



Arkansas Psychology Board

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Email: APBinfo@arkansas.gov

Licensee Supervision Completion – PE Independent Practice

This form must be signed and submitted to the Board office. Only original copies will be accepted. Please Type or Print

Date: _____

Psychological Examiner Name: _____

License Number: _____

Supervising Psychologist Name: _____

License Number: _____

Each direct supervisor must complete a form showing 3000 hours of supervised experience of the Psychological Examiner – Independent Practice licensee. This form may be duplicated for this purpose.

Please note: Do not post-date this form. This form will be acceptable only if it arrives in the Board office after all required supervised experience is completed.

Supervision Information

Name of facility/agency: _____

Supervisor's Title: _____

Supervised Practice Began: _____

Date of Completion: _____

Supervision Plan Approval Granted: _____

Full Time Hrs _____ Wks _____

Part Time Hrs _____ Wks _____

Total number of hours of supervised experience: _____

Number of direct, individual face-to-face supervising hours per week for period listed above: _____

Comments: _____



Supervisor Credentials

Supervisor Name: _____

License #: _____

Profession: _____

Highest Degree: _____

Field: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Are you listed in the National Register of Health Service Providers in Psychology? Yes No

Comments: _____

I certify that the above-named Psychological Examiner – Independent Practice licensee has successfully completed 3000 hours of supervised experience in the State of Arkansas. I am a direct supervisor for all or a portion of the required supervised experience.

I hereby attest that all the above information is true and correct to the best of my knowledge.

Psychological Examiner Signature *License #* *Date*

Supervisor Signature *License #* *Date*

For Board Use Only

Date Submitted for Board Approval: _____

Approved by: _____

Board Member

Date: _____