



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
FAX: (207) 624-8637

**VERIFICATION OF SUPERVISED EXPERIENCE**  
**Return this completed form directly to the applicant, not the Board.**

Name and Address of Applicant:		
City:	State:	Zip Code:
<b><i>The following section is to be completed by supervisor only</i></b>		
Name of Facility:	Number of Professional Staff:	
Patient (client/resident) Population:		
Number:	Type:	
Describe type of services provided at facility:		
Describe Applicant's Duties and Functions:		
<b>** Please review Board Rules Chapter 5 section 2 regarding Supervised Experience requirements. **</b>		
Beginning date of Supervision _____ End Date _____		
<b><u>The following questions are to be answered by the Supervisor:</u></b>		
1. Were you licensed or certified as a psychologist in the state where the supervision occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Did the pre-degree supervision consist of an average of a minimum of at least 16 hours but not more than 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list hours of supervision _____ per week		
3. Did the pre-degree supervision consist of a minimum of 3 hours per week, with one hour devoted to face-to-face individual supervision and the remaining 2 hours devoted to additional learning activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list face to face _____ hours and additional learning activities _____ hours weekly.		



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4. Did the Supervised experience include work experience earned in connection with practica for which academic credit has been awarded? ☐ Yes ☐ No
5. Did you provide at least two hours per week of learning activity supervision? ☐ Yes ☐ No
6. Was the supervised training completed with 24 months? ☐ Yes ☐ No
7. Did any of the hours described here accumulate while supervisee was functioning in a professional capacity not directly under your responsibility? ☐ Yes ☐ No
8. Was this supervisee's performance satisfactory? If not, please explain in detail on a separate sheet of paper. ☐ Yes ☐ No

If you answered NO to any of the above please provide a detailed explanation

9. What was the nature of the supervisee's duties while you were supervisor? \_\_\_\_\_

10. Total Number of hours worked while under my direct supervision: \_\_\_\_\_

I the supervisor of the above named applicant is certifying the information provided on this form is verifiable, factual and accurate.

**Print Name:**

**License Number:**

**Signature:**

**Date:**