KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

ONLINE SUPERVISION MANUAL

Submitting supervision documents through eServices

April 2020

These instructions are only for those with a **<u>current license</u>**.

If you are **applying for a license**, you will need to complete the Initial Licensure Supervision Documents and submit these with your application. The Initial Licensure Supervision Documents can be found at <u>http://psy.ky.gov/Pages/applications.aspx</u>

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ADDING A SUPERVISOR

This example shows the supervisee initiating the transaction, but either the supervisee or supervisor can initiate this process. Just be sure that the first person follows the "Supervisee" steps and the second person follows the "Supervisor" steps below and clicks the link under the gray box titled Supervision Forms in Process, or else duplicate transactions will be created that cannot be merged.

SUPERVISEE

1. Log into your eServices account at https://oop.ky.gov/DPLServices/Login.aspx. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | |
|---|--|
| | |
| Applications | Individual Information |
| Initial License Application | View Individual Profile and Continuing Education |
| License Renewal / License Extension | Supervision |
| Other Services | Supervision (Board of Examiners of Psychology) |
| Record Correction (Name, Address, Phone & Email) | Verification of Internship/Practicum for New Applicant |
| Verification for Other States | Reports |
| View Transaction History | Print Certificate / License |
| Incomplete/Pending Documents | Print License Card |
| Renewals - Requested Information/Documents from Board Review | |
| Supervision - Requested Information/Documents from Board Review | |

2. Click the Select button next to your current license.

| ICENSES | | | | | | | |
|---------|-------------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| | | | | | | | |
| | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
| Select | Licensed Psychological Associate | | | Active | 3/1/2006 | 3/1/2021 | 6/1/2021 |
| | Licensed Psychological Practitioner | | | Pending | | | |

3. Type your new supervisor's last name in the field and click Search. A box will pop up with all of the supervisors with that last name. Select the correct supervisor by clicking the radio button next to their name. Then click the Add button.

| SUPERVISORS | | | | | |
|------------------|---|------------------------------|---|------------------------|--|
| Our records indi | icate that you do not have a supervisor | or your supervisor is inacti | tive or their license has expired. | | |
| SUPERVISOR SE | ARCH | | | | |
| Last Name | Adams | License Number | Search | | |
| Select | Name | Li | icense Type | | License # |
| ۲ | Adams | Lie | icensed Psychologist | | 1 |
| Add | | | | | |
| | | | | | |
| | under penalty of law that the information of sentation or falsification, my license could | | ect, and complete to the best of my knowledge and belief. tion by the Board. | . I am aware that, she | ould an investigation at any time disclose |
| Continue | | | | | |

4. The newly-added supervisor's name will now show above in the Supervisors section. Select the Click to Fill Supervision Forms link.

| SUPERVISORS | | | | | |
|--|----------|-------------|----------|---|--|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Adams | 1 | 02/25/2020 | | Click To Fill Supervision Forms | |
| | | | | | |
| SUPERVISOR SEARCH | | | | | |
| Last Name | | License Nun | nber | Search | |
| I do hereby certify under penalty any such misrepresentation or fal | | | | plete to the best of my knowledge and belief. I am aware that, oard. | should an investigation at any time disclose |
| Continue | | | | | |

5. You will be taken into the Supervisory Plans and Goals form to complete electronically. Fill in the highlighted sections below. You will be required to upload your W2 or W4 for your current or proposed psychology employer. Once you have completed your portion of the form, type your name to digitally sign and click Continue.

| | | Supervisory Plans and Goals |
|--|---|--|
| Dates of Future Supervision Employer Name | From MM/DD/YYYY | To MM/DD/YYYY 🗮 |
| Individual face-to-face, one hour | - 201 KAR 26:171 Section 12 | × |
| Direct Observation - 201 KAR 26 Direct Observation - 201 KAR 26 | | Audiotape I Video camera I Videotape I One-way mirror I Co-therapist I Other |
| | not be accepted for approval without the above do | 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 cumentation |
| | not be accepted for approval without the above do | nas changed employers and/or not yet received a W-2, a copy of the W-4 from the employer can be submitted until the cumentation |
| Other Request | Choose File No file chosen | Upload |
| GOALS TO BE ACCOMPLISHED | 2 | |
| METHODS TO JOINTLY EVALU | ATE SUPERVISORY PROCESS BEYOND REQUIRE | D SUPERVISORY REPORTS |
| | | |
| Supervisee Signature | Type Name Here | 2/25/2020 |
| Supervisor Signature | Type Name Here | |
| | Click to fill Request for Change in Fre | equency, Format, Duration of Supervision, and/or Reporting Period OR |
| | | Continue |

5a. If you select "Other" from the employer dropdown, you will be required to upload a completed Special Application. The form can be accessed on the board's website at <u>http://psy.ky.gov/Pages/applications.aspx</u>. This form is used to verify how the supervisor is being paid. Supervisees are not permitted to pay their supervisors directly.

| | \$ | Supervisory Plans | and Goals | | |
|--|----------------------------|-------------------|-------------------------|--|---|
| Dates of Future Supervision From | 03/01/2020 | To | 09/01/2020 hich is a | Other | • |
| Special application must be submitted for Board approval - 201 KAR 26:250 | Choose File No file chosen | • | O Upload | | |
| Individual face-to-face, one hour - 201 KAR 26:171 \$ | Section 12 | | | | • |
| Direct Observation - 201 KAR 26:171 Section 8(4): F | requency | | | | • |
| Direct Observation - 201 KAR 26:171 Section 8(4): N | /lethod | Audiotape | Video camera | a 📃 Videotape 📃 One-way mirror (| Co-therapist 🗌 Other |
| Please upload supervisee's most recent W-2 to veri W-2 is received. This form will not be accepted fo Choose File No file chosen | | | rs and/or not yet | t received a W-2, a copy of the W-4 from t | the employer can be submitted until the |
| Other Request Choose File | No file chosen | • Upload | | | |

6. Once you have completed the Supervisory Plans and Goals, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| SUPERVISORS | | | | | |
|--|----------|--------------|---------------|--|-------------------------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Adams | 1 | 03/01/2020 | | Click To Fill Supervision Documents | |
| | | | | Click To Fill Supervisory Change Request | |
| Supervision Forms In Process: | | | | | |
| Add New Supervisor / Supervisee | | | View Supervis | ion Forms | |
| | | | | | |
| | | | | | |
| SUPERVISOR SEARCH | | | | | |
| Last Name | | License Num! | ber | Search | |
| | | | | Search | |
| | | | | | |
| I do hereby certify under penalty of law any such misrepresentation or falsificat | | | | mplete to the best of my knowledge and belief. I am aware that, should a Board. | an investigation at any time disclo |
| | | | | | |
| | | | | | |
| I Agree | | | | | |
| | | | | | |

7. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| TRANSACTION / ORDER INFORMATION | | |
|---|---------------------------------|-----------------------------|
| | | |
| Transaction Details | | |
| Transaction Status : Complete | Transaction/Order Number: 25696 | Transaction Date: 2/25/2020 |
| | | |
| Payment Summary | | |
| Quantity: 1 | | |
| Description: Supervision (Board of Examiners of Psychology) | | |
| Amount: \$0.00 | | |
| Portal Administration Fee: | | \$0.00 |
| Total Charged: | | \$0.00 |
| | | |
| Drint Occurred Descript | | |
| Print Copy of Receipt | | |
| | | |

8. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Supervisor Review." This means that you have completed your part, and your Supervisor needs to now complete theirs.

| SUPERVISORS | | | | | |
|---|----------|--------------|----------------|--|---------------------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Adams | 1 | 03/01/2020 | | Click To Fill Supervision Documents | |
| | | | | Click To Fill Supervisory Change Request | |
| Supervision Forms In Process: | | | | | |
| Add New Supervisor / Supervisee | | | Supervision Fo | prms Pending Supervisor Review (Pending) | |
| | | | | | |
| | | | | | |
| SUPERVISOR SEARCH | | | | | |
| Last Name | | License Numb | er | Search | |
| | | | | | |
| I do hereby certify under penalty of law any such misrepresentation or falsifica | | | | mplete to the best of my knowledge and belief. I am aware that, should an in Board. | vestigation at any time disclos |
| Continue | | | | | |

SUPERVISOR

1. Log into your eServices account at https://oop.ky.gov/DPLServices/Login.aspx. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | |
|---|---|
| | |
| Applications | Individual Information |
| Initial License Application | View Individual Profile and Continuing Education |
| License Renewal / License Extension | Supervision |
| Other Services | Supervision (Board of Examiners of Psychology) |
| Record Correction (Name, Address, Phone & Email) | Supervision (Licensed Professional Counselor Associate) |
| Request Re-Examination | Verification of Internship/Practicum for New Applicant |
| Verification for Other States | Verification of Professional Experience for New Applicant |
| View Transaction History | Reports |
| Incomplete/Pending Documents | Print Certificate / License |
| Renewals - Requested Information/Documents from Board Review Supervision - Requested Information/Documents from Board Review | Print License Card |

2. Click the Select button next to your current license.

| LICENSES | | | | | | | |
|----------|----------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| | | | | | | | |
| | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
| Select | Licensed Psychologist | | 10 | Active | 3/15/2013 | 3/15/2019 | 6/15/2019 |
| | Licensed Psychological Associate | | | Expired | 1/18/2006 | 1/18/2009 | 1/18/2006 |

3. Click the Review Supervision Forms link in the gray box titled Supervision Forms in Process. **DO NOT** click on the Click to Fill Supervision Documents link or try to add your supervisee in the Supervisee Search. This will create duplicate transactions that cannot be merged and you will not be able to see what your supervisee has already submitted.

| SUPERVISEE | s | | | | | | | |
|------------|---|----------|------------|----------|---|----------------------|--|--|
| Name | | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee | | |
| , | Allen | 1* | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | | | |
| | Supervision Forms In Process: Add New Supervisor / Supervise Review Supervision Forms | | | | | | | |

4. Review the document and fill in your sections of the Supervisory Plans and Goals. You can make any changes to what your supervisee has already entered. When you have finished, type your name to digitally sign the form and click Continue.

| | | | | Our on Joon / Die | | |
|---|---------------------|-----------------|---------|-------------------|---------------------|---|
| | | | | Supervisory Pla | ins and Goals | |
| Dates of Future Supervision | From | 03/01/2020 | | То | 09/01/2020 | H |
| Employer Name | | Test | | | Which is a | Regional Mental Health/Mental Retardation Board |
| | | | | | | |
| Individual face-to-face, one hour - | 201 KAR 26:171 § | Section 12 | | Weekly | | Ŧ |
| | | | | rissiaj | | |
| Direct Observation - 201 KAR 26:1 | 171 Section 8(4): F | Frequency | | At least once | every two months | Ŧ |
| Direct Observation - 201 KAR 26:1 | 171 Section 8(4): N | Nethod | | Audiotape | Video camer | ra 📃 Videotape 📃 One-way mirror 🕑 Co-therapist 📃 Other |
| Please upload supervisee's most i W-2 is received. This form will no | | | | | oyers and/or not ye | et received a W-2, a copy of the W-4 from the employer can be submitted until the |
| Choose File No file chosen | t be accepted to | Upload | | | s, November 8, 201 | 19.pdf 📋 |
| | | | | | | |
| Other Request | Choose File | No file chosen | | Outpload | | |
| | | | | | | |
| GOALS TO BE ACCOMPLISHED | | | | | | |
| | | | | | | |
| METHODS TO JOINTLY EVALUAT | TE SUPERVISOR | Y PROCESS BEYON | | | REPORTS | <i>b</i> |
| Test | | | | | | |
| | | | | | | |
| | | | | | | |
| Supervisee Signature | Test Supervisee | 3 | | 2/25/2020 | | |
| Supervisor Signature | Test Supervisor | 1 | | 2/25/2020 | | |
| | | _ | | | | |
| | | | | Contin | iue | |

5. Once you have completed the Supervisory Plans and Goals, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| s | SUPERVISEES | | | | | | | | |
|---|---|---|----------|--------------|--------------------|---|----------------------|--|--|
| | Name | | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee | | |
| | А | llen | 1 | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | | | |
| | | n Forms In Process: upervisor / Supervisee | | | View Supervision F | Forms | | | |
| s | UPERVISEE | SEARCH | | | | | | | |
| L | ast Name | | | License Numb | er | Search | | | |
| a | I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board. | | | | | | | | |
| | Continue | P | | | | | | | |

6. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| TRANSACTION / ORDER INFORMATION | | |
|---|---------------------------------|-----------------------------|
| | | |
| Transaction Details | | |
| Transaction Status : Complete | Transaction/Order Number: 25697 | Transaction Date: 2/25/2020 |
| | | |
| Payment Summary | | |
| Quantity: 1 | | |
| Description: Supervision (Board of Examiners of Psychology) | | |
| Amount: \$0.00 | | |
| Portal Administration Fee: | | \$0.00 |
| Total Charged: | | \$0.00 |
| | | |
| Print Copy of Receipt | | |
| Find oby of Neusipe | | |
| | | |

7. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Board Review." This means that you have completed your part, and your documents have now been sent to the Board for review. You and your supervisee will receive an email once the documents have been reviewed.

| SU | SUPERVISEES | | | | | | | | | |
|-----|---|----------|---------------|----------------|---|----------------------|--|--|--|--|
| 1 | Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee | | | | |
| | . Allen | 1. | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | | | | | |
| | Supervision Forms In Process: Add New Supervisor / Supervisee | | | Supervision Fo | orms. Pending Board Review (Pending) | | | | | |
| | | | | | | | | | | |
| SU | PERVISEE SEARCH | | | | | | | | | |
| La | st Name | | License Numbe | er | Search | | | | | |
| any | I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board. | | | | | | | | | |
| | Continue | | | | | | | | | |

REMOVING A SUPERVISOR

This example shows the supervisee initiating the transaction, but either the supervisee or supervisor can initiate this process. Just be sure that the first person follows the "Supervisee" steps and the second person follows the "Supervisor" steps below and clicks the link under the gray box titled Supervision Forms in Process, or else duplicate transactions will be created that cannot be merged.

*** Please note that if the supervisee's only supervisor is removed without another being added, the supervisee's license will be placed in **Not Practicing** status until a new supervisor is added and approved.

SUPERVISEE

1. Log into your eServices account at <u>https://oop.ky.gov/DPLServices/Login.aspx</u>. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | |
|---|--|
| | |
| Applications | Individual Information |
| Initial License Application | View Individual Profile and Continuing Education |
| License Renewal / License Extension | Supervision |
| Other Services | Supervision (Board of Examiners of Psychology) |
| Record Correction (Name, Address, Phone & Email) | Verification of Internship/Practicum for New Applicant |
| Verification for Other States | Reports |
| View Transaction History | |
| Incomplete/Pending Documents | Print Certificate / License Print License Card |
| Renewals - Requested Information/Documents from Board Review Supervision - Requested Information/Documents from Board Review | |

2. Click the Select button next to your current license.

| ICENSES | | | | | | | |
|---------|-------------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
| Select | Licensed Psychological Associate | | | Active | 3/1/2006 | 3/1/2021 | 6/1/2021 |
| | Licensed Psychological Practitioner | | | Pending | | | |

3. Check the box under Remove Supervisor next to your supervisor's name.

| IPERVISORS | | | | | |
|------------|----------|------------|----------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Aľ | 1. | 09/01/2017 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | — |

4. This will cause a new link to pop up titled Click to Fill Supervisory Report. Click this link.

| SU | PERVISORS | | | | | | | | | |
|-----|---|--|----------|-------------|----------|--|----------------------|--|--|--|
| | lame | | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor | | | |
| | A | | 11 | 09/01/2017 | | Click To Fill Supervisory Report | X | | | |
| | | | | | | Click To Fill Supervision Documents | | | | |
| | | | | | | Click To Fill Supervisory Change Request | | | | |
| | | | | | | | | | | |
| SU | PERVISOR SEARCH | | | | | | | | | |
| Las | t Name | | | License Num | ber | Search | | | | |
| any | I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board. | | | | | | | | | |
| | Continue | | | | | | | | | |

5. You will be taken into the Supervisory Report form to complete electronically. Fill in the sections below. Some of the sections can be completed by either the supervisee or supervisor, but certain sections can only be completed by one or the other. Once you have completed your portion of the form, type your name to digitally sign and click Continue.

| | | Supervisory Report | | | |
|---|------|--------------------------------|-----------|---------------|---------------------------|
| Dates of Past Supervision | From | 10/01/2019 | То | 04/01/2020 | |
| Individual face-to-face, one hour - 201 KAR 26:171 Section 12 | | Weekly | | | ۲ |
| Direct Observation - 201 KAR 26:171 Section 8(4): Frequency | | At least once every two months | | | ¥ |
| Direct Observation - 201 KAR 26:171 Section 8(4): Method | | Audiotape Video camera | Videotape | One-way mirro | or 🗹 Co-therapist 🗌 Other |

| Supervisory Report Submission Requirements | 6 months | |
|---|-----------------------------|----------|
| STRENGTHS/WEAKNESSES OF SUPERVISOR OR SUPERVISORY PROCESS (10 1 | be completed by supervisee) | |
| Test | | |
| | | // |
| Evaluation of Supervisee (to be completed by supervisor) SUPERVISEE STRENGTHS | | |
| | | 1 |
| SUPERVISEE WEAKNESSES (Address remediation of weaknesses in next Supervisor | ry Plans and Goals) | |
| | | |
| NOTE: Ratings below "3" should be addressed in next Supervisory Plans & Goals | s | |
| 1. Foundations in Psychological theory | | • |
| 2. Ability to conceptualize and organize cases | | • |
| 3. Ability to formulate diagnostic impressions from interviews | | T |
| 4. Ability to formulate diagnostic impressions from formal assessment procedures | | |
| 5. Ability to manage time and caseload responsibilities competently | | |
| | | • |
| 6. Practice/intervention skills | | v |
| 7. Ability to produce written reports and evaluations that are theoretically sound and su | ipported by the data | T |
| 8. Ability to utilize consultation/supervisory process | | • |
| 9. Ability to conduct practice in a legal and ethical manner | | • |
| Other Comments By Supervisor | | |
| | | |
| | | |
| Supervisee Signature Test Supervisee | 3/26/2020 | |
| Supervisor Signature Type Name Here | | |
| Continue | | |

6. Once you have completed the Supervisory Report, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| SUPERVISORS | | | | | | | | | | |
|---|---------------------------------|--------------|---------------|---|----------------------|--|--|--|--|--|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor | | | | | |
| Adams | t" | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | Ø | | | | | |
| Supervision Forms In Process: Removal of Supervisor / Supervised | 9 | | View Supervis | ory Report Form | | | | | | |
| SUPERVISOR SEARCH | | License Numb | er | | | | | | | |
| | Last Name License Number Search | | | | | | | | | |
| I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board. | | | | | | | | | | |
| Continue | | | | | | | | | | |

7. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| TRANSACTION / ORDER INFORMATION | | | | | | |
|--|---------------------------------|-----------------------------|--|--|--|--|
| | | | | | | |
| Transaction Details Transaction Status : Complete | Transaction/Order Number: 25945 | Transaction Date: 3/26/2020 | | | | |
| Payment Summary Quantity: 1 | | | | | | |
| Description: Supervision (Board of Examiners of Psychology) Amount: \$0.00 | | | | | | |
| Portal Administration Fee: Total Charged: | | \$0.00 \$0.00 | | | | |
| Print Copy of Receipt | | | | | | |

8. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Supervisor Review." This means that you have completed your part, and your Supervisor needs to now complete theirs.

| sı | JPERVISORS | | | | | |
|----|--|----------|--------------|-------------------|--|------------------------|
| | Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| | Adams | 1. | 03/01/2020 | 03/26/2020 | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | 8 |
| | Supervision Forms In Process: | | | | | |
| | Removal of Supervisor / Supervisee | | | Supervisory Repor | t Form Pending Supervisor Review (Pending) | |
| | JPERVISOR SEARCH | | License Numb | er | Search | |
| an | o hereby certify under penalty of law tha y such misrepresentation or falsification, I Agree | | | | ete to the best of my knowledge and belief. I am aware that, should an investigatio rd. | n at any time disclose |
| | Continue | | | | | |

SUPERVISOR

1. Log into your eServices account at https://oop.ky.gov/DPLServices/Login.aspx. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | | | | |
|---|---|--|--|--|
| | | | | |
| Applications | Individual Information | | | |
| Initial License Application | View Individual Profile and Continuing Education | | | |
| License Renewal / License Extension | Supervision | | | |
| Other Services | Supervision (Board of Examiners of Psychology) | | | |
| Record Correction (Name, Address, Phone & Email) | Supervision (Licensed Professional Counselor Associate) | | | |
| Request Re-Examination | Verification of Internship/Practicum for New Applicant | | | |
| Verification for Other States | Verification of Professional Experience for New Applicant | | | |
| View Transaction History | Reports | | | |
| Incomplete/Pending Documents | Print Certificate / License | | | |
| Renewals - Requested Information/Documents from Board Review Supervision - Requested Information/Documents from Board Review | Print License Card | | | |

2. Click the Select button next to your current license.

| | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
|--------|----------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| Select | Licensed Psychologist | | 12 | Active | 3/15/2013 | 3/15/2019 | 6/15/2019 |
| | Licensed Psychological Associate | | | Expired | 1/18/2006 | 1/18/2009 | 1/18/2006 |

3. Click the Review Supervisory Report Form link in the gray box titled Supervision Forms in Process. **DO NOT** click on the Click to Fill Supervision Documents link. This will create duplicate transactions that cannot be merged and you will not be able to see what your supervisee has already submitted.

| UPERVISEES | | | | | | |
|---|----------|------------|----------------|---|----------------------|--|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee | |
| _ Allen | 1 | 03/01/2020 | 03/26/2020 | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | × | |
| Supervision Forms In Process: Removal of Supervisor / Supervisee | | | Review Supervi | sory Report Form | | |

4. Review the document and fill in your sections of the Supervisory Report. You can make any changes to what your supervisee has already entered in the sections that can be completed by either person. You will not be able to change what has been entered in the supervisee's section. When you have finished, type your name to digitally sign the form and click Continue.

| | | Supervisory Report | | |
|---|------------|---|--|---|
| Dates of Past Supervision | From | 10/01/2019 | To 03/26/2020 | |
| Individual face-to-face, one hour - 201 KAR 26:171 Section 12 | | Weekly | ٣ | |
| Direct Observation - 201 KAR 26:171 Section 8(4): Frequency Direct Observation - 201 KAR 26:171 Section 8(4): Method | | At least once every two months Audiotape Video camera | ▼ Videotape One-way mirror Ø Co-therapist Other | |
| Supervisory Report Submission Requirements | | 6 months | • | |
| STRENGTHS/WEAKNESSES OF SUPERVISOR OR SUPERVISORY PROP Test | CESS (to b | be completed b <mark>y supervisee)</mark> | | |
| Evaluation of Supervisee (to be completed by supervisor) SUPERVISEE STRENGTHS | | | | |
| Test | | | | |
| SUPERVISEE WEAKNESSES (Address remediation of weaknesses in next Test | Supervisor | ry Plans and Goals) | | |
| | | | | 1 |

| NOTE: Ratings below "3" should be addressed in next Supervisory Plans & Goals | | | | | |
|--|---------------|----|--|--|--|
| 1. Foundations in Psychological theory | 4-Good | T | | | |
| 2. Ability to conceptualize and organize cases | 5-Exceptional | T | | | |
| 3. Ability to formulate diagnostic impressions from interviews | 5-Exceptional | T | | | |
| 4. Ability to formulate diagnostic impressions from formal assessment procedures | 4-Good | ¥ | | | |
| 5. Ability to manage time and caseload responsibilities competently | 4-Good | T | | | |
| 6. Practice/Intervention skills | 5-Exceptional | T | | | |
| 7. Ability to produce written reports and evaluations that are theoretically sound and supported by the data | 5-Exceptional | ¥ | | | |
| 8. Ability to utilize consultation/supervisory process 4-Good | | | | | |
| 9. Ability to conduct practice in a legal and ethical manner 4-Good • | | | | | |
| | | | | | |
| Other Comments By Supervisor Test | | | | | |
| | | 1, | | | |
| Supervisee Signature Test Supervisee 3/26/2020 | | | | | |
| Supervisor Signature 3/26/2020 | | | | | |
| Continue | | | | | |

5. Once you have completed the Supervisory Report, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| SUPERVISEES | | | | | |
|---|----------|------------|----------------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| . Allen | 1 | 03/01/2020 | 03/26/2020 | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | 8 |
| Supervision Forms in Process: Removal of Supervisor / Supervisee | 2 | | View Superviso | ry Report Form | |

| SUPERVISEE S | EARCH | | | | | |
|---|-----------------------|--|--|--|--|--|
| Last Name | License Number Search | | | | | |
| I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or faisification, my license could be subject to disciplinary action by the Board. | | | | | | |
| Continue | | | | | | |

6. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| TRANSACTION / ORDER INFORMATION | | | | | |
|---|---------------------------------|-----------------------------|--|--|--|
| | | | | | |
| Transaction Details | | | | | |
| Transaction Status : Complete | Transaction/Order Number: 25946 | Transaction Date: 3/26/2020 | | | |
| | | | | | |
| Payment Summary | | | | | |
| Quantity: 1 | | | | | |
| Description: Supervision (Board of Examiners of Psychology) | | | | | |
| Amount: \$0.00 | | | | | |
| Portal Administration Fee: | | \$0.00 | | | |
| Total Charged: | | \$0.00 | | | |
| | | | | | |
| Print Copy of Receipt | | | | | |
| | | | | | |
| | | | | | |

7. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Board Review." This means that you have completed your part, and your documents have now been sent to the Board for review. You and your supervisee will receive an email once the documents have been reviewed.

| UPERVISEES | | | | | |
|---|----------|------------|-----------------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| . Allen | 1. | 03/01/2020 | 03/26/2020 | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | 8 |
| Supervision Forms In Process Removal of Supervisor / Supervi | | | Supervisory Rep | oort Form Pending Board Review (Pending) | |

COMPLETING REGULAR SUPERVISION DOCUMENTS

This example shows the supervisee initiating the transaction, but either the supervisee or supervisor can initiate this process. Just be sure that the first person follows the "Supervisee" steps and the second person follows the "Supervisor" steps below and clicks the link under the gray box titled Supervision Forms in Process, or else duplicate transactions will be created that cannot be merged.

SUPERVISEE

1. Log into your eServices account at https://oop.ky.gov/DPLServices/Login.aspx. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| Applications | Individual Information | | | | |
| Initial License Application | View Individual Profile and Continuing Education | | | | |
| License Renewal / License Extension | Supervision | | | | |
| Other Services | Supervision (Board of Examiners of Psychology) | | | | |
| Record Correction (Name, Address, Phone & Email) | Verification of Internship/Practicum for New Applicant | | | | |
| Verification for Other States | Reports | | | | |
| View Transaction History | | | | | |
| Incomplete/Pending Documents | Print Certificate / License Print License Card | | | | |
| Renewals - Requested Information/Documents from Board Review Supervision - Requested Information/Documents from Board Review | Print License Card | | | | |

2. Click the Select button next to your current license.

| L | ICENSES | | | | | | | |
|---|---------|-------------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| | | | | | | | | |
| | | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
| | Select | Licensed Psychological Associate | | | Active | 3/1/2006 | 3/1/2021 | 6/1/2021 |
| | | Licensed Psychological Practitioner | | | Pending | | | |
| | | | | | | | | |

3. Select the Click to Fill Supervision Documents link.

| SUPERVISORS | | | | | |
|-------------|----------|------------|----------|-------------------------------------|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Aľ | 1. | 09/01/2017 | | Click To Fill Supervision Documents | |
| | | | | | |

5. You will first be taken into the Supervisory Report form to complete electronically. Fill in the sections below. Some of the sections can be completed by either the supervisee or supervisor, but certain sections can only be completed by one or the other. Once you have completed your portion of the form, type your name to digitally sign and click Continue.

| | | Supervisory F | Report | | | | | |
|--|-------------|--------------------------------|-----------|-----------|----------------|------------------|------------|-----|
| Dates of Past Supervision | From | 10/01/2019 | i | То | 04/01/2020 | i | | |
| Individual face-to-face, one hour - 201 KAR 26:171 Section 12 | | Weekly | | | | Ŧ | | |
| Direct Observation - 201 KAR 26:171 Section 8(4): Frequency Direct Observation - 201 KAR 26:171 Section 8(4): Method | | At least once eve | | Videotape | One-way mirror | ▼ Co-therapis | st 🔲 Other | |
| Supervisory Report Submission Requirements | | 6 months | | T | | | | |
| STRENGTHS/WEAKNESSES OF SUPERVISOR OR SUPERVISORY PROC Test | ESS (to be | e completed by <mark>su</mark> | pervisee) | | | | | |
| Evaluation of Supervisee (to be completed by supervisor) | | | | | | | | 11 |
| SUPERVISEE STRENGTHS | | | | | | | | |
| SUPERVISEE WEAKNESSES (Address remediation of weaknesses in next S | Supervisory | Plans and Goals) | | | | | | _// |
| | | | | | | | | 11 |
| NOTE: Ratings below "3" should be addressed in next Supervisory Plan | s & Goals | | | | | | | |
| 1. Foundations in Psychological theory | | | | | | | | T |
| 2. Ability to conceptualize and organize cases | | | | | | | | ٣ |
| 3. Ability to formulate diagnostic impressions from interviews | | | | | | | | ¥ |
| 4. Ability to formulate diagnostic impressions from formal assessment proced | lures | | | | | | | T |
| 5. Ability to manage time and caseload responsibilities competently | | | | | | | | • |
| Practice/intervention skills Ability to produce written reports and evaluations that are theoretically source | nd and sup | ported by the data | | | | | | • |
| 8. Ability to utilize consultation/supervisory process | | | | | | | | • |
| 9. Ability to conduct practice in a legal and ethical manner | | | | | | | | Ŧ |

| Other Comments By Supervisor | | |
|------------------------------|-----------------|-----------|
| | | |
| Supervisee Signature | Test Supervisee | 3/26/2020 |
| Supervisor Signature | Type Name Here | |
| Continue | | |

6. You will then be taken into the Supervisory Plans and Goals form to complete electronically. Fill in the highlighted sections below. You will be required to upload your W2 or W4 for your current or proposed psychology employer. Once you have completed your portion of the form, type your name to digitally sign and click Continue.

| | Supervisory Plans and Goals |
|--|---|
| Dates of Future Supervision From MM/DD/YYYY | To MM/DD/YYYY 🗮 |
| Individual face-to-face, one hour - 201 KAR 26:171 Section 12 | • |
| Direct Observation - 201 KAR 26:171 Section 8(4): Frequency | · · · · · · · · · · · · · · · · · · · |
| Direct Observation - 201 KAR 26:171 Section 8(4): Method | Audiotape 🗌 Video camera 🗌 Videotape 🗌 One-way mirror 🗌 Co-therapist 🗍 Other |
| Please upload supervisee's most recent W-2 to verify employment. If the supervisee W-2 is received. This form will not be accepted for approval without the above d Choose File Nt file chosen | 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 ocumentation |
| Other Request Choose File No file chosen | O Upload |
| GOALS TO BE ACCOMPLISHED | |
| METHODS TO JOINTLY EVALUATE SUPERVISORY PROCESS BEYOND REQUIR | ED SUPERVISORY REPORTS |
| | |
| Supervisee Signature Type Name Here Supervisor Signature Type Name Here | 2/25/2020 |
| Click to fill Request for Change in F | requency, Format, Duration of Supervision, and/or Reporting Period OR Continue |

6a. If you select "Other" from the employer dropdown, you will be required to upload a completed Special Application. The form can be accessed on the board's website at http://psy.ky.gov/Pages/applications.aspx. This form is used to verify how the supervisor is being paid. Supervisees are not permitted to pay their supervisors directly.

| | Supervisory F | Plans and Goals | |
|---|----------------------------|--------------------|--|
| Dates of Future Supervision From | 03/01/2020 | 09/01/2020 | |
| Employer Name | Test | Which is a Other V | |
| Special application must be submitted for Board approval - 201 KAR 26:250 | Choose File No file chosen | O Upload | |

7. Once you have completed the Supervisory Plans and Goals, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| SUPERVISORS | | | | | |
|--|----------|-------------|----------------|--|---------------------------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Adams | 1. | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| Supervision Forms In Process: Supervision Documents | | | View Supervisi | on Documents | |
| | | | | | |
| SUPERVISOR SEARCH | | | | | |
| Last Name | | License Num | ber | Search | |
| I do hereby certify under penalty of la any such misrepresentation or falsific I Agree | | | | nplete to the best of my knowledge and belief. I am aware that, should Board. | an investigation at any time disclose |
| Continue | | | | | |

8. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| Transaction De | tails | | | |
|------------------|--|---------------------------------|-----------------------------|--|
| Transaction Sta | tus : Complete | Transaction/Order Number: 25696 | Transaction Date: 2/25/2020 | |
| | | | | |
| Payment Summ | nary | | | |
| Quantity: | 1 | | | |
| Description: | Supervision (Board of Examiners of Psychology) | | | |
| Amount: | \$0.00 | | | |
| Portal Administr | ation Fee: | | \$0.00 | |
| Total Charged: | | | \$0.00 | |
| | | | | |

9. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Supervisor Review." This means that you have completed your part, and your Supervisor needs to now complete theirs.

| SUPERVISORS | | | | | | |
|------------------|--|---------|---------------|-------------------|--|------------------------|
| Name | u | icense# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Adams | 1: | : | 03/01/2020 | | Click To Fill Supervision Documents | |
| | | | | | Click To Fill Supervisory Change Request | |
| Supervision For | | | | Supervision Door | Conding Supervise Davisur (Conding) | |
| Supervision Doct | uments | | | Supervision Docum | nents Pending Supervisor Review (Pending) | |
| | | | | | | |
| SUPERVISOR SEAF | ксн | | | | | |
| Last Name | | | License Numbe | er | Search | |
| | | | | | | |
| | ider penalty of law that the nation or falsification, my | | | | te to the best of my knowledge and belief. I am aware that, should an investigation d. | n at any time disclose |
| I Agree | | | | | | |
| Continue | | | | | | |

SUPERVISOR

1. Log into your eServices account at <u>https://oop.ky.gov/DPLServices/Login.aspx</u>. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | |
|---|---|
| | |
| Applications | Individual Information |
| Initial License Application | View Individual Profile and Continuing Education |
| License Renewal / License Extension | Supervision |
| Other Services | Supervision (Board of Examiners of Psychology) |
| Record Correction (Name, Address, Phone & Email) | Supervision (Licensed Professional Counselor Associate) |
| Request Re-Examination | Verification of Internship/Practicum for New Applicant |
| Verification for Other States | Verification of Professional Experience for New Applicant |
| View Transaction History | Reports |
| Incomplete/Pending Documents | Print Certificate / License |
| Renewals - Requested Information/Documents from Board Review | Print License Card |
| Supervision - Requested Information/Documents from Board Review | |

2. Click the Select button next to your current license.

| LICENSES | | | | | | | |
|----------|----------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| | | | | | | | |
| | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
| Select | Licensed Psychologist | | 12 | Active | 3/15/2013 | 3/15/2019 | 6/15/2019 |
| | Licensed Psychological Associate | | | Expired | 1/18/2006 | 1/18/2009 | 1/18/2006 |

3. Click the Review Supervision Documents link in the gray box titled Supervision Forms in Process. **DO NOT** click on the Click to Fill Supervision Documents link. This will create duplicate transactions that cannot be merged and you will not be able to see what your supervisee has already submitted.

| icense# | | | | |
|---------|------------|--------------------|---|-------------------------------------|
| | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| | | Review Supervision | Documents - | |
| | | 03/01/2020 | | Click to Fill Supervision Documents |

4. You will first be taken into the Supervisory Report form to complete electronically. Review the document and fill in your sections of the Supervisory Report. You can make any changes to what your supervisee has already entered in the sections that can be completed by either person. You will not be able to change what has been entered in the supervisee's section. When you have finished, type your name to digitally sign the form and click Continue.

| | | Supervisory Report | | |
|---|------|--------------------------------|-----------------------|---------------------------|
| Dates of Past Supervision | From | 10/01/2019 | To 03/26/2020 | Ħ |
| Individual face-to-face, one hour - 201 KAR 26:171 Section 12 | | Weekly | | ٣ |
| Direct Observation - 201 KAR 26:171 Section 8(4): Frequency | | At least once every two months | | * |
| Direct Observation - 201 KAR 26:171 Section 8(4): Method | | Audiotape Video camera | Videotape One-way min | ror 🔲 Co-therapist 🔲 Othe |

| Supervisory Report Submission Requireme | ents | 6 months | Y | | |
|--|--|---|---|---------------|-----|
| | VISOR OR SUPERVISORY PROCESS (to be | e completed by <mark>supervisee)</mark> | | | |
| Test | | | | | |
| Evaluation of Supervisee (to be complet | ed by <mark>supervisor)</mark> | | | | -11 |
| Test | | | | | |
| SUPERVISEE WEAKNESSES (Address re | mediation of weaknesses in next Supervisory | Plans and Goals) | | | 1, |
| Test | | | | | |
| | | | | | |
| | ressed in next Supervisory Plans & Goals | | | | |
| 1. Foundations in Psychological theory | | | | 4-Good | • |
| 2. Ability to conceptualize and organize case | ses | | | 5-Exceptional | ٣ |
| 3. Ability to formulate diagnostic impression | ns from interviews | | | 4-Good | ¥ |
| 4. Ability to formulate diagnostic impression | ns from formal assessment procedures | | | 3-Competent | ¥ |
| 5. Ability to manage time and caseload res | ponsibilities competently | | | 4-Good | ¥ |
| 6. Practice/intervention skills | | | | 4-Good | ¥ |
| 7. Ability to produce written reports and eva | aluations that are theoretically sound and sup | ported by the data | | 5-Exceptional | ¥ |
| 8. Ability to utilize consultation/supervisory | process | | | 4-Good | ¥ |
| | | | | | |
| 9. Ability to conduct practice in a legal and | ethical manner | | | 5-Exceptional | • |
| | | | | | |
| Other Comments By Supervisor Test | | | | | |
| | | | | | 11 |
| Supervisee Signature Test | Supervisee | 3/26/2020 | | | |
| Supervisor Signature Test | Supervisor | 3/26/2020 | | | |
| Continue | | | | | |

5. You will then be taken into the Supervisory Plans and Goals form to complete electronically. Review the document and fill in your sections of the form. You can make any changes to what your supervisee has already entered. When you have finished, type your name to digitally sign the form and click Continue.

| | | | : | Supervisory P | lans and Goals | |
|---|---------------------|----------------|----------|---------------|--|--|
| Dates of Future Supervision | From | 03/01/2020 | Ħ | То | 09/01/2020 | = |
| Employer Name | | Test | | | Which is a | Regional Mental Health/Mental Retardation Board |
| | | | | | | |
| Individual face-to-face, one hour - 2 | 201 KAR 26:171 S | ection 12 | | Weekly | | • |
| Direct Observation - 201 KAR 26:1 | 71 Section 8(4): Fi | requency | | At least once | e every two months | τ |
| Direct Observation - 201 KAR 26:1 | 71 Section 8(4): M | ethod | | Audiotap | e 📃 Video camer | a 📄 Videotape 📄 One-way mirror 🕑 Co-therapist 📄 Other |
| Please upload supervisee's most r W-2 is received. This form will no Choose File No file chosen | | | | cumentation | oloyers and/or not ye es, November 8, 201 | t received a W-2, a copy of the W-4 from the employer can be submitted until the |
| Other Request | Choose File | No file chosen | | • Upload | | |
| GOALS TO BE ACCOMPLISHED | | | | | | |
| Test | | | | | | |
| METHODS TO JOINTLY EVALUAT | TE SUPERVISORY | PROCESS BEYONE | REQUIRED | SUPERVISOR | Y REPORTS | |
| Test | | | | | | |
| | | | | | | |
| Supervisee Signature | Test Supervisee | | | 2/25/2020 | | |
| Supervisor Signature | Test Supervisor | | | 2/25/2020 | | |
| | | | | Cont | inue | |

6. Once you have completed the Supervisory Plans and Goals, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| SUPERVISEES | | | | | |
|--|----------|------------|----------------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| Allen | 1 | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| Supervision Forms in Process: Supervision Documents | | | View Supervisi | on Documents | |

| SUPERVISEE SEARCH | |
|--|--|
| Last Name License Number | Search |
| I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my k any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board. | nowledge and belief. I am aware that, should an investigation at any time disclose |
| Continue | |

7. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| TRANSACTION / ORDER INFORMATION | | |
|--|---------------------------------|-----------------------------|
| Transaction Details Transaction Status : Complete | Transaction/Order Number: 25697 | Transaction Date: 2/25/2020 |
| Payment Summary Quantity: 1 Description: Supervision (Board of Examiners of Psychology) Amount: \$0.00 | | |
| Portal Administration Fee: Total Charged: | | \$0.00 \$0.00 |
| Print Copy of Receipt | | |

8. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Board Review." This means that you have completed your part, and your documents have now been sent to the Board for review. You and your supervisee will receive an email once the documents have been reviewed.

| SUPERVISEES | | | | | |
|--|----------|------------|---------------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| Allen | 11.11 | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| Supervision Forms in Process: Supervision Documents | | | Supervision D | ocuments Pending Board Review (Pending) | |

REQUESTING A CHANGE IN FREQUENCY, FORMAT, DURATION OF SUPERVISION, AND/OR REPORTING PERIOD

This example shows the supervisee initiating the transaction, but either the supervisee or supervisor can initiate this process. Just be sure that the first person follows the "Supervisee" steps and the second person follows the "Supervisor" steps below and clicks the link under the gray box titled Supervision Forms in Process, or else duplicate transactions will be created that cannot be merged.

SUPERVISEE

1. Log into your eServices account at <u>https://oop.ky.gov/DPLServices/Login.aspx</u>. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | |
|---|--|
| | |
| Applications | Individual Information |
| Initial License Application | View Individual Profile and Continuing Education |
| License Renewal / License Extension | Supervision |
| Other Services | Supervision (Board of Examiners of Psychology) |
| Record Correction (Name, Address, Phone & Email) | Verification of Internship/Practicum for New Applicant |
| Verification for Other States | Reports |
| View Transaction History | |
| Incomplete/Pending Documents | Print Certificate / License Print License Card |
| Renewals - Requested Information/Documents from Board Review | |
| Supervision - Requested Information/Documents from Board Review | |
| | |

2. Click the Select button next to your current license.

| ICENSES | | | | | | | |
|---------|-------------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| | | | | | | | |
| | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
| Select | Licensed Psychological Associate | | | Active | 3/1/2006 | 3/1/2021 | 6/1/2021 |
| | Licensed Psychological Practitioner | | | Pending | | | |

3. Select the Click to Fill Supervisory Change Request link.

| PERVISORS | | | | | |
|-----------|----------|------------|----------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Adams | 1' | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | ٥ |

4. Complete any of the portions below that you are requesting to change. Type your name to sign the form electronically and click Continue.

| | Change | e in Frequency, Fo | ormat, Duration of Su | pervision, and/or Repor | ting Period | | |
|--|-----------------------|---------------------|-----------------------|-------------------------|-------------|--|--|
| Employer | Enter Employer Name | Business Phone # | | Business Email | Enter Email | | |
| Business Address | | | Addr Line2 | | | | |
| Zip Code | City | | State | Country | | | |
| Effective Date | | MM/DD/YYY | rr 🗎 | | | | |
| Change in Frequency, Format, And Duration of Supervision Two years post-licensure: a minimum of two (2) one (1) hour individual face-to-face 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 face-to-face supervision per month. Other frequency | | | | | | | |
| Format | | | | | | | |
| Duration | | | | | | | |
| Change in Frequency of Reporting Period Four years post-licensure: a reporting preiod of two (2) years. | | | | | | | |
| Supervisee Sign | ature Test Supervisee | | 3/26/2020 | | | | |
| Supervisor Signa | Type Name Here | | | | | | |
| Continue | | | | | | | |

5. Once you have completed the Supervisory Change Request, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| UPERVISORS | | | | | |
|--|----------|--------------|--------------|--|-------------------------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisor |
| Adams | 1. | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| Supervision Forms In Process: Request for Change of Supervisor | | | View Request | For Change In Frequency, Format, Duration Form | |
| UPERVISOR SEARCH | | | | | |
| ast Name | | License Numb | er | Search | |
| do hereby certify under penalty of lan ny such misrepresentation or falsifica | | | | mplete to the best of my knowledge and belief. I am aware that, should a Board. | an investigation at any time disclo |
| Continue | | | | | |

6. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| Transaction D | etails | | |
|-----------------|--|---------------------------------|-----------------------------|
| Transaction Sta | atus : Complete | Transaction/Order Number: 25697 | Transaction Date: 2/25/2020 |
| | | | |
| Payment Sum | mary | | |
| Quantity: | 1 | | |
| Description: | Supervision (Board of Examiners of Psychology) | | |
| Amount: | \$0.00 | | |
| Portal Administ | ration Fee: | | \$0.00 |
| Total Charged: | | | \$0.00 |

7. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Board Review." This means that you have completed your part, and your documents have now been sent to the Board for review. You and your supervisee will receive an email once the documents have been reviewed.

SUPERVISOR

1. Log into your eServices account at https://oop.ky.gov/DPLServices/Login.aspx. Click the Supervision (Board of Examiners of Psychology) link.

| DEPARTMENT OF PROFESSIONAL LICENSING ONLINE SERVICES | |
|---|---|
| | |
| Applications | Individual Information |
| Initial License Application | View Individual Profile and Continuing Education |
| License Renewal / License Extension | Supervision |
| Other Services | Supervision (Board of Examiners of Psychology) |
| Record Correction (Name, Address, Phone & Email) | Supervision (Licensed Professional Counselor Associate) |
| Request Re-Examination | Verification of Internship/Practicum for New Applicant |
| Verification for Other States | Verification of Professional Experience for New Applicant |
| View Transaction History | Reports |
| Incomplete/Pending Documents | Print Certificate / License |
| Renewals - Requested Information/Documents from Board Review | Print License Card |
| Supervision - Requested Information/Documents from Board Review | |

2. Click the Select button next to your current license.

| LICENSES | | | | | | | |
|----------|----------------------------------|---------------|----------------|---------|------------|-------------------------|-------------|
| | License Type | Legacy Number | License Number | Status | Issue Date | Renewal /Extension Date | Expire Date |
| Select | Licensed Psychologist | | 12 | Active | 3/15/2013 | 3/15/2019 | 6/15/2019 |
| | Licensed Psychological Associate | | | Expired | 1/18/2006 | 1/18/2009 | 1/18/2006 |

3. Click the Review Request for Change in Frequency, Format, Duration Form link in the gray box titled Supervision Forms in Process. **DO NOT** click on the Click to Fill Supervision Documents link. This will create duplicate transactions that cannot be merged and you will not be able to see what your supervisee has already submitted.

| lame | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
|--------------------------|----------|------------|----------|---|----------------------|
| Allen | 1 | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| Supervision Forms In Pro | cess: | | | | |

4. Review the document. You can make any changes to what your supervisee has already entered. When you have finished, type your name to digitally sign the form and click Continue.

| | Change in Frequency, Format, Duration of Supervision, and/or Reporting Period | | | | | | | | | |
|---|---|--|--------------------------|--|--------------------------|-----------------|---------------------|-------------|--|--|
| Employer Business Address | Test 103 Windsor Pa | | | Business Phone # | 5023315198 Addr Line2 | 103 Windson | | Enter Email | | |
| Change in Frequency, Format, And Duration of Supervision | | | ✓ Two year and the to | Four years post-licensure: a minimum amount of one (1) hour of face-to-face supervision per month. | | | | | | |
| Format Duration | | | | | post-licensure: a | reporting preio | d of two (2) years. | | | |
| Change in Frequency of Reporting Period For Supervisee Signature Test Supervisee Supervisor Signature Test Supervisor | | | | | 3/26/2020 3/26/2020 | | | | | |
| Continue | | | | | | | | | | |

5. Once you have completed the form, you will be taken back to the supervision screen. You will see your documents showing in the gray box titled Supervision Forms in Process. You must now check the I Agree box and click Continue to submit your documents.

| SUP | RVISE | EES | | | | | |
|-------|---------|--|----------|-------------|--------------|--|---------------------------------------|
| Na | ime | | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| ¥. | | Allen | 1 | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| | | sion Forms In Process: for Change of Supervise | | | View Request | For Change In Frequency, Format, Duration Form Review | |
| SUP | ERVISE | EE SEARCH | | | | | |
| Last | Name | | | License Num | ber | Search | |
| any s | | certify under penalty of la srepresentation or falsific | | | | nplete to the best of my knowledge and belief. I am aware that, should Board. | an investigation at any time disclose |
| C | ontinue | 9 | | | | | |

6. Once you have submitted your documents, you will be taken to this transaction screen. You will also receive an email confirming that your documents have been received.

| Transaction D | etails | | |
|-----------------|--|---------------------------------|-----------------------------|
| Transaction Sta | atus : Complete | Transaction/Order Number: 25697 | Transaction Date: 2/25/2020 |
| | | | |
| Payment Sum | mary | | |
| Quantity: | 1 | | |
| Description: | Supervision (Board of Examiners of Psychology) | | |
| Amount: | \$0.00 | | |
| Portal Administ | ration Fee: | | \$0.00 |
| Total Charged: | | | \$0.00 |

7. If you want to triple verify that your documents have been submitted, you can go back to the Supervision (Board of Examiners of Psychology) link. You will see that the documents in the gray box now say "Pending Board Review." This means that you have completed your part, and your documents have now been sent to the Board for review. You and your supervisee will receive an email once the documents have been reviewed.

| SUPERVISEES | | | | | |
|--|----------|------------|----------------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| Allen | 1' '* | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| Supervision Forms In Process: Supervision Documents | | | Supervision De | ocuments Pending Board Review (Pending) | |

CHANGING SUPERVISORS

To change supervisors, you will need to follow the instructions above to:

- 1. Add the new supervisor, then
- 2. Remove the former supervisor

Make sure the new supervisor is added **<u>before</u>** the former supervisor is removed or else the supervisee's license will automatically be put in **Not Practicing** status.

You will only be required to complete the Supervisory Plans and Goals with the new supervisor and just the final Supervisory Report with the former supervisor. Once these two transactions are completed, they will be reviewed by the Board. The supervisee and both supervisors will receive emails once the documents have been reviewed.

FINISHING AN INCOMPLETE TRANSACTION

If you begin a transaction, but do not complete it, your information will be saved for 30 days, as long as you have hit Continue on at least one page. When you are ready to resume the transaction, click the View Transaction History link on the Main Menu.

| Applications | Individual Information |
|---|---|
| Initial License Application | View Individual Profile and Continuing Education |
| License Renewal / License Extension | Supervision |
| Other Services | Supervision (Board of Examiners of Psychology) |
| Record Correction (Name, Address, Phone & Email) | Supervision (Licensed Professional Counselor Associate) |
| Verification for Other States | Verification of Internship/Practicum for New Applicant |
| View Transaction History | Verification of Professional Experience for New Applicant |
| Incomplete/Pending Documents | Reports |
| Renewals - Requested Information/Documents from Board Review | Print Certificate / License |
| Supervision - Requested Information/Documents from Board Review | Print License Card |

Then, click the Complete Supervision button.

| TRANSACTION HISTORY | | | | | | | | |
|---|---------------|------------------|--------|------------|----------------------|--|--|--|
| view 60 days of transactions during a certain period, Enter the start date. | | | | | | | | |
| Enter Date From (MM/DD/YYYY) | | | | | | | | |
| elow is a list of all your transactions within the last 60 days. You must re-submit any transactions that are listed as incomplete. | | | | | | | | |
| View Details | Transaction # | Transaction Date | Amount | Status | | | | |
| View | 25954 | 3/26/2020 | | Incomplete | Complete Supervision | | | |
| View | 25953 | 3/26/2020 | 0 | Complete | | | | |
| View | 25951 | 3/26/2020 | 0 | Complete | | | | |
| View | 25949 | 3/26/2020 | 0 | Complete | | | | |
| View | 25946 | 3/26/2020 | 0 | Complete | | | | |
| View | 25944 | 3/26/2020 | 0 | Complete | | | | |
| | 25697 | 2/25/2020 | 0 | Complete | | | | |

Click the link in the gray box titled Supervision Forms in Process to complete the supervision forms you initiated.

| SUPERVISEES | | | | | |
|---|----------|------------|----------------|---|----------------------|
| Name | License# | Start Date | End Date | Supervision Form(s) | Remove Supervisee |
| اللہ ک | 1. | 03/01/2020 | | Click To Fill Supervision Documents Click To Fill Supervisory Change Request | |
| Supervision Forms In I Supervision Documents | | | Complete All F | orms For Supervision Documents. (Cancel Form) | |