



# KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)  
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## SPECIAL APPLICATION

### LICENSE LEVEL

- Temporary Licensed Psychological Associate  Temporary Licensed Psychologist  
 Licensed Psychological Associate / Certified Psychologist

Supervisee		Supervisor	
Business Address		Business Address	
Phone	Fax	Phone	Fax
Employer			
Business Address			
Phone	Fax		

We the undersigned hereby certify that:

- The supervising licensed psychologist is not hired, employed, or engaged under contract by the supervisee and shall not be terminated by the supervisee.
  - Who is the employer for the supervising psychologist and how and by whom is he/she reimbursed?  
 \_\_\_\_\_  
 \_\_\_\_\_
- The supervisee is not one of the owners of the independent practice or organization, but rather serves as an employee.
  - The owner of the agency/practice is \_\_\_\_\_
  - Give details of the employment relationship  
 \_\_\_\_\_  
 \_\_\_\_\_
- The supervisee has both administrative and clinical supervision, which are provided by the independent practice or organization.
  - Please name the Administrative Supervisor: \_\_\_\_\_

A copy of the supervisee's **most recent W-2** is attached to verify employment. If the supervisee has changed employers and/or not yet received a W-2, a copy of the W-4 from the employer can be submitted until the W-2 is received. **This form will not be accepted for approval without the above documentation.**

\_\_\_\_\_  
Supervisee Signature Date \_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
Licensed Psychologist (Supervisor) Signature Date

Reviewed by:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Deferred	<input type="checkbox"/> Denied
Comments:				