

**AFFIDAVIT OF SUPERVISOR VERIFICATION**

Certified Psychological Testing Technicians (CPTT's) may only provide services under the supervision of their supervisor(s) of record with the Board. It is the responsibility of the CPTT and Supervisor to notify the Boards office of changes in supervision within thirty (30) days of a change (Rule 1180-06-.01(4)). Pursuant to TCA § 63-11-207(c)(2), only Tennessee licensed Psychologists or Tennessee licensed Senior Psychological Examiners are permitted to supervise CPTT's.

Name of Psychological Testing Technician: \_\_\_\_\_  
*(First Name) (M.I.) (Last Name)*

Tennessee Certificate Number of Psychological Testing Technician (if certified): \_\_\_\_\_

**I will have the responsibility of the direct supervision of the certified psychological testing services delivered by the above-named applicant/certificate holder.**

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

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

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

Failure to notify the Board of a change in supervision could result in disciplinary action for the Certified Psychological Testing Technicians and/or supervisor(s).

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee's Signature

\_\_\_\_\_  
Date

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

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

(Affix Seal Here)

My Commission Expires: \_\_\_\_\_