

**COMPLETED EDUCATIONAL HOURS PROOF**

This form accompanies the application for Certification as a Certified Psychological Testing Technician. This form is to assist the Board of Examiners in Psychology in the evaluation of your additional education.

1. This form should be provided to your direct supervisor responsible for your individual and/or group instruction and/or independent learning. If you did not complete the required additional twelve (12) hours of education in this manner, then this form is not required of you.
2. Your supervisor must hold a Psychologist or Senior Psychological Examiners Tennessee license.
3. This completed and notarized form may be submitted by the applicant or by the supervisor. This form may be e-mailed directly to [Unit1HRB.Health@tn.gov](mailto:Unit1HRB.Health@tn.gov) or submitted with the application.

**Name of Applicant:** \_\_\_\_\_  
*(First) (M.I.) (Last)*

A.

**1. INDEPENDENT OR GROUP SUPERVISION**

TOTAL HOURS: \_\_\_\_\_

and/or

**2. INDEPENDENT LEARNING**

TOTAL HOURS: \_\_\_\_\_

B. **These hours included the following topics:** *(circle all that apply)* law & ethics, multi-cultural competency and/or skill-based training.

**Supervisor's Name:** \_\_\_\_\_  
*(First) (Last)*

**TN Psychologist or SPE License #:** \_\_\_\_\_ **HSP:** \_\_\_ YES \_\_\_ NO

**I certify that the information on this form is true and correct.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_  
Notary Public

(Affix Seal Here)

My Commission Expires: