



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Psychologist and Psychological Associate Examiners

State Office Building, 333 Willoughby Avenue, 9th Floor

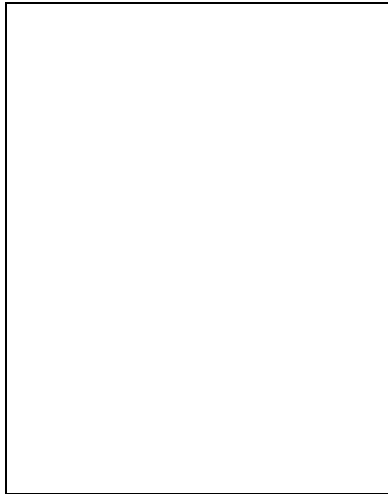
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BoardofPsychologists.aspx



STATEMENT OF SUPERVISED PSYCHOLOGICAL EXPERIENCE

(To document Supervised Experience, complete this form and return it directly to the board at the address listed above.)

1. Name of Applicant: _____

2. Name of Supervisor: _____

3. Name and address of agency where Supervised Experience was gained: _____

4. The applicant's title and position during the period of supervised psychological experience:

Title: _____ Position: _____

5. Dates of supervised psychological experience: from: _____ month / day / year to _____ month / day / year

6. During the year of post doctoral supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant.

How many hours, per week, did you provide face-to-face supervision? _____

Did that supervision deal with direct services, as defined in 12 AAC 990(a)(9)? [] Yes [] No

7. During the applicant's supervised experience was the applicant instructed in issues and concerns related to ethical behavior and did the applicant adequately understand and apply the ethical principles and guidelines?

[] Yes [] No

8. Specify other types of supervision or learning activities provided: _____

Three horizontal lines for additional information.

9. 12 AAC 60.080(a)(2) states that a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours of supervised experience per week.

How many total number of hours of psychological experience did the applicant receive? _____.

Did the applicant obtain at least 20 hours, but not more than 40 hours of supervised experience per week?

Yes No

12 AAC 60.080(a)(9) reads: at least 50 percent of the supervised experience must be direct services; at least 50 percent of the direct service must be face-to-face contact with patients.

“Direct Service” is defined in 12 AAC 60.990(a)(9) as: In this section, “direct service” means activities performed by a psychologist or psychological associate that are directly related to providing psychological services to a patient, including individual and family psychotherapy, psychological testing, report writing, studying test results, case consultations, and reviewing published works relating to the patient’s needs.

As the Supervisor, I certify that the hours and training reported on this form are true and correct. I further certify that I supervised the applicant in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.

Signature of Supervisor

License Type

License Number

Printed Name

Institution/Clinic Where Employed

Business Phone Number

Address

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____ this _____ day
of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

As the Supervisee, I certify that I received the hours and training as reported on this form. I further certify that the training was provided in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.

Signature of Supervisee

Printed Name

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____ this _____
day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____