



# State of Arizona Board of Psychologist Examiners

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## POSTDOCTORAL PROFESSIONAL PSYCHOLOGY EXPERIENCE VERIFICATION

Dear Dr. \_\_\_\_\_:

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

I am applying for licensure in Arizona as a Psychologist. My application shows that I was under your supervision from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_. 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 and mail this information directly to the Board at the above address. Thank you for your assistance.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### SECTION A.

The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's postdoctoral experience. It may not be completed by the applicant.

I attest that \_\_\_\_\_ worked as a postdoctoral supervisee at \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

Number of hours trainee worked per week: \_\_\_\_\_

Total number of hours of postdoctoral experience: \_\_\_\_\_

Number of hours of individual, face to face supervision: \_\_\_\_\_

**(Note: A.R.S. 32-2071(G)(5) requires 1 hour of face-to-face, individual supervision for each 20 hours of supervised professional experience)**

Number of direct client contact hours: \_\_\_\_\_

**(Note: A.R.S. 32-2071(G)(5) at least forty per cent of the supervisee's time shall be in direct contact with clients or patients)**

**IF ANSWERING "YES" TO ANY OF QUESTIONS 1-4, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

1. Prior to or during supervision, were you and the supervisee involved in a familial or financial relationship or was the supervisee your employer?  Yes  No
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?  Yes  No
3. Did any of the hours described here accumulate while the supervisee was functioning in a professional capacity not directly under your responsibility?  Yes  No
4. Did the supervisee have less than 1 hour of face-to-face individual supervision for each twenty hours of supervised professional experience?  Yes  No

**IF ANSWERING "NO" TO ANY OF QUESTIONS 5-17 PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

- 5. Were you licensed or certified as a psychologist in the state where the supervision occurred?  Yes  No
- 6. Were you licensed or certified as a psychologist for at least two years prior to beginning the supervision?  Yes  No
- 7. Did you accept full clinical and ethical responsibility for the supervisee's actions as a postdoctoral trainee?  Yes  No
- 8. Were you fully available to the supervisee in the event of emergency?  Yes  No
- 8. Could you provide emergency consultation coverage when you were not?  Yes  No
- 10. Was 50% or less of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? (If no, provide percent \_\_\_\_\_.)  Yes  No
- 11. Was this training experience completed within 36 consecutive months?  Yes  No
- 12. Were you responsible for ensuring that adequate records of client contacts were maintained?  Yes  No
- 13. Were clients informed that you were the source of access to this information in the future?  Yes  No
- 14. Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status?  Yes  No
- 15. Did you take reasonable steps to ensure that clients could meet with you at the clients' request?  Yes  No
- 16. Was this supervisee's performance satisfactory?  Yes  No
- 17. 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?  Yes  No
- 18. Pursuant to A.R.S. §32-2071(G)(7), I have provided the Board a copy of the written training plan developed by the training organization. (If no, please attach an explanation on a separate page)  Yes  No
- 19. What was the nature of the supervisee's duties while you were supervisor?

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**SECTION B.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License # and State

\_\_\_\_\_  
Date Licensed

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address (line 2)

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