



State of Arizona Board of Psychologist Examiners

1740 West Adams Street, Ste. 3403
Phoenix, AZ 85007

Phone: 602-542-8162
Fax: 602-542-8279

E-Mail: Kathy.fowkes@psychboard.az.gov
<https://psychboard.az.gov>

Upload the completed and signed form to <https://tinyurl.com/AZ-PSYSubmission>

SUPERVISED PSYCHOLOGY INTERNSHIP OR TRAINING EXPERIENCE VERIFICATION (MINIMUM 1,500 HOURS)

Dear Dr. _____:
(your supervisor)

Date: _____

I am applying for licensure in Arizona as a Psychologist. My application shows that I participated in a professional psychology training experience with your organization from _____ to _____ (MM/DD/YY). Arizona Revised Statute (A.R.S.) § 32-2071(D) and (F) requires that evidence of at least 1,500 hours of supervised professional internship experience be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and upload the completed and signed form to <https://tinyurl.com/AZ-PSYSubmission>. Thank you for your assistance.

Applicant Signature: _____

Printed Name : _____

SECTION A. The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**

I attest that _____ participated in a professional psychology training program at
(name of trainee)

Name of Internship Site: _____

City and State of Site: _____

From _____ (MM/DD/YYYY) To _____ (MM/DD/YYYY).

1. Total hours of experience: _____

**No more than 40 hours worked per week can be applied towards licensure pursuant to A.R.S. §32-2071(H).
Report only consecutive hours that can be applied towards licensure.**

YES NO

2.	Did this applicant successfully complete this psychology training program at a satisfactory level of performance? If no, please attach an explanation.		
3.	During the entire time this applicant was in training, was this psychology training program a predoctoral internship approved by the American Psychological Association Committee on Accreditation (APA)?		
4.	During the entire time this applicant was in training, was this psychology training program an internship facility that was a member of the Association of Psychology and Postdoctoral Internship Centers (APPIC)?		

IF ANSWERING "YES" TO EITHER QUESTIONS 3 OR 4 ABOVE, PLEASE SKIP TO SECTION C. YOU DO NOT NEED TO ANSWER QUESTIONS 5 THROUGH 27 IN SECTION B.

SECTION B. (For interns at sites that were not APA approved or APPIC members during the entire time the intern was in training.)

5. Number of hours trainee worked per week: _____ for _____ weeks.
6. TOTAL hours of individual, face-to-face supervision: _____
7. TOTAL number of direct client contact hours: _____

IF ANSWERING “YES” TO QUESTIONS 8-10, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

		YES	NO
8.	Prior to, or during the training, did any of this trainee’s supervisors have a familial or financial relationship with this trainee, or was the trainee the employer of a supervisor?		
9.	Was any credit given to this trainee for activities completed before the starting date?		
10.	Was any credit given to this trainee for activities performed which were not directly under supervision and control by your organization or facility?		

IF ANSWERING “NO” TO ANY OF QUESTIONS 11-27, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

		YES	NO
11.	Did the psychology training program have a clearly designated staff psychologist who was responsible for the integrity and quality of training?		
12.	Was this staff psychologist Licensed or Certified in the state where the psychology training took place? Who was this psychologist? _____ (name of staff psychologist)		
13.	Did the psychology training program have at least two psychologists on staff as supervisors?		
14.	Was supervision of this psychology trainee provided by the person who carried clinical responsibility for the cases being supervised?		
15.	At all times, was a supervisor available to the trainee at the various points of decision making?		
16.	Was 50% OR LESS of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? (If more than 50% of face to face supervision was completed using real-time visual telecommunication or other confidential electronic means, please provide percentage: _____%)		
17.	Was at least 50% of the training supervision provided by one or more licensed or certified psychologists?		
18.	Did training include a range of assessment, consultation and treatment activities conducted directly with clients?		
19.	Was a minimum of 25% of the trainee’s time in direct client contact?		

		YES	NO
20.	Was there a minimum of one (1) hour of face-to-face, individual supervision for each twenty (20) hours of experience with the specific intent of dealing with the quality of psychological service rendered directly by the trainee?		
21.	Did the training include at least two additional hours per week in other learning activities? (Examples of additional learning activities may include: case conferences involving a case in which the trainee was actively involved; seminars dealing with clinical issues; co-therapy with a professional staff person including discussion, group supervision or additional individual supervision).		
22.	Did this applicant have a title designating his or her trainee status?		
23.	Was there a written statement that described the goals and content of training and that stated clear expectations for the quality and quantity of this trainee's work? IF YES, PLEASE ATTACH A COPY OF THIS STATEMENT.		
24.	Did you attach a copy of the written statement referenced in Question 23?		
25.	Was the written statement in Question 23 established by the time the trainee began training and did it correspond to the training program this applicant completed?		
26.	Did the training program include interaction with other psychology trainees?		
27.	Was any of the time spent fulfilling academic degree requirements such as doctoral degree formal course work, practica, field laboratory, dissertation or thesis credit counted toward the hours accumulated in this psychology training program? If yes, how much time was spent in these activities as a part of the training experience? _____		

SECTION C

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

Verifier's Signature

Date Signed

Printed Name

Practice/Business Name

Title

Address

License # and Issuing State

City, State and Zip Code

Email Address

(_____) _____ - _____
Telephone

Verifier: Please upload the completed and signed form to <https://tinyurl.com/AZ-PSYSubmission>.