



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.

Applicant 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
(Applicant Name)

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

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

_____ 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.

		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: _____%)		
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. 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: _____