

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

LIST SUPERVISORS

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	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
State Psychiatric Hospital	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
Private Mental Health Practice	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
Private Mental Health Clinic	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
Private Hospital (Inpatient)	<input type="checkbox"/>		<input type="checkbox"/>		
College/University	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
School System	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
Medical Hospital	<input type="checkbox"/>		<input type="checkbox"/>		
Other Agency (Specify)	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
	<input type="checkbox"/>		<input type="checkbox"/>		
Other Private (Specify)	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Hours Per Week
	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	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)