



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 PRE-DOCTORAL SUPERVISED EXPERIENCE
Return this completed form directly to the applicant, not the Board.

Name and Address of Applicant:		
City:	State:	Zip Code:
<i>The following section is to be completed by supervisor only</i>		
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:		
<p style="text-align: center;">** Please review Board Rules Chapter 5 section 2 regarding Supervised Experience requirements. **</p> <p>Beginning date of Supervision _____ End Date _____</p> <p><u>The following questions are to be answered by the Supervisor</u></p> <p>1. Were you licensed or certified as a psychologist in the state where the supervision occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did the pre-doctoral 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</p> <p>3. Did the pre-doctoral supervision consist of a minimum of 2 hours per week of face-to-face supervision and 2 hours per week of additional learning activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list face to face _____ hours and additional learning activities _____ hours weekly.</p> <p>4. Did the supervision experience consist of 50% in service-related activities (assessment, interviews, report writing, case presentations, treatment and consultation), at least 25% of that time devoted to face-to-face direct patient/client contact, and no more than 25% of total time was allocated for research. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the percentage of time devoted</p> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div>		



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5. Did the Supervised experience include work experience earned in connection with practica for which academic credit has been awarded? ☐ Yes ☐ No
6. Did you provide at least two hours per week of learning activity supervision? ☐ Yes ☐ No
7. Was the supervised training completed with 36 months? ☐ Yes ☐ No
8. Did any of the hours described here accumulate while supervisee was functioning in a professional capacity not directly under your responsibility? ☐ Yes ☐ No
9. 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

10. What was the nature of the supervisee's duties while you were supervisor? _____

11. 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:



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

Name and Address of Applicant:		
City:	State:	Zip Code:
<i>The following section is to be completed by employer or supervisor only</i>		
Name of Facility:	Number of Professional Staff:	
Patient (client/resident) Population:		
Number:	Type:	
Describe type of services provided at facility:		
Describe Applicants Duties and Functions:		
<p style="text-align: center;">** Please review Board Rules Chapter 4 section 2 regarding Supervised Experience requirements. **</p> <p>Beginning date of Supervision _____ End Date _____</p> <p><u>The following questions are to be answered by the Supervisor</u></p> <p>1. Were you licensed or certified as a psychologist in the state where the supervision occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did the post-doctoral 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</p> <p>3. Did the post-doctoral supervision consist of a minimum of 1 hour per week of face-to-face supervision and 1 hour per week of additional learning activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list face to face _____ hours and additional learning activities _____ hours weekly.</p> <p>4. Did the post-doctoral supervision consist of at least 25% and not more than 60% of time devoted to direct service per week with the majority of work being in the intended area of practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the percentage of time devoted:</p> <p>_____</p> <p>_____</p>		



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5. Did the Supervised experience include work experience earned in connection with practica for which academic credit has been awarded? ☐ Yes ☐ No
6. Did you provide at least one hour per week of learning activity supervision? ☐ Yes ☐ No
7. Was the supervised training completed with 24 months? ☐ Yes ☐ No
8. Did any of the hours described here accumulate while supervisee was functioning in a professional capacity not directly under your responsibility? ☐ Yes ☐ No
9. 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

10. What was the nature of the supervisee's duties while you were supervisor? _____

11. 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: