

State Board of Psychology
77 S. High Street, Suite 1830
Columbus, OH 43215-6108
Supervision: 614-466-1052 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).

① Applicant Name _____	② Academic Degree _____
③ Agency/Business site of supervised experience _____	
④ Address _____	⑤ Telephone _____
⑥ Date Supervision began ____/____/____	⑦ Date Supervision ended ____/____/____ (if applicable)
<input type="checkbox"/> Check here if supervision will continue until applicant receives official notice of licensure	
⑧ Hours worked per week _____	⑨ Supervision conferences: _____ Hour(s)/week in face-to-face supervision
⑩ Total number of direct client contact hours during this experience: _____	_____ hour(s) each week in group supervision

Psychological 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 Psychological 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 _____, 200__.

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

Notary Public. Commission Expires: