



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

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REQUEST FOR CHANGE OF SUPERVISOR AND/OR FREQUENCY

Supervisee Name	Phone	Email	License Number
Mailing Address: Street	City	State	Zip Code
Employer	Business Phone	Business Email	
Business Address: Street	City	State	Zip Code

Effective Date: _____

CHANGE IN SUPERVISOR

Former Supervisor Name: _____ License Number: _____

New Supervisor Name: _____ License Number: _____

Attach a new Supervisory Plans and Goals form with the new supervisor and a final Supervisor Report from the former supervisor.

CHANGE IN FREQUENCY, FORMAT, AND DURATION OF SUPERVISION

Two years post-licensure: a minimum of two (2) one (1) hour individual meetings every four (4) weeks, and the total amount of supervision is not less than four (4) hours per four (4) week period.

Four years post-licensure: a minimum amount of one (1) hour of individual supervision per month.

Other frequency: _____

Format: _____

Duration: _____

CHANGE IN FREQUENCY OF REPORTING PERIOD

Four years post-licensure: a reporting period of two (2) years.

_____	_____	Former Supervisor Signature	Date
Supervisee Signature	Date	New/Current Supervisor Signature	Date

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