



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF EXAMINERS OF PSYCHOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

SUPERVISORY REFERENCE FORM

INSTRUCTIONS – Upload this form when you submit your application

The purpose of this form is to verify the **hours of post-doctoral experience** that an applicant for Delaware Psychologist licensure has provided while under the **supervision** of an **approved supervisor**. Please follow these instructions for completing this form.

- The supervisor must complete the entire form, sign it and give it back to you to upload with your application.
- An *approved supervisor* must be a licensed clinical psychologist, or licensed physician specializing in psychiatry.
- Applicants are required to have gained a total of at least 1500 hours of post-doctoral experience while under the direct supervision of one or more approved supervisors. When combined, the hours of supervision under all approved supervisors must span a period of *at least one year*. For more information about the supervision requirements, refer to the Board's [Rules and Regulations](https://dpr.delaware.gov/boards/psychology/) available on <https://dpr.delaware.gov/boards/psychology/>.

The information in this form may be released under the Delaware Freedom of Information Act. We encourage each supervisor to be candid and forthright in evaluating a candidate for licensure because the supervised professional experience must be completed in a manner satisfactory to the Board.

INFORMATION ABOUT APPLICANT

1. Applicant Name: _____
Last First Middle

INFORMATION ABOUT SUPERVISOR

2. Supervisor Name: _____
Last First Middle

3. Supervisor's Title: _____ Degree: _____

4. License Number: _____ Date License Issued: _____

5. Practice Address: _____

City State Zip

6. Phone: _____ Email: _____
Daytime Home

VERIFICATION OF EXPERIENCE

7. During the period that you supervised the applicant, what was the applicant's professional identity?

- Psychologist Psychological Intern
 Registered/Certified Psychologist Trainee
 Registered Psychological Assistant Other: Specify: _____

8. Do you understand that you provided professional services at least 50% of the time in the same work setting where the applicant gained supervised professional experience? Yes

9. Describe *in detail* the training program and/or psychological duties the applicant performed under your supervision.

10. I would rate this applicant's performance while under my supervision as (check one):

Acceptable Not Acceptable Unable to Evaluate

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

LOCATION OF SUPERVISION	DATES (month/day/year)		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. Note that the *TOTAL* must meet requirements of the Board's [Rules and Regulations](#):

FORMAT OF SUPERVISION	HOURS PER WEEK
Individual Supervision:	
Group Supervision:	
Other Supervision – specify: _____	
TOTAL	

Include any other information you consider to be relevant on a separate page.

AFFIDAVIT

I hereby swear or affirm that the information contained in this form is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Supervisor Signature: _____ **Date:** _____

Upload this document when you submit your application