



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DR.  
NASHVILLE, TENNESSEE 37243  
www.tennessee.gov

**AFFIDAVIT OF SUPERVISOR**

For: \_\_\_\_\_

**Name of Applicant**

**License/Certification Number** \_\_\_\_\_

who is licensed as a **Psychological Examiner** or **Certified Psychological Assistant** in the State of Tennessee. **(Please underline the profession)**

I will have the responsibility for direct supervision of the psychological services delivered by the above named licensee.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Name of Supervisor (Please Print)

\_\_\_\_\_  
Tennessee License Number

**NOTE: It is the Psychological Examiner's/Psychological Assistant's responsibility to notify the Board and provide the Board any change in supervisors on the appropriate form.**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_

MS/G4015126/BPE