

KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail) 911 Leawood Dr, Frankfort, KY 40601 (Courier/Special Delivery) Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <u>http://psy.ky.gov</u>

SUPERVISORY PLANS AND GOALS

Dates of Future Supervision				
	From	to		
		Our on is an		
Supervisee		Supervisor		
Business Address		Business Address	3	
Phone	Fax	Phone	Fax	
LICENSE LEVEL				
Temporary Licensed Psychological Associate Temporary Licensed Psychologist				
Licensed Psychological Associate / Certified Psychologist SUPERVISEE'S PLACE OF EMPLOYMENT				
	SUPERVISEE'S PL			
Employer:	Mantal Llasht /Mantal Datardat		which is a	.:
Regional Mental Health/Mental Retardation Board College or University				
Government Agency				
Private Practice (above supervisor owns the private practice)				
Other (Special Application must be submitted for Board approval – 201 KAR 26:250)				
PLANNED FREQUENCY, FORMAT, AND DURATION OF SUPERVISION				
Individual face-to-face, one hour – 201 KAR 26:171 Section 12				
5	ard-approved arrangement:			
Direct Observation 201 KAP 26:171 Section 8(4)				
Direct Observation – 201 KAR 26:171 Section 8(4) Frequency: At least once every two months				
Other Board-approved arrangement:				
Mathadi		-	attach a copy of approval le	
Method:	 Audiotape Video camera Other: 			nerapist
GOALS TO BE ACCOMPLISHED				
METHODS TO JOINTLY	EVALUATE SUPERVISORY P	ROCESS BEYON	D REQUIRED SUPER	/ISORY REPORTS
			-	
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	Superviso	or Signature	Date
Reviewed by:	Date:	Approved	Deferred	Denied
-	שמוס.			
Comments:				