



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF EXAMINERS OF PSYCHOLOGISTS**

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**SUPERVISION REPORT FOR PSYCHOLOGICAL ASSISTANTS**

**INSTRUCTIONS**

**When to Complete**

To renew his/her registration, a Psychological Assistant must arrange for **each** of his/her current, approved supervising Psychologists to complete and submit this form following the instructions below (See the Board's [Rules and Regulations](#)).

***The Psychological Assistant's registration will not be renewed until the Board office receives all reports.***

**How to Complete.**

- The Psychological Assistant may complete the first section ONLY. He/she is not to complete any other section of the form.
- The supervisor must complete the entire form other than the first section, sign it and mail it *directly* to the Board office at the address above.

Each supervisor should be candid and forthright in evaluating the Psychological Assistant since the registrant must complete supervised professional in a manner satisfactory to the Board. This form is a public document and the information on it may be released under the Delaware Freedom of Information Act.

**INFORMATION ABOUT REGISTRANT – The renewing Psychological Assistant completes this section ONLY.**

1. Psychological Assistant Name: \_\_\_\_\_  
Last
First
Middle

2. License Number: B2 - \_\_\_\_\_

3. List all **current** supervising Psychologists:

If you need more room, continue on a separate sheet.

SUPERVISOR NAME	LICENSE NUMBER
	B1 - _____
	B1 - _____
	B1 - _____

**INFORMATION ABOUT SUPERVISOR – The supervising Psychologist completes this section.**

4. Supervisor Name: \_\_\_\_\_  
Last
First
Middle

5. Delaware License Number: B1 - \_\_\_\_\_ Date Issued: \_\_\_\_\_

6. Practice Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

7. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**VERIFICATION OF EXPERIENCE – The supervising Psychologist completes this section.**

8. Were you providing professional services at least 50% of the time in the same work setting where the registrant was gaining supervised professional experience? Yes  No
9. Describe *in detail* the training program and/or psychological duties the registrant performed under your supervision. If you need more room, continue on a separate sheet.


10. How do you rate this registrant's performance while under your supervision? Check one:
- Acceptable                       Not Acceptable                       Unable to Evaluate

11. Provide the following information about the hours that the registrant has worked under your supervision. Note that the hours you enter must be exact *numbers*.

LOCATION OF SUPERVISION	DATES (month/day/year)		TOTAL WEEKS WORKED	HOURS WORKED PER WEEK	TOTAL HOURS WORKED FOR ENTIRE PERIOD	HOURS OF DIRECT CLINICAL SERVICE PER WEEK	TOTAL HOURS OF DIRECT CLINICAL SERVICE FOR ENTIRE PERIOD
	From	To					

12. Provide a detailed breakdown of each type of supervision you provided. See the [Rules and Regulations](#):

FORMAT OF SUPERVISION	HOURS PER WEEK
Individual Supervision:	
Group Supervision:	
Other Supervision – specify: _____	
<b>Total:</b>	

**Include any other relevant information on a separate sheet.**

**AFFIDAVIT**

I hereby acknowledge that I have read the Delaware psychology statute and Rules and Regulations pertaining to the psychological assistants and agree to provide the information required. 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:** \_\_\_\_\_

UPLOAD THIS DOCUMENT FOR YOUR REGISTRATION RENEWAL.