



Government of the District of Columbia
 Department of Health
 Health Regulation and Licensing Administration
 BOARD OF PSYCHOLOGY



NINETY (90) DAY SUPERVISED PRACTICE FORM for PSYCHOLOGIST OR PSYCHOLOGY ASSOCIATE

This form must be returned in a **sealed envelope and hand delivered** by the applicant to the Board
 **Note: You must have Psychology or Psychology Associate application on file.

A LICENSED SUPERVISOR MUST COMPLETE THIS FORM

TO THE SUPERVISOR:

This form must be completed if you are supervising an applicant for licensure as a psychologist or psychology associate with a pending application. A supervisor is fully responsible for all supervised practice by an applicant for licensure and shall be subject to disciplinary action for any violation.

Supervised practice is for ninety (90) days from the date of approval by the Board.

SECTION I. SUPERVISEE INFORMATION

A. Identification and Contact

1. Name of the Applicant: _____
2. Address: _____
3. Contact: _____
4. Applicant's Lic. Type: Psychology Psychology Associate
Daytime Phone _____ Email _____
5. Date of DC license application: _____
6. Do you hold a valid license in another state? _____
If yes, State: _____ License#: _____ Expiration Date: _____

SECTION II. IMMEDIATE SUPERVISOR INFORMATION

A. Identification and Contact

1. Name of the Applicant: _____
2. Address: _____
3. Contact: _____
4. License Type: Psychologist Psychiatrist Independent Clinical Social Worker
Daytime Phone _____ Email _____
5. DC License Number: _____ Expiration Date: _____
6. **Location of Supervision** (Facility Name and Address): _____

Brief description of applicant's duties and responsibilities:

SUPERVISEE SIGNATURE	PHONE NUMBER	DATE

SUPERVISOR SIGNATURE	PHONE NUMBER	DATE

FOR OFFICE USE ONLY

Date supervision form submitted: _____
 Date of Board review: _____ DC SEAL
 Date supervision will end: _____
 Board Action: _____ HPLA Staff Signature: _____