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STATE OF DELAWARE
BOARD OF EXAMINERS OF PSYCHOLOGISTS

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PSYCHOLOGICAL ASSISTANT REPORT OF INITIAL OR NEW SUPERVISOR

INSTRUCTIONS

WHEN AND HOW TO SUBMIT THIS FORM

This form is required whenever a “**new**” affiliation (business relationship) occurs between a Psychological Assistant and a Supervising Psychologist. This includes initial requests (new applications) and/or when a Psychological Assistant acquires a new or additional Supervisor **at any other time**. Affiliation changes must always be reported to the Board immediately. **This form must be completed and signed by the Supervising Psychologist and returned to the Assistant.** Submit this form when:

- **The Psychological Assistant’s initial application for licensure** - This form and the detailed job description must be completed and **signed** by the Supervising Psychologist and promptly given to the Psychological Assistant applicant because **it is a required submission for his/her initial online application.**
- **A new affiliation change occurs during the Psychology renewal period** (May 1 - September 30 of odd years) – During the online renewal, the Psychological Assistant is asked to verify if the supervisor listed in the renewal application is correct. If the supervisor is not correct, the Psychological Assistant must upload this **signed** form. The renewal application will be “on hold” and will be considered complete when the Board has approved the “new” supervisor.
- **A new affiliation change occurs any other time outside of the Psychology renewal period** (May 1 - September 30 of odd years) - The Psychological Assistant must submit this **signed** form through a **Service Request - Manage Affiliations**. To submit a Service Request, you must first create and log into your DELPROS user account. Click on the Service Request link in the dark blue banner at the top of the page on Your Dashboard and follow the instructions for a Manage Affiliations Service Request for the Psychological Assistant license.

Do not submit this form when the business affiliation between Psychological Assistant and Supervising Psychologist is released (or terminated). This kind of change requires the releasing Supervising Psychologist to complete, sign, and upload a **Psychological Assistant Report of Releasing Supervisor** form in DELPROS online portal instead. This form is located on the forms webpage.

REQUIREMENTS OF THE SUPERVISING PSYCHOLOGIST

The proposed initial or new supervising Psychologist must:

- be willing to assume full professional, legal, and ethical responsibility for the services provided by he registered Psychological Assistant.
- have practiced as a licensed psychologist in Delaware or another jurisdiction for two years
- hold a current, active Delaware Psychologist license in good standing.
- develop and maintain a current, written job description (described below).

JOB DESCRIPTION REQUIREMENT

Attach a detailed job description specific to the Psychological Assistant applicant regardless of initial or new affiliation. A copy of the job description will remain on file with the Board. The job description must be agreed upon and signed by both parties and must include **all** of the following components:

- Define the specific role that the Psychological Assistant will play in the supervising Psychologist’s practice.
- Describe the range and type of duties assigned to the Psychological Assistant, as well as the limits of independent action and decision-making.
- Describe the strategy for and format of supervision, including the ratio of clinical hours to supervisory hours.
- Set forth a detailed emergency and contingency plan that describes the Psychological Assistant’s plan of action in time of clinical crisis and includes prearranged emergency consultations and mechanism for obtaining these consultations.
- Include a backup plan for the anticipated or unanticipated unavailability of the licensed Psychologist, who remains clinically and legally accountable for the actions of the Psychological Assistant, and should arrange for competent and continuous clinical coverage.

See Section 7 and 9 of the Board’s [Rules and Regulations](#) for full details on supervising Psychological Assistants.

UPLOAD THIS DOCUMENT TO DELPROS ONLINE PORTAL WITH AN APPLICATION (INITIAL OR RENEWAL) OR A SERVICE REQUEST

PSYCHOLOGICAL ASSISTANT INFORMATION

Full Name: _____ DE License #: (if applicable): **B2** - _____

SUPERVISING PSYCHOLOGIST INFORMATION

- 1. Supervisor's Full Name: _____
- 2. Supervisor's Title: _____ Degree: _____
- 3. Delaware License Number: **B1** - _____ License Issue Date: _____
- 4. Practice Address: _____

 _____ City _____ State _____ Zip _____
- 5. Phone(s): _____ Email: _____
- 6. Start Date of Supervision: ____/____/____ Anticipated Completion Date: ____/____/____

SUPERVISION INFORMATION

- 7. Enter the following information about your supervisory arrangements for this Psychological Assistant:
 Location where you will be working: _____
 Location where applicant will be working: _____
 Location where the weekly supervision will occur: _____
 How will you provide the supervision? _____

- 8. Enter information about *any other* psychological assistants, other than this applicant, who currently work for you.

ASSISTANT NAME	CLINICAL HOURS PER WEEK UNDER YOUR SUPERVISION	HOURS OF FACE-TO-FACE SUPERVISION PER WEEK

- 9. Will you be providing professional services at least 50% of the time in the same work setting where the Psychological Assistant is acquiring supervised professional experience? Yes No
- 10. Do you understand that you are legally required to provide one hour of face-to-face supervision for every ten hours of clinical work provided by this Psychological Assistant? Yes No
- 11. Do you understand that you are required to inform all clients that they are being treated by a Psychological Assistant? Yes No
- 12. The Psychological Assistant is permitted to provide supervised psychological services under the authority of your license. Do you accept direct responsibility for supervising this Psychological Assistant and understand that you are fully accountable for the service provided under authority of your license? Yes No

REMINDER: The detailed job description, signed by both parties, must accompany this form. (See [Section 7&9](#))

AFFIDAVIT

I hereby acknowledge that I have read the Delaware psychology statute and Rules and Regulations pertaining to the psychological assistants and agree to the job description as stated. I further swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Supervisor Signature: _____ Date: _____