



# State of Arizona Board of Psychologist Examiners

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Verifier: Please submit the completed form by email to [psysubmissions@psychboard.az.gov](mailto:psysubmissions@psychboard.az.gov). Thank you!

## POSTDOCTORAL PSYCHOLOGY PROFESSIONAL EXPERIENCE VERIFICATION

Dear Dr. \_\_\_\_\_:  
(Supervisor Name)

Date: \_\_\_\_\_

I am applying for licensure in Arizona as a Psychologist. From \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YY), my application shows that I was under your supervision. Arizona Revised Statutes (A.R.S.) § 32-2071(D) and (G) allows postdoctoral hours to be applied toward supervised professional experience required for licensure. Evidence of supervised professional postdoctoral experience MUST be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below & submit the verification by email to [psysubmissions@psychboard.az.gov](mailto:psysubmissions@psychboard.az.gov). Thank you for your assistance.

Applicant Signature: \_\_\_\_\_  
(Please type your name in the field above to sign electronically)

**SECTION A. The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's postdoctoral experience. It cannot be completed by the applicant.**

I attest that \_\_\_\_\_ worked as a postdoctoral supervisee at  
(Applicant Name)  
(Name of Site) \_\_\_\_\_ in (City & State) \_\_\_\_\_  
Start Date: \_\_\_\_\_ (MM/DD/YY) To End Date: \_\_\_\_\_ (MM/DD/YY)

**INSTRUCTIONS:** When calculating the hours required below, please note the statutory requirements in bold. You may verify a subset of the overall experience, as long as the hours verified are a continuous set of hours from start to end date noted above and meet Arizona's requirements.

1.	# HOURS	Average number of hours trainee worked per week <b>Note: Verify no more than 40 hours/week. A.R.S. § 32-2071(H) requires that no more than 40 hours/week can be given credit by the Board.</b>
2.		Total OVERALL number of hours of entire postdoctoral experience being applied toward licensure. <b>This is the total number of hours trainee worked for the continuous experience, start date to end date, being applied towards licensure.</b>
3.		Total OVERALL number of hours of individual, face to face supervision for the entire experience. <b>Note: A.R.S. § 32-2071(G)(5) requires 1 contemporaneous hour of individual supervision for each 20 hours of supervised experience.</b>
4.		Total OVERALL number of trainee's direct client contact hours for the entire experience. This answer must be a total number, not a percentage. <b>Note: A.R.S. § 32-2071(G)(5) requires that at least 40% of the total overall hours of the experience shall be in direct face to face contact with clients or patients, in-person or via telehealth.</b>

**SECTION B. If answering "YES" to any of questions 1-4 below, a written explanation of your Yes answer is required on a separate sheet.**

		YES	NO
1.	Prior to or during supervision, were you and the supervisee involved in a familial or financial relationship or was the supervisee your employer?		
2.	Did this training experience begin prior to written certification by the supervisee's educational program that the applicant had satisfied all requirements for the doctoral degree or prior to written certification that the supervisee completed an appropriate internship training program?		
3.	Did any of the hours described here accumulate while the supervisee was functioning in a professional capacity not directly under your responsibility?		
4.	Did the supervisee have <b>less than</b> 1 hour of face-to-face individual supervision for each twenty hours of supervised professional experience?		
5.	Was this supervisee compensated based on productivity or revenue generated by the trainee?		

**If answering "no" to any of questions 6-19 below, please explain on a separate sheet of paper.**

		YES	NO
6.	Were you licensed or certified as a psychologist in the state where the supervision occurred?		
7.	Were you licensed or certified as a psychologist for at least two years prior to beginning the supervision?		
8.	Did you accept full clinical and ethical responsibility for the supervisee's actions as a postdoctoral trainee?		
9.	Were you fully available to the supervisee in the event of emergency?		
10.	Could you provide emergency consultation coverage when you were not?		
11.	<b>THIS QUESTION HAS CHANGED: Was 50% or MORE</b> of the individual face-to-face supervision completed <b>either in-person or using visual technology?</b> (If more than 50% of individual face to face supervision was NOT completed either in-person or using visual technology, please provide percentage and attach a written explanation of reason(s): _____%)		
12.	Was this training experience completed within 36 consecutive months?		
13.	Were you responsible for ensuring that adequate records of client contacts were maintained?		
14.	Were clients informed that you were the source of access to this information in the future?		
15.	Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status?		
16.	Did you take reasonable steps to ensure that clients could meet with you at the clients' request?		
17.	Was this supervisee's performance satisfactory?		
18.	Did you take reasonable steps to ensure that clients were informed of the supervisee's training status and that clients could meet with you at the clients' request?		
19.	Pursuant to A.R.S. §32-2071(G)(7), have you provided the Board a copy of the written training plan developed by the training organization?		

20.	Were any other modifications made to the training program due to the pandemic that were not captured above? If so, please provide a written explanation on a separate sheet or email detailing the changes. If this supervised experience did not occur during the pandemic, please indicate with n/a: _____		
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21. What was the nature of the supervisee's duties while you were supervisor?

**SECTION C. I hereby certify that the information provided here is true and complete to the best of my knowledge.**

<b>Signature:</b> _____ <b>Printed Name:</b> _____ <b>Street Address:</b> _____ <b>City, State &amp; Zip:</b> _____ <b>Email Address:</b> _____	<b>Title:</b> _____ <b>License No. &amp; State:</b> _____ <b>Date Licensed:</b> _____ <b>Phone:</b> _____
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