

State of West Virginia
 Board of Examiners of Psychologists
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 Charleston, WV 25339-3955

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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 | |
|--|---|
| <input type="checkbox"/> Supervisor Approved | <input type="checkbox"/> Limitations/Restrictions, As Indicated |
| | |
| | |
| | |

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