



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

LETTER OF AGREEMENT

This completed form must accompany your application.

Type of License: ☐ Temporary License for Psychological Examiner
or
☐ Conditional License for Psychological Examiner

Applicant's Name	
Contact Address	Street
	City/State/ZIP
Supervisor's Name	
Supervisor's Address	Street
	City/State/ZIP

I hereby agree that I will be responsible for the professional work of the above named applicant. I am knowledgeable of the Maine laws and rules as it applies to psychologists who practice in Maine.

I have reviewed the terms of supervision within Chapter 3, section 2(3), and section 6 of the Board's rules as it applies for persons applying for either a Temporary License or a Conditional License.

I understand that a minimum of one (1) hour per week of one-on-one supervision is required and that additional supervisory time may be required to meet individual needs.

I will notify the Board of any significant interruptions to, or termination of, supervisory arrangements. I will further insure that supervisory responsibilities of the applicant will be transferred to another licensed psychologist who agrees, in writing, to accept such responsibility.

Supervisor's Signature	Date
Applicant's Signature	Date