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STATE OF DELAWARE
BOARD OF EXAMINERS OF PSYCHOLOGISTS

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**SUPERVISION REPORT FOR PSYCHOLOGICAL ASSISTANTS
REGISTRATION RENEWAL**

INSTRUCTIONS

When to Complete

To renew his/her registration, a Psychological Assistant must arrange for **each** of his/her current, approved supervising Psychologists to complete and submit this form following the instructions below (Section 9.6 of the Board's [Rules and Regulations](#)).

The Psychological Assistant's registration will not be renewed until the Board office receives all reports.

Use this form **only** in connection with a registration renewal. For supervision reports required when a Psychological Assistant's supervising Psychologist changes, see [Application for Psychological Assistant Registration Due to Supervisor Change](#).

How to Complete

- The Psychological Assistant may complete the first section ONLY. He/she is not to complete any other section of the form.
- The supervisor must complete the entire form other than the first section, sign it and mail it *directly* to the Board office at the address above. Forms not received *directly* from the supervisor will not be accepted.

Each supervisor should be candid and forthright in evaluating the Psychological Assistant since the registrant must complete supervised professional in a manner satisfactory to the Board. This form is a public document and the information on it may be released under the Delaware Freedom of Information Act.

INFORMATION ABOUT REGISTRANT – The renewing Psychological Assistant completes this section ONLY.

1. Psychological Assistant Name: _____
Last First Middle

2. License Number: B2 - _____

3. List all **current** supervising Psychologists:

If you need more room, continue on a separate sheet.

SUPERVISOR NAME	LICENSE NUMBER
	B1 - _____
	B1 - _____
	B1 - _____

4. Phone: _____ Email: _____

INFORMATION ABOUT SUPERVISOR – The supervising Psychologist completes this section.

5. Supervisor Name: _____
Last First Middle

6. Delaware License Number: B1 - _____ Date Issued: _____

7. Practice Address: _____

_____ City State Zip

8. Phone: _____ Email: _____

VERIFICATION OF EXPERIENCE – The supervising Psychologist completes this section.

9. Were you providing professional services at least 50% of the time in the same work setting where the registrant was gaining supervised professional experience? Yes No
10. Describe *in detail* the training program and/or psychological duties the registrant performed under your supervision. If you need more room, continue on a separate sheet.

_____ Check if continued on separate sheet

11. How do you rate this registrant's performance while under your supervision? Check one:
- Acceptable Not Acceptable Unable to Evaluate

12. Provide the following information about the hours that the registrant has worked under your supervision. Note that the hours you enter must be exact *numbers*.

LOCATION OF SUPERVISION	DATES (month/day/year)		TOTAL WEEKS WORKED	HOURS WORKED PER WEEK	TOTAL HOURS WORKED FOR ENTIRE PERIOD	HOURS OF DIRECT CLINICAL SERVICE PER WEEK	TOTAL HOURS OF DIRECT CLINICAL SERVICE FOR ENTIRE PERIOD
	From	To					

13. Provide a detailed breakdown of each type of supervision you provided. See Section 7.2 of the [Rules and Regulations](#):

FORMAT OF SUPERVISION	HOURS PER WEEK
Individual Supervision:	
Group Supervision:	
Other: Explain:	
Total:	

Include any other relevant information on a separate sheet.

AFFIDAVIT

I hereby swear or affirm that the information contained in this report is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

SUPERVISOR SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____

Notary Signature: _____

SEAL

My commission expires on _____

Mail this form *directly* to the Board office at the address above.