

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

Psychological Training Supervision Documentation

Please forward completed forms to the Board office only after completion of the supervision experience, or in advance of completion if supervision is to continue until the applicant is licensed. For admission to examination, applicants must have two (2) years at 1800 hours each, at least one of which must be post-doctoral (with 375 direct client contact hours per year).

Applicant Name _____	Academic Degree _____
Agency/Business site of supervised experience _____	
Address _____	Telephone _____
Date Supervision began ____/____/____	Date Supervision ended ____/____/____ (if applicable)
<input type="checkbox"/> Check here if supervision will continue until applicant receives official notice of licensure	
Hours worked per week _____	Supervision conferences: _____ Hour(s)/week in face-to-face supervision
Total number of direct client contact hours during this experience: _____	_____ hour(s) each week in group supervision

Psychological Activities Supervised:

Evaluation of Applicant (a letter or statement of evaluation may be submitted in lieu of completing this section):

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, OAC Supervision rules 4732-13-01, 4732-13-02, 4732-13-03, 4732-13-04, through July 15, 2000, or earlier rules applicable during supervision. If the experience occurred outside of Ohio, I attest that the supervision adhered to the relevant jurisdictional requirements governing supervision of psychology trainees.

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: