



**Board of Examiners in Psychology
Postdoctoral Supervised Experience Documentation Form**

Applicant Name _____
Last First Middle Maiden

TN Provisional License # _____ Date Issued _____

Other Psychology License _____ State Issued _____

Date Issued _____ Current? Yes No

List the name and address of the facility where you provided psychological services during the postdoctoral supervised experience.

What type of facility was this? (e.g., Community Mental Health Center, Hospital, etc.).

Provide a description of the types of clients seen and services provided during the postdoctoral supervised experience.

What was your title? _____

Month and year experience started _____ completed _____

What was the average number of hours per week that you worked? _____

What was the number of hours of direct, individual face-to-face supervision per week? _____

Name and Degree of Supervisor _____

License number _____ State of License _____

Supervisor's Title _____

Is Supervisor licensed as a Health Service Provider? Yes No

If not, what was the Supervisor's license designation? _____

What was the total number of postdoctoral supervised hours completed? _____

What was the total number of hours of supervision? _____

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

Signature of Supervisor

Date

Signature of Applicant

Date