



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>

Document Submission link: upload the completed and signed form to <https://tinyurl.com/AZ-PSYSubmission>.

POSTDOCTORAL PROFESSIONAL PSYCHOLOGY EXPERIENCE VERIFICATION

Dear Dr. _____:
(Supervisor Name)

Date: _____

I am applying for licensure in Arizona as a Psychologist. My application shows that I was under your supervision from _____ to _____ (MM/DD/YYYY). 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 & upload the completed and signed form to <https://tinyurl.com/AZ-PSYSubmission>. Thank you for your assistance.

Printed Name : _____ Applicant Signature: _____

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
(Applicant Name)

(Name of Site) _____ in (City & State) _____

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

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 and meet Arizona's requirements.

1. _____ Number of hours trainee worked per week (**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.**)
2. _____ Total number of hours of postdoctoral experience (**Verify a total that is calculated from no more than 40 hours/week. Per A.R.S. § 32-2071(H), the total number of hours cannot reflect more than 40 hours/week.**)
3. _____ 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**)
4. _____ Number of direct client contact hours (**Note: A.R.S. § 32-2071(G)(5) requires that at least 40% of the supervisee's time shall be in direct contact with clients or patients**)

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

		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 less than 1 hour of face-to-face individual supervision for each twenty hours of supervised professional experience?		

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

YES NO

5.	Were you licensed or certified as a psychologist in the state where the supervision occurred?		
6.	Were you licensed or certified as a psychologist for at least two years prior to beginning the supervision?		
7.	Did you accept full clinical and ethical responsibility for the supervisee's actions as a postdoctoral trainee?		
8.	Were you fully available to the supervisee in the event of emergency?		
9.	Could you provide emergency consultation coverage when you were not?		
10.	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 and attach a written explanation of reason(s): _____ %)		
11.	Was this training experience completed within 36 consecutive months?		
12.	Were you responsible for ensuring that adequate records of client contacts were maintained?		
13.	Were clients informed that you were the source of access to this information in the future?		
14.	Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status?		
15.	Did you take reasonable steps to ensure that clients could meet with you at the clients' request?		
16.	Was this supervisee's performance satisfactory?		
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?		
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.)		
19.	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 detailing the changes. If this supervised experience did not occur during the pandemic, please indicate with n/a:		

20. What was the nature of the supervisee's duties while you were supervisor?

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 No. & State: _____
 Street Address: _____ Date Licensed: _____
 City, State & Zip: _____ Phone: _____
 Email Address: _____