



# Ohio Board of Psychology

## Psychological Training Supervision Documentation

**To be completed by an on-site supervising psychologist to document doctoral internship or post-doctoral training. Please print this form, complete all information, sign and date, and submit it directly to the Ohio Board.**

Applicant/Trainee Name _____	
Agency/Business site of supervised experience _____	
Address _____	
Telephone _____	
Supervisor email _____	
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:
Total hours on site _____	_____ 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 (a letter or statement of evaluation may be submitted in lieu of completing this section):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Supervising Psychologist** \_\_\_\_\_

**License#** \_\_\_\_\_ **State/Province** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Fax this completed, signed form to 614-728-7081 or email to [info@psy.ohio.gov](mailto:info@psy.ohio.gov)*

**Thank you.**