the required number of face-to-face supervision hours, doctoral degree supervised-psychologists are eligible to sit for an oral examination. Upon successful passage of the oral examination a WV psychology license will be issued to the candidate.

Additional information may be found on our web page wvpsychbd.wv.gov

Contact the Board Office at 304-558-3040 or psychbd@wv.gov

WV Board of Examiners of Psychologists - Privacy Statement

WHAT INFORMATION IS COLLECTED AND WHY

- Personal identifiable information (PII) and non-personal information is required to verify and satisfy West Virginia's Board of Examiner's of Psychologists' licensing requirements.
- We collect applicant's name, address, Social Security Number, FEIN# (if applicable), date of birth, phone number, email address, as well as, employer's name, address and phone number.
- We collect, for verification purposes, license data from other jurisdictions.
- In addition to the above, we also require and collect official university transcripts and EPPP scores.

HOW WE USE INFORMATION

- Per West Virginia Code §30-1-6.d and the Federal Privacy Act, we must collect an applicant's Social Security Number before a license can be issued. We may share information with government organizations and others required by law. We may also be required to submit information to authorities after receiving a legal request or court order.
- Per WV Code §30-1-13 & Title 17 Legislative Rule §17-2-4, we do sell PII (License Number, Name, Work Address, City, State & Zip, work phone numbers, email addresses, and licensure information) as a roster/mailing list for a fee. These lists do not include social security or FEIN numbers. The lists are typically requested by insurance companies, continuing education companies, state agencies, etc, but are available upon request to any member of the public. A signed consent to release this information is not required because WV Code specifies it as public information. Information required by the State of WV is indicated on renewal forms.

INDIVIDUAL RIGHTS

- You have the right to review your information in our records and to request changes if incorrect. To make changes to your psychology or school psychology license such as a name change, you must submit a copy of the legal document (marriage certificate, divorce decree, etc.) to the Board. To change your address of record with the Board you must submit a written request providing your name and license number as well as the old and new addresses.

CONSENT

- Submission of an application for licensure to this Board implies your consent with regards to the above-stated information.

If there are concerns regarding the collection and/or use of your personal information, please contact us at:

West Virginia Board of Examiners of Psychologists
PO Box 3955
Charleston, WV 25339
psychbd@wv.gov

We will make every reasonable effort to address your concerns.

WEST VIRGINIA BOARD OF EXAMINERS OF PSYCHOLOGISTS

4 - APPLICATION CHECKLIST

For applicants applying to become Supervised Psychologists or Supervised School Psychologists. This includes those who wish to enter the supervision process, and have never been licensed as psychologists before.

Applicant's Name _____ Degree _____

Check one: ☐ **Psychology** ☐ **School Psychology**

	New Application Data Sheet
	Application for Licensure form
	Application for Supervision Part I – This form is to be completed by the applicant. If you plan to be supervised by more than one supervisor, please name each on this form.
	Application for Supervision Part II – This form is to be completed by your supervisor(s). If you will be supervised by more than one person, each person completes a form.
	Supervision Contract – This form is to be completed by the applicant and supervisor(s).
	Transcript – Must be an original sent by the college or university from which you earned your degree. The transcript must show the degree and the date of the degree. The degree must have a reference to psychology.
	College Course Description – This may be copied from your school course catalog.
	Certificate of Psychology Internship or School Psychology Internship – if applicable. **Doctoral Candidates – A certificate or letter from your internship site that lists at least 1,800 internship hours will enable you to sit for your oral at an earlier time. This letter or certificate must be sent from the internship site directly to the Board office.**
	A Copy of Your Photo ID
Each applicant is required to provide the names of two psychologists to endorse their application for licensure as a psychologist/school psychologist in West Virginia. These should be individuals who are familiar with the applicant's educational or work experience. One individual should be a member of a West Virginia Psychological Association, West Virginia School Psychological Association, and/or the American Psychological Association or the National Association of School Psychologists.	
	Endorser Designation form – this form is to be completed by the applicant for licensure.
	Endorsement of Application for Licensure as a Psychologist – Each person you name to endorse your application for licensure must complete one of these forms. ☐ **Endorsement #1** ☐ **Endorsement #2**
	Required Fees are: Application fee - $100.00, first year supervision - $100.00, application packet - $25.00. Submit a check or money order in the amount of: ☐ **$225.00, if you were sent the application packet with the understanding that you would include $25.00 packet fee in your check for the full application fee amount.**
	School Psychologists additionally need: ☐ **Praxis Score – New score 165 or higher is required. Must be in a sealed envelope from Praxis or from County School Board.** ☐ **Documentation of State Certification as a School Psychologist**

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS OF PSYCHOLOGISTS

NEW APPLICANT DATA SHEET

Please fill in the data below and return to the Board office so that it can be entered into our database.

Name:			**Degree Earned:**
Home Address:			
City:		**State:**	**Zip:**
Maiden Name: **(If Applicable)**		**Cell or Home Telephone #:**	
Date of Birth:			
Email Address:			

Expected WV Employer:			
Employer's Address:			
City:	**County:**	**State:**	**Zip:**
Work Tel #:			
Work Fax #:			

For unlicensed candidates - Name(s) of supervisor(s):

Primary:	**Degree:**
Secondary:	**Degree:**

Type of License applying for: O Standard O Reciprocity O School Psychology O Dual (Standard and School)

University: _____ Degree: _____

Major Course of Study: _____ Graduation Date: _____

Did You Complete An APA Internship: _____ Number Of Hours: _____

EPPP Score: _____ Date Taken: _____ Taken in Which State: _____

Currently in a Doctoral Program: Y N School: _____

Degree Sought: _____ Expected Graduation: _____

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS OF PSYCHOLOGISTS

APPLICATION FOR LICENSURE

Name: (First Middle)	Name: (Last)		SS#
Home Address:			Birth Date:
City:	State:	Zip:	Maiden Name:
Cell/Home Tel:	Office Tel:		Fax:
Present Position/Title:			Starting Date:
Employer:	Address:		
City:	State:		Zip:

Graduate Education **Additional Education**

Institution:		Currently enrolled in a psychology program?
Major:	Number of Hours:	School:
Minor:	Number of Hours:	Degree Sought:
Degree:	Degree Date:	Expected Graduation:
Did you have an APA approved internship? If so where was the internship: **Please provide documentation of the completed internship via a letter or certificate.**		

In addition to this application form, which must be signed and notarized, all applicants must forward to the Board, the following:

	1	An original transcript of your graduate course work, which serves to qualify you as a psychologist – to be sent directly from the university or universities from which you graduated.
	2	Application for Supervision Form Part I, to be signed by the applicant.
	3	Application for Supervision Form Part II, to be signed by the supervisor.
	4	Application fee - $100.00
	5	Supervision fee - $100.00 (covers first year)

Under which provision are you applying for a license? (Check one)

	1	Standard Provision – For those never licensed before.
	2	Reciprocity Provision – For those licensed in another state. (please provide the following information): A. State(s) in which you are currently licensed: B. Was the EPPP exam taken? Yes No (If "NO," apply under Standard Provision.) C. Provision under which you are now licensed: D. License Number (s) Date(s) Issued:
	3	ABPP Provision (Please provide the following information): A. Specialty B. Date of Diploma Diploma Number
	4	School Psychology ☐ School Psychology Resident ☐ Licensed School Psychologist (Level I) ☐ School Psychologist Independent Practitioner (Level II)

Graduate Education and History Continued

Describe other relevant professional training not listed heretofore:

Title of Master's Thesis:

Name and Address of Advisor:

Doctoral Dissertation:

Name and Address of Advisor:

List any publications representative of your work:

Professional, Scientific, and Honorary Memberships
Please list the name of the organization, type of membership, offices held, honors, etc.

Employment History

List all professional positions held subsequent to your professional degree, but also describe your internship or field training. Begin with the position held just before your current one, which is listed on page one of this application.

Employer

Address

City State Zip

Your Title Hours worked / week

Duties

Dates employed from To

Employer

Address

City State Zip

Your Title Hours worked / week

Duties

Dates employed from To

Employer

Address

City State Zip

Your Title Hours worked / week

Duties

Dates employed from To

Employer

Address

City State Zip

Your Title Hours worked / week

Duties

Dates employed from To

Employment History Continued

Please indicate here if, in addition to your regular or contractual position, you are engaged in part-time work of the type generally described as "private practice." ☐ Yes ☐ No

If you answered "Yes", please attach a page on which you describe the type of clientele, the average hours worked weekly, and the type of consultant or supervisory relations you have with other professionals. Please give their names and addresses.

Do you agree to abide by the APA and/or NASP "Code of Ethics?" ☐ Yes ☐ No

If your answer to any of the following six questions is "Yes," please attach a page providing details.

1. Have you ever applied to ABPP for a diploma and been denied? ☐ Yes ☐ No
2. Have you ever for a psychology license or certificate (statutory or non-statutory) in another state or province and been denied? ☐ Yes ☐ No
3. Have you ever been denied membership in or been censured by a professional organization for unethical conduct? ☐ Yes ☐ No
4. Have you ever been discharged or forced to resign from a position because of unethical or unprofessional conduct? ☐ Yes ☐ No
5. Have you ever been convicted of a crime, other than a minor traffic violation? ☐ Yes ☐ No
6. Is there any other pertinent information you feel you should submit for consideration by the Board? ☐ Yes ☐ No

THIS APPLICATION MUST BE SIGNED AND NOTARIZED BELOW

I, _____ do solemnly swear (or affirm) that the statements on this application and any attachments are true and correct. In signing this affidavit, I am aware that any false statement or misrepresentation contained herein may be grounds for denial of my application or revocation of my license, and that this is punishable by law.

Furthermore, I authorize the obtaining of information concerning my candidacy from appropriate sources, whenever it may be deemed necessary by the West Virginia Board of Examiners of Psychologists.

_____ _____
(Signature of Applicant) (Date)

Subscribed and sworn (or affirmed) by the above to me on this _____ day of _____, _____
In _____, _____, _____.
(City) (County) (State)

_____, notary for the County of _____,
State of _____. My commission expires _____, _____.

Address: _____,
City _____, State _____, Zip _____.

Please return this complete application to the WVBEP, P.O. Box 3955, Charleston, WV, 25339-3955

State of West Virginia
Board of Examiners of Psychologists
P.O. Box 3955
Charleston, WV 25339-3955

Phone: 304-558-3040
Fax: 304-558-0608
Email: psychbd@wv.gov
Web: wvpsychbd.wv.gov

APPLICATION FOR SUPERVISION - PART I

(To Be Completed by the Candidate for Licensure)

Residence Information: Name:	Business Information: Business Name:
Address:	Work Address:
City: State: Zip:	Work City: State: Zip:
Home Telephone:	Position/Title:
Cell:	Work Telephone: Ext:
Email:	Fax:
	Email:
Do you currently reside at this address: Yes/No	Are you currently employed at this location: Yes/No

LISTSUPERVISORS

Please list current supervisor(s) and the supervisor(s) to be added. All these will be listed on new gold card.

PREVIOUS SUPERVISION

Note: In order to receive credit for previously supervised experience, you must provide satisfactory documentation of hours worked under supervision, and your former supervisor must complete and submit a Demonstrable Competency Form. This section is not for new applicants.

Supervisor	Supervision Time Period
Address	To From
Telephone	Estimated Hours

PROPOSED PROFESSIONAL ACTIVITIES

(Please check those which apply)

SETTINGS:						
Community Mental Health Center		Full Time		Part Time		Hours Per Week
State Psychiatric Hospital		Full Time		Part Time		Hours Per Week
Private Mental Health Practice		Full Time		Part Time		Hours Per Week
Private Mental Health Clinic		Full Time		Part Time		Hours Per Week
Private Hospital (Inpatient)						
College/University		Full Time		Part Time		Hours Per Week
School System		Full Time		Part Time		Hours Per Week
Medical Hospital						
Other Agency (Specify)		Full Time		Part Time		Hours Per Week
_____						
Other Private (Specify)		Full Time		Part Time		Hours Per Week
_____		Full Time		Part Time		Hours Per Week

PROPOSED PROFESSIONAL ACTIVITIES (CONTINUED)

FUNCTIONS

ASSESSMENT	ADULT	ADOLESCENT	CHILD
Intellectual			
Personality			
Neuropsychological			
Court, Competency			
Court, Commitment			
Forensic, Civil			
Forensic, Criminal			
Learning, Educational			
Report Writing			
Disability			
Other (Specify) _____			

THERAPY	ADULT	ADOLESCENT	CHILD
Individual			
Couples			
Family			
Group			

CONSULTATION	ADULT	ADOLESCENT	CHILD
Schools			
Court			
Industry			
Hospitals			
Other (Specify) _____			

SPECIALITY AREAS	ADULT	ADOLESCENT
Administrative/Training		
Affective Disorders		
Anxiety Disorders		
Chemical Dependency		
Chronically Mentally Ill		
DD/MR/Autism		
Elderly/Aging		
Eating Disorders		
Learning Problems		
Medical Illness/Pain		
Sexual Abuse		
Other (Specify) _____		

SPECIALITY TECHNIQUES	ADULT
Crisis Intervention	
Teaching/Skills Training	
Hypnosis	
Relaxation Training	
Desensitization	
Biofeedback	
Other (Specify) _____	

GENERAL THEORETICAL ORIENTATION

STATEMENT OF AGREEMENT

I attest to the fact that the above-indicated information is true in fact. I agree to abide by the APA Ethical Code. I understand my practice of psychology is done under license and supervision of the assigned supervisor.

_____ (Candidate's Signature)

_____ (Supervisor's Signature)

State of West Virginia
Board of Examiners of Psychologists
P.O. Box 3955
Charleston, WV 25339-3955

Phone: 304-558-3040
Fax: 304-558-0608
Email: psychbd@wv.gov
Web: psychbd.wv.gov

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:

WV Board of Examiners of Psychologists
Supervision Contract Doctoral Degree – 2018 Version

Supervision Contract Doctoral Degree

Purpose: As required under Title 17, Series 3 of the West Virginia Board of Examiners of Psychologists Legislative Rules, Psychologists and School Psychologists must complete a period of supervision prior to licensure. If that supervision will take place in West Virginia, this contract serves as a written record verifying the agreement between the Supervisor and the Supervisee as approved by the Board of Examiners of Psychologists, hereafter referred to as The Board. It is also intended to clarify roles of the supervisor and supervisee.

Imperative to the purpose of supervision and this contract are the following:

1. Ensuring the public welfare
2. Promoting learning and readiness for licensure
3. Monitoring and reporting the Supervisee's progress at regular intervals
4. Fulfilling all requirements of the applicable state codes and regulations in preparation for licensure as a Psychologist or School Psychologist in the State of West Virginia.
5. Discontinuing, or sanctioning, Supervisors who do not adhere to the rules imposed for the above purposes.

Supervision Requirements:

1. Supervisors will provide a minimum of 1 hour of individual supervision per 20 hours of the Supervisee's clinical practice, with a minimum of 1 hour per week regardless of hours spent in practice. Individual supervision sessions must occur no less frequently than every 2 weeks.
2. In addition to a minimum of 6 hours per month of individual face-to-face supervision for Full Time Supervisees, group supervision and other venues of supervision such as grand rounds, and/or multidisciplinary supervision as delineated in the individual's supervision contract may constitute 2 hours per month of the total supervision experience.
3. Individual supervision is in person, face-to-face, unless express permission to do otherwise for a minimal portion of the supervision hours is granted by Board majority and is documented in this contract. Video conferencing may be a Board approved alternative for face-to-face supervision. At least once per quarter, one of the required individual face-to-face sessions shall occur at the location(s) where the Supervisee is providing services. Furthermore, supervision sessions do not occur in a public setting.
4. The Supervisee will be a W-2 employee of the Supervisor or the agency for which the Supervisee works. Only psychologists licensed for independent practice may provide independent services on a contract basis.
5. The Supervisee practices under the Supervisor. The Supervisor maintains legal and ethical responsibility for the Supervisee's actions and practice. Appropriate professional liability insurance coverage must be in place.
6. The Supervisee must sign all work with the designation "Supervised Psychologist".
7. The Supervisor is available to the Supervisee via phone or in person during the hours of supervisee practice.
8. Arrangements will be specified between the Supervisor and Supervisee for supervisory coverage during times when the supervisor is unavailable. These arrangements will also meet the legal and ethical requirements already agreed to in the contract.
9. The Supervisee must practice only within certain herein specified areas in which the Supervisor is deemed competent to supervise.

10. When the Supervisee plans to practice outside the Supervisor's approved scope of practice, competent adjunctive supervision must be arranged in advance, Board approved, and included in this contract or an approved addendum to this contract.
11. The Supervisor will maintain familiarity with the Supervisee's clients' presenting concerns, treatment plans, treatment progress, and treatment termination plan.
12. The Supervisor will intervene appropriately when client welfare is at risk. Meeting as co-therapists, meeting face to face, and other interventions may be appropriate at times.
13. In addition to thorough review and co-signing of written work (e.g. notes, reports, or other written statements or documents), there must be sufficient observation of the Supervisee's work, whether in vivo or via recorded material, to enable the Supervisor to provide accurate assessment of the Supervisee's performance.
14. The Supervisor will provide timely and constructive feedback to the Supervisee. The Supervisor subsequently reassesses the work of the Supervisee in a reasonable time frame to make certain that the Supervisee is incorporating the feedback into practice.
15. Formal written evaluations of Supervisee performance will be completed by the Supervisor and reviewed and signed by both parties at least quarterly during the period of supervision and submitted to the Board on the quarterly report. However, ongoing verbal feedback to the supervisee is also expected.
16. The Supervisor will maintain and submit to the Board, if requested a supervision log including, but not necessarily limited to, content of supervision sessions, training activities, and evaluation procedures and results. The supervision log, in written format approved by the Board, is to be co-signed by both Supervisor and Supervisee.
17. Supervision sessions will include discussion of areas of concern, conflict, and/or failure of either party to abide by agreements and directives delineated in this supervision contract. If concerns cannot be resolved within the supervision process, either or both parties will contact the Board for assistance.
18. Any Supervisor of record during the 12 months prior to the Supervisee's oral examination will be available for telephone consultation with the Board at the time of the Supervisee's initial oral examination. If continuation of Supervision is required, the Supervisor agrees to attend the Supervisee's subsequent Oral Exam by the Board. In addition, the Board may require the supervisor to meet the Board based upon any concerns that the Board may have at any time.
19. Clinical supervision shall not include any potentially problematic multiple relationships between the Supervisor and Supervisee. Any type of business relationship outside the parameters stated in this Supervision Contract is strictly prohibited between the Supervisor and Supervisee. Other potentially problematic relationships include, but are not limited to, therapeutic, familial, and financial.
20. Supervisor and Supervisee understand and agree that sexual and/or romantic relationships between the two parties are always unethical and should never occur.
21. Supervision will not be limited to case discussion. Supervisors will employ a variety of strategies such as observation, reading assignments, or co-therapy.
22. Both parties will maintain current knowledge of HIPAA and other pertinent legal, ethical, and regulatory guidelines and responsibilities.
23. In case of emergency, Supervisee will contact Supervisor at locations specified herein.
24. If applicable, fees for supervision shall be paid as designated in this contract.
25. Either party can terminate this contract at any time, and both Supervisor and Supervisee will notify the Board in writing within ten (10) days of any such termination. In such case, both parties are responsible for making certain the supervisee's patients receive appropriate referrals so that any potential negative impact to treatment is held to a minimum.

Individual Contract Conditions – Doctoral Degree – 2018 Version

(TO BE COMPLETED BY SUPERVISEE AND SUPERVISOR)

Supervisee		Degree:
Supervisor		Degree:
Adjunctive Sup.		Degree:

Population(s) Supervisee will serve (And/or other related psychological activities):

Specific location(s) where Supervisee will provide service:

Specific location where individual face-to-face supervision will occur:

List Supervisee's intended scope of supervised practice. For potential areas of supervised practice refer to the Supervision 1 Form.
Supervisor shall initial all areas of intended Supervisee practice in which Supervisee will engage and in which Supervisor is competent and approved to supervise.

Adjunctive Supervisor, if applicable, scope or practice:
Adjunctive Supervisor shall initial all areas of intended Supervisee practice in which Adjunctive Supervisor will be supervising and is competent and approved to supervise.

Supervisors intended specific supervision strategies/approaches to be used:

In case of an emergency, Supervisee will contact Supervisor(s) by the following means:

Supervisor's Contact Information:		**Adjunct Supervisor's Contact Information:**
Office Phone:		Office Phone:
Home Phone:		Home Phone:
Mobile Phone:		Mobile Phone:
Pager:		Pager:
Other Means:		Other Means:

Fee for Supervision, if Applicable

Fee for supervision shall be paid by: ___ Supervisee ___Other, (Identify) _____

Fee for supervision shall be ($_____) per hour to be paid on a _____ (weekly, monthly, quarterly, as billed) basis.

This supervision contract shall be subject to revision at any time, upon the request of Supervisor or Supervisee. A formal review and re-execution of this supervision contract shall be completed at least annually. Revisions shall only be implemented with consent and approval of both Supervisor and Supervisee and approval of the Board. The undersigned Supervisor and Supervisee agree to uphold the directives specified in this supervision contract and to conduct all professional activities and behavior in accordance with all applicable professional ethical standards and legal and regulatory requirements.

This contract shall be effective _____ (Date) and shall be terminated_____(Date and/or Conditions)

Supervisee Signature_____ Date:_____

Supervisor Signature _____ Date: _____

Adjunctive Supervisor _____ Date: _____

Supervision contract approved by West Virginia Board of Examiners of Psychologists (WVBEP):

Jeffrey Harlow, Ph.D., Executive Director Date:
WVBEP Supervision Coordinator

Mail to:

WVBEP
P.O. Box 3955
Charleston, WV 25339-3955

Fax: 304-558-0608

Email: psychbd@wv.gov

Phone: 304-558-3040

State of West Virginia
Board of Examiners of Psychologists
P.O. Box 3955
Charleston, WV 25339-3955

Phone: 304-558-3040
Fax: 304-558-0608
Email: psychbd@wv.gov
Web: psychbd.wv.gov

ENDORSER DESIGNATION FORM

CANDIDATE:

Each applicant is required to provide the names of two psychologists to endorse his or her application for licensure as a psychologist in West Virginia. These should be individuals who are familiar with the applicant's educational or work experience. One individual should be a member of the West Virginia Psychological Association, West Virginia School Psychological Association, and/or the American Psychological Association or the National Association of School Psychologists.

Endorser #1

Name:

Address:

City: **State:** **Zip:**

Phone:

Title:

Endorser #2

Name:

Address:

City: **State:** **Zip:**

Phone:

Title:

Each person you name to endorse your application for licensure must complete an Endorsement of Application for Licensure as a Psychologist Form. These are included in your application packet.

State of West Virginia
Board of Examiners of Psychologists
P.O. Box 3955
Charleston, WV 25339-3955

Phone: 304-558-3040
Fax: 304-558-0608
Email: psychbd@wv.gov
Web: psychbd.wv.gov

ENDORSEMENT OF APPLICANT FOR LICENSURE AS A PSYCHOLOGIST OR SCHOOL PSYCHOLOGIST

APPLICANT: _____

ENDORSER: _____

Endorser:
You are asked to endorse this candidate for licensure as a psychologist or school psychologist. Please consider it your ethical responsibility to exercise careful thought in answering the questions which follow. Your answers should reflect all relevant information you know about this applicant.

1. Period of time you had a professional association with this applicant.

2. The nature of your professional association was?

3. Extent familiar with the applicant's performance of psychological or school psychological activities?

☐ Limited ☐ Moderate ☐ Thorough

4. Please list the psychological or school psychological activities you think this applicant can competently perform on a professional level. _____

5. Is there the slightest likelihood that any of the following might interfere with the applicant's practice of psychology or school psychology?
If you check "Yes" for any of these items, please give an explanation on the opposite side of this page.

Emotional Instability ☐ Yes ☐ No
Moral or Ethical Problems ☐ Yes ☐ No
Abuse of drugs ☐ Yes ☐ No
Other Problems ☐ Yes ☐ No

6. ☐ I endorse this applicant for licensure, without reservation.
☐ I endorse this applicant for licensure, with reservation.
☐ I do not endorse this applicant for licensure.
Please use the opposite side of this page to elaborate upon your answer.

ENDORSER'S INFORMATION

Name: _____ Position: _____

Work Address: _____

Phone: _____ Email: _____

Please check any of the following which are applicable to you:
☐ Member of American Psychological Association (APA). ☐ Member of a psychological association in _____

☐ Diplomate of ABPP Specialty States in which you are licensed: _____

Signature: _____ Date: _____

State of West Virginia
Board of Examiners of Psychologists
P.O. Box 3955
Charleston, WV 25339-3955

Phone: 304-558-3040
Fax: 304-558-0608
Email: psychbd@wv.gov
Web: psychbd.wv.gov

ENDORSEMENT OF APPLICANT FOR LICENSURE AS A PSYCHOLOGIST OR SCHOOL PSYCHOLOGIST

APPLICANT: _____

ENDORSER: _____

Endorser:
You are asked to endorse this candidate for licensure as a psychologist or school psychologist. Please consider it your ethical responsibility to exercise careful thought in answering the questions which follow. Your answers should reflect all relevant information you know about this applicant.

1. Period of time you had a professional association with this applicant.

2. The nature of your professional association was?

3. Extent familiar with the applicant's performance of psychological or school psychological activities?

☐ Limited ☐ Moderate ☐ Thorough

4. Please list the psychological or school psychological activities you think this applicant can competently perform on a professional level. _____

5. Is there the slightest likelihood that any of the following might interfere with the applicant's practice of psychology or school psychology?
If you check "Yes" for any of these items, please give an explanation on the opposite side of this page.

Emotional Instability ☐ Yes ☐ No
Moral or Ethical Problems ☐ Yes ☐ No
Abuse of drugs ☐ Yes ☐ No
Other Problems ☐ Yes ☐ No

6. ☐ I endorse this applicant for licensure, without reservation.
☐ I endorse this applicant for licensure, with reservation.
☐ I do not endorse this applicant for licensure.
Please use the opposite side of this page to elaborate upon your answer.

ENDORSER'S INFORMATION

Name: _____ Position: _____

Work Address: _____

Phone: _____ Email: _____

Please check any of the following which are applicable to you:
☐ Member of American Psychological Association (APA). ☐ Member of a psychological association in _____

☐ Diplomate of ABPP Specialty States in which you are licensed: _____

Signature: _____ Date: _____