



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 335-0918
www.michigan.gov/bpl
bpldata@michigan.gov

PSYCHOLOGY SUPERVISION EVALUATION

Authority: 1978 PA 368

A separate form must be submitted directly to this office by each supervisor who is verifying your Psychology experience. If this form is submitted by the applicant, it will not be accepted.

If the experience is gained in Michigan the supervisor must be a licensed Psychologist. Any variation from fully licensed supervision requires a written request that will go before the Board of Psychology and is required to be submitted prior to supervision. If the Psychology experience is gained in another state, the supervisor must hold an equivalent license, certificate, or registration in that state.

Print or Type

Applicant's Name (First, Middle, Last)		Applicant's Date of Birth
Applicant's Place of Employment (Organization Name and Complete Address)		
Supervisor's Name (First, Middle, Last)	Registration/License/Credential Number	Date Issued
Level of Licensure or Certification at time of supervision	Issuing jurisdiction/organization	If applicable, did the Board approve your special supervisory situation? (If yes, give date)
Supervision Experience (Check One):	<input type="checkbox"/> Practicum (Master's Level) <input type="checkbox"/> Post-Master's Professional Experience	<input type="checkbox"/> Internship (Pre-Doctoral) <input type="checkbox"/> Post-Doctoral Professional Experience

CERTIFICATION AND SIGNATURE

I certify the applicant named above obtained psychology experience under my supervision while my license was in good standing. The duties performed included assessment, evaluation, and treatment and were performed in an organized health care setting. I was available on a regularly scheduled basis to review the practice of the applicant, provide consultation, review records, and further educate the applicant. I was continuously available for direct communication in person or by radio, telephone, or telecommunication. I assumed ultimate responsibility for the practice of the applicant.

If Practicum: The applicant was supervised at least 8 hours per month.

If Internship: The applicant worked at least 20 hours per week.

If Post Degree Experience: I have met with the applicant individually and in person weekly for at least 4 hours a month. The qualifying experience was accumulated in not less than 16 hours per week and not more than 40 hours per week.

I am certifying the applicant completed _____ **total hours** of Psychology work experience beginning on _____
(total # of hours)

_____ and ending on _____
(Month/Day/Year) (Month/Day/Year)

I declare that the information contained in this document is true and correct.

 Signature and Title

 Date