

State Board of Psychology
Request for Authorization to Exceed Four Psychological Supervisees
Supervision: 614-466-8809 psy.sup@exchange.state.oh.us

OAC 4732-13-04 (B) (8) states "A licensed psychologist or school psychologist shall not concurrently supervise more than four unlicensed persons who are working under professional work or training supervision...without the written, express permission of the state board of psychology. This limitation on supervision does not apply to mental health worker supervision...." All individuals under Training or Work supervision must be registered with the Board on a Supervisee Registration Form (SRF). Complete this form in its entirety. **Please attach written justification related to this request.**

Mail to: State Board of Psychology 77 S. High St. Suite 1830 Columbus OH 43215-6108

SUPERVISOR: _____	LICENSE NUMBER: _____
BUSINESS ADDRESS: _____	
BUSINESS TELEPHONE: _____	EMAIL: _____

SUPERVISEES:

1	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

2	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

3	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

4	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

5	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

6	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

7	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

8	NAME _____	DEGREE/AREA _____	PSYCHOLOGICAL ACTIVITIES _____	CLIENT CONTACT HRS/WK _____
<input type="checkbox"/> Training <input type="checkbox"/> Work		<input type="checkbox"/> Currently registered <input type="checkbox"/> New request		Supervision: ___ hrs/wk individual ___ hrs/wk group

SIGNATURE: _____	DATE: _____
I REQUEST WRITTEN EXPRESS AUTHORIZATION FROM THE STATE BOARD OF PSYCHOLOGY TO PROVIDE PSYCHOLOGICAL SUPERVISION TO MORE THAN FOUR SUPERVISEES. I UNDERSTAND THAT ADVANCED WRITTEN AUTHORIZATION FROM THE BOARD IS NEEDED. MAXIMUM LENGTH OF AUTHORIZATION IS 12 MONTHS.	

