



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

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SUPERVISOR RECOMMENDATION FOR LICENSURE AS A PSYCHOLOGICAL PRACTITIONER

Name of Applicant: _____

Name of Supervisor: _____

The above named individual has applied for licensure as a psychological practitioner in the Commonwealth of Kentucky. Pursuant to 201 KAR 26:190 Section 5, one of the requirements is the equivalent of 5 years of full-time supervised psychological practice as a licensed psychological associate under the direct supervision of a licensed psychologist approved by the Board. It further states (1) "...with a full-time year comprising at least 1,800 hours of supervised experience." Recognizing that you are legally and ethically responsible for the activities of the applicant during the period of time you were their supervisor, please use the utmost care in being specific in the details you provide on the following form. Your candid and complete evaluation of this applicant is critical for licensure and, ultimately, the protection of the consumer.

To be completed by supervisor only.

APPLICANT INFORMATION

1. What is the name and address of the agency where supervised experience was gained?

2. What was the applicant's title/position during the period of supervised psychological experience?

3. How many hours per week of each of the following did the applicant accumulate? (You may be asked for verification)

a) Total experience	
b) Direct psychological service	
c) Face-to-face contact with clients	
d) One-on-one, face-to-face supervision	
e) Other types of supervision or learning activities (specify): _____	

4. What were the beginning and ending dates of supervised psychological experience?

From (m/d/y): _____ To (m/d/y): _____

5. What was the **total** number of hours of psychological experience?

6. During the period of supervised experience, what percent of the applicant's direct service time was spent to the following age group(s)? **Please check which age group(s) this applicant is qualified to serve without supervision.**

General Service Age	Percent
<input type="checkbox"/> Preschool Children (under 5)	
<input type="checkbox"/> Children (5-12)	
<input type="checkbox"/> Adolescents (13-17)	
<input type="checkbox"/> College (in a college setting)	
<input type="checkbox"/> Adults (18 and over)	
<input type="checkbox"/> Geriatric	
Total	

7. In your professional opinion, in which of the following services did the applicant demonstrate sufficient competency and professional judgment requisite to perform independent, unsupervised practice?

General Services Provided	Hours	Services Offered	Hours	Specialty Services**	Hours
<input type="checkbox"/> Therapy	_____	<input type="checkbox"/> Child Evaluations	_____	<input type="checkbox"/> Custody Evaluations	_____
<input type="checkbox"/> Evaluation	_____	<input type="checkbox"/> Child Treatment	_____	<input type="checkbox"/> Forensic Evaluations	_____
<input type="checkbox"/> Consultation	_____	<input type="checkbox"/> Behavioral Modification	_____	<input type="checkbox"/> Neuropsychology	_____
<input type="checkbox"/> Academic Teaching*	_____	<input type="checkbox"/> Biofeedback	_____	<input type="checkbox"/> Industrial/Org. Psychology	_____
*That you supervised		<input type="checkbox"/> Eating Disorders	_____	<input type="checkbox"/> School Psychology	_____
		<input type="checkbox"/> Family Therapy	_____	<input type="checkbox"/> Other: _____	_____
		<input type="checkbox"/> Group Therapy	_____		
		<input type="checkbox"/> Hypnosis	_____		
		<input type="checkbox"/> Marital Therapy	_____		
		<input type="checkbox"/> Conjoint Therapy	_____	**Must have had substantial training and experience to be prepared for independent practice.	
		<input type="checkbox"/> Play Therapy	_____		
		<input type="checkbox"/> Program Eval. And Dev.	_____		
		<input type="checkbox"/> Psychodrama	_____		
		<input type="checkbox"/> Mediation	_____		
		<input type="checkbox"/> Sex Therapy	_____		
		<input type="checkbox"/> Substance Abuse/Addictions	_____		
		<input type="checkbox"/> Other: _____	_____		

If there are areas above to which you do not attest sufficient competency and professional judgment requisite to independent, unsupervised practice, what additional training and/or experience would prepare this person to function competently without supervision?

8. Who signed all psychological evaluations and reports prepared by the applicant during the period of supervision? If not yourself, give the name and role of the ancillary supervisor who did.

Myself

Name and Role of Ancillary Supervisor(s): _____

9. Did you provide this applicant with a written evaluation of his or her work on at least a quarterly basis? Yes No
 If not, explain:

11. Do you have any information that would aid the Board of Examiners of Psychology in evaluating this application to pursue independent practice? Please explain.

Please complete this form in reference to the above named applicant. Scores are as follows:					
1= Does not display minimal competency (to practice independently).					
3= Displays minimal competency (to practice independently) in this area.					
5= Exhibits above minimum competence (to practice independently) in this area.					
X= Cannot rate					
1. <u>Interviewing Skills</u> : Conducts interviews with client/patient, family members, employees and/or others to understand identified problems.					
1	2	3	4	5	X
2. <u>Relevant History</u> : Identify relevant history from client/patient or significant others to attain understanding of presenting problem(s).					
1	2	3	4	5	X
3. <u>Observational Skills</u> : Observes client/patient or organization behavior and articulates this in a coherent fashion.					
1	2	3	4	5	X
4. <u>Assessment Selection Skills</u> : Selects appropriate instruments, techniques or procedures (e.g.) test inventories to assess relevant characteristic of individual or group.					
1	2	3	4	5	X
5. <u>Test Administration and Interpretation</u> : Administers, interprets and scores psychological testing materials, techniques or procedures in a standardized fashion.					
1	2	3	4	5	X
6. <u>Reporting Writing Skills</u> : Integrates and reports results of psychological testing or intervention in a coherent, clear fashion.					
1	2	3	4	5	X
7. <u>Special Populations</u> : Identifies techniques for assessing psychological needs of special populations (e.g. sensorially or physically disabled, ethnic minority, gender issues, etc.)					
1	2	3	4	5	X
8. <u>Diagnostic Skills</u> : Demonstrates knowledge of a diagnostic system (i.e.) DSM-5 and ability to differentially diagnose patients in organized and clear fashion.					
1	2	3	4	5	X
9. <u>Professional Conduct</u> : Maintains appropriate professional relationships with supervisor, peers, support staff and other professionals.					
1	2	3	4	5	X
10. <u>Assessing Patient/Client for Dangerousness</u> : Demonstrates skills, knowledge and abilities to identify potentially dangerous patients/clients and intervene appropriately (e.g. suicidal, violent, etc.)					
1	2	3	4	5	X
11. <u>Ethical Principles</u> : Demonstrates knowledge and behavior consistent with ethical principles and standards for psychologists.					
1	2	3	4	5	X
12. <u>Record Keeping</u> : Maintains appropriate records and documentation in clear and readable fashion.					
1	2	3	4	5	X

13. <u>Knowledge of Own Limits</u> : Identifies limits of his/her own competencies and is able to consult and refer appropriately.	1	2	3	4	5	X
14. <u>Confidentiality</u> : Articulates and demonstrates knowledge related patient confidentiality and disclosure of information.	1	2	3	4	5	X
15. <u>Knowledge of Theoretical Foundation</u> : Articulates clear theory/conceptual basis addressing etiology and interventions with patient/client.	1	2	3	4	5	X
16. <u>Conceptual Skills</u> : Applicant displays ability to conceptualize client problems in a coherent and logical fashion.	1	2	3	4	5	X
17. <u>Teaching Skills</u> : Uses effective approaches in presentations, workshops, academic instruction and other formal and informal teaching opportunities.	1	2	3	4	5	X
18. <u>Supervision</u> : Provides competent direction and support for supervisee.	1	2	3	4	5	X
19. <u>Special Areas of Expertise</u> : Please list areas of experience not otherwise covered: _____	1	2	3	4	5	X
Any sections where individual scored 1 or 2, please explain: _____ _____						

SUPERVISOR INFORMATION	
Please answer the remaining questions about yourself.	
1. What is your name (please print or type) and degree?	
2. What was your title at the time the applicant was supervised?	
3. Are you a Board-Approved Supervisor Licensed Psychologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date first approved as supervisor for this applicant:	
4. List the place(s), date(s) of licensure, and license number(s).	
5. What is your highest graduate degree and major?	

6. What is the title of the department and degree-granting school?

7. What is the number of years you have been working as a professional psychologist?

8. What is(are) your area(s) of specialization?

9. Please list your memberships in professional organizations.

10. **List all others who provided supervision under your overall guidance.** Provide name, credentials, and the number of hours per week and type(s) of supervision provided by each. Attach another sheet, if necessary.

NAME	LICENSE NUMBER	SUPERVISION HOURS PER WEEK	
		GROUP	INDIVIDUAL

11. Did this applicant pay you for this experience? Yes No
If yes, please explain:

12. Do you have any relationship with this applicant outside of the supervisory relationship? Yes No
If yes, please explain:

DECLARATION OF SUPERVISOR			
I declare that, to the best of my knowledge, the foregoing is true and correct.			
Printed Name	Signature	Title	
Mailing Address: Street	City	State	Zip Code
Phone Number		Date	