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STATE OF DELAWARE
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

BOARD OF EXAMINERS OF PSYCHOLOGISTS

SUPERVISORY REFERENCE FORM

Date: _____

Supervisor: _____ Phone: _____ Email _____

Address: _____

City: _____ State: _____ Zip: _____

The Board of Examiners of Psychologists has received an application for a psychology license from the applicant named below.

Your name has been submitted by the applicant listed below as a person who has supervised his/her professional experience as a psychologist. One Thousand five hundred (1,500) hours (1 year) of postdoctoral experience is required for licensure in the State of Delaware.

We would appreciate your providing the Board with the information requested below and returning this form directly to the Board office. Please be sure to verify all hours worked under your supervision.

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

NOTE: The information contained in this document may be released under the Delaware Freedom of Information Act. We encourage each supervisor to be candid and forthright in their evaluation of a candidate for licensure inasmuch as the supervised professional experience must be completed in a manner satisfactory to the Board.

Applicant Name _____

VERIFICATION OF EXPERIENCE

(Please print or type – Use Additional Sheet if Necessary)

1. List the place or places where the applicant engaged in professional experience under your supervision. If the site where the actual supervision of the applicant took place is different, please indicate and clarify. (No Abbreviations)

2. List titles, degrees, licenses or certificates you held during supervision of the applicant: (No Abbreviations)

Title	Degree, Field, Date and University	State License or Certificate Number Type of License and Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The applicant's professional identity during their period of supervision was that of: (Check appropriate identity):

Psychologist _____ Registered/Certified Psychologist _____ Registered Psychological Assistant _____

Psychological Intern _____ Trainee _____ Other _____ (If other, please indicate.)

4. Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the person supervised was obtaining supervised professional experience? Yes _____ No _____

5. Describe below, in detail, the training program and/or psychological duties the applicant performed under your supervision.

6. Please indicate all hours worked including supervision:

Dates		Total Number of Hours Worked Per Week	Total Number of Hours of Direct Clinical Service Per Week	Number of Weeks	Total Number of Hours Worked Verified	Total Number of Hours of Direct Clinical Service for Entire Period Verified
From M/ D/Y	To M/ D/ Y					
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

7. Please provide a detailed breakdown of supervision:

Format of Supervision	Hours Per Week
Individual	_____
Group	_____
Other (Please Specify)	_____
Total	_____

8. I would rate this applicant's performance under my supervision as:

Acceptable	Not Acceptable	Unable to Evaluate
_____	_____	_____

9. The Board of Examiners of Psychologists would appreciate any amplifying information regarding your evaluation in Item #8 above. Please include any other information you consider to be relevant on a separate page.

I certify and declare that all of the foregoing is true and correct.

COUNTY _____ STATE _____

PROFESSIONAL TITLE _____

SIGNATURE _____ DATE _____

PLEASE RETURN COMPLETED FORM TO:

Delaware Board of Examiners of Psychologists
861 Silver Lake Blvd., Suite 203
Dover, DE 19904

Revised: 8/1/2005