

Ohio Board of Psychology
77 S. High Street Suite 1830
Columbus OH 43215-6108
614-466-8808 Fax 614-728-7081

School Psychological Training Supervision Documentation

This form is to be completed and signed by a psychologist or school psychologist responsible for the training supervision of the applicant for licensure. Please forward it to the Board office only after completion of the training supervision experience, or in advance of completion if supervision is to continue until the applicant is licensed.

Applicant Name _____ Academic Degree _____

Agency/Business site of supervised experience _____

Address _____ Telephone _____

Date Training Supervision began ____/____/____ Date Training Supervision ended ____/____/____ (if applicable)

check here if supervision will continue until applicant receives official notice of licensure

Avg. hours worked per week _____

Weekly supervision conferences

_____ hour(s) each week in individual face-to-face supervision

_____ hour(s) each week in group supervision

School Psychological Training Activities Supervised:

Evaluation of Applicant:

NOTARIZED STATEMENT

Name of Supervisor: _____, being first duly sworn, according to law, deposes and confirms the statements herein and says the answers in the foregoing document are true. I attest that the described supervision followed requirements of State Board of Psychology in Ohio, Ohio Administrative Code supervision rules 4732-13-01, 4732-13-02, 4732-13-03, 4732-13-04, through July 15, 2000, or earlier rules applicable during supervision. NOTE: For experience after July 15, 2000 Training Supervision must include 5% of weekly client contact time in individual, face-to-face supervision.

Supervisor's Name _____ Academic Degree _____

Address _____ Phone (_____) _____

Supervisor's Signature _____ License# _____ State/Province _____

Sworn to me and subscribed in my presence this _____ day of _____, 20 ____.

May be notarized in any state or Canadian province. Please explain if seal not used in this jurisdiction:

Notary Public. Commission Expires: