

Instructions for Supervised Experience Verifications

Primary source verifications of supervised experiences are required for most application types* (see pg 4 for all types of applications that can be made with this application packet). A copy of the verification forms for each type of supervised experience may be found on numbered pages 16-22 of this application packet.

If needed, please download these forms as individual, separate PDFs from the Board's [Psychologist Applications page](#). Use the table of contents on the psychologist applications and select the link, "Supervised Experience Verification Forms". This will take you directly to the list of downloadable forms.

For all verifications listed below, the applicant must fill out their portion of the form (see instructions at the top of the first page for each form), then submit it to your training director (preinternships only) or supervisor. Your supervisor needs to complete the rest of the form sign it, and then submit it to the Board's office. If the [Submissions Portal](#) is inaccessible, your supervisor may email the completed and signed form to kathy.fowkes@psychoboard.az.gov.

INTERNSHIP

1. EPPP Only
2. EPPP & Licensure
3. Waiver – Passed EPPP Parts 1 & 2 but not licensed independently
4. Waiver – Passed EPPP Part 1, licensed in another state for less than 10 years
5. Waiver – Passed EPPP Part 1, licensed in another state for 10 or more years, but less than 20 years
6. Supervised Temporary License

PREINTERNSHIP

Only if applying preinternship/practicum hours towards licensure. (If not using preinternship hours, in the application, applicants do **not** need to list or otherwise fill out any fields or pages relative to preinternships).

1. EPPP & Licensure
2. Waiver – Passed EPPP Parts 1 & 2 but not licensed independently
3. Waiver – Passed EPPP Part 1, licensed in another state for less than 10 years

POSTDOCTORAL PROFESSIONAL SUPERVISED EXPERIENCE (POSTDOC)

Only if applying postdoc hours towards licensure. Postdocs must be listed on application pages 9 & 11 of the application packet, but do not need to be verified if you are not applying postdoc hours towards licensure.

1. EPPP & Licensure
2. Waiver – Passed EPPP Parts 1 & 2 but not licensed independently
3. Waiver – Passed EPPP Part 1, licensed in another state for less than 10 years
4. Supervised Temporary License – ONLY the written training plan for the postdoc in which you are enrolled. You or your supervisor may submit this. Enrollment in a postdoc is a requirement to qualify for a supervised temporary license. No verification form is needed.

**Application for Waiver – Passed EPPP Part 1, licensed in another state for 10 or more years but less than 20 years” may waive verification of the additional 1,500 hours of supervised experience required under [A.R.S. § 32-2071\(D\)](#) per subsection (J). By selecting this type of application on page 4 of the application packet, the applicant is making this waiver request. The internship verification is still required for this application type.*

“Application for Waiver – Passed EPPP Part 1, licensed in another state for 20 or more years” may waive verification of all supervised experiences required under [A.R.S. § 32-2071\(D\)](#) per subsection (I). By selecting this type of application on page 4 of the application packet, the applicant is making this waiver request.