



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

SUPERVISORY PLANS AND GOALS

Dates of Future Supervision

From _____ to _____

| | | | |
|------------------|-----|------------------|-----|
| Supervisee | | Supervisor | |
| Business Address | | Business Address | |
| Phone | Fax | Phone | Fax |

LICENSE LEVEL

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

SUPERVISEE'S PLACE OF EMPLOYMENT

- Employer: _____ 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
- Weekly
 - Other Board-approved arrangement: _____ attach a copy of approval letter
- Direct Observation – 201 KAR 26:171 Section 8(4)
- Frequency: At least once every two months
- Other Board-approved arrangement: _____ attach a copy of approval letter
- Method: Audiotape Video camera Videotape One-way mirror Co-therapist
- Other: _____

GOALS TO BE ACCOMPLISHED

METHODS TO JOINTLY EVALUATE SUPERVISORY PROCESS BEYOND REQUIRED SUPERVISORY 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

Supervisor Signature

Date

Reviewed by:

Date:

Approved

Deferred

Denied

Comments: