



**District of Columbia Board of Psychology
Notification of Supervised Practice of Psychology
In The District of Columbia**

PS Form 04

Supervisor must ensure that this form is completed fully and *filed* with the Board *at least one week before supervision is to begin*. Its completion requires information about the supervisee, supervisor, supervised practices and the supervisory relationship. A separate form must be completed for each supervisor-supervisee relationship.

Supervisor may incur a fine for each of the following:

- 1. Supervision starts before a completed form is accepted**
- 2. Form includes inaccurate information**

Graduate students and post-graduates: Be sure to review DCMR Title 17, Chapter 69, Section 6911 for information concerning this training.

Each of the form's three sections must be completed for the form to be accepted: Applicant: Section I; Supervisor: Sections II and III.

Questions/concerns about the form should be directed to the Board's Health Licensing Specialist at 202-724-4939 (Phone) or e-mail to nakia.snider@dc.gov.

Each field must be completed; If not applicable, cite N/A

SECTION I. SUPERVISEE INFORMATION

A. Identification and Contact

1. Name of Applicant:
2. Address: Street # City State Zip Code
3. Contact: Daytime Phone # email
4. Training Status: Graduate Student Post-Graduate License Applicant

B. Training Requirement Being Fulfilled (Only Complete the Applicable Parts)

1. If supervision fulfills a graduate student requirement:

- a. Name of Current Institution:
- b. Name of Graduate Program:
- c. Name of Program Director:

(Credit for successful completion of the supervised experience will be assigned to:)

- d. Course name:
- e. Course number:

f. Level of Training: Practicum Externship Internship

2. If supervision fulfills a post-graduate requirement:

- a. Name of Degree Granting Institution:
- b. Name of Graduate Program:
- c. Type of Degree Conferred:
- d. Date Conferred:

Note: The license requirement of 4,000 hours of supervised experience must be obtained within 2 years after the doctorate: one year can be pre-doctorate, and the other year must be post-doctorate.

3. If supervision fulfills license applicant requirement for practicing while initial license application pending:

- a. Date of DC psychology license application:
- b. Do you hold a valid psychology license in another state: Yes No
- c. If Yes, State: License #: Expiration Date:

Note. This PS Form 04 is not a required supporting document for the Psychologist license application. However, for each supervised practice form you submit to the Board of Psychology prior to applying for licensure, you should complete a corresponding Verification of Supervised Employment Form (PS Form 02) and submit it with your new license application.

SECTION II. IMMEDIATE SUPERVISOR INFORMATION

A. Identification and Contact

1. Name:
2. Institution/Organization:
3. Address: City State Zip Code
4. Contact: Daytime Phone # email:
5. License Type (Check): Psychologist Psychiatrist Independent Clinical Social Worker
6. DC License Number: Expiration Date:

SECTION III. SUPERVISED PRACTICE INFORMATION

Definition: Supervision includes observing, instructing, listening, evaluating, recommending and giving feedback to the supervisee. Immediate Supervision refers to *supervision being provided* to the supervisee in-person (face-to-face). General supervision refers to the *supervisor being available* to the supervisee, as needed, via any appropriate method (including communication devices such as telephones, text messaging).

The amount of immediate supervision provided to supervisees should be commensurate with what is needed to protect the welfare of the clients they serve, as well as to foster the supervisees' professional

development. But at least 5% of the supervisee's weekly practice hours must be under individual (not group) immediate supervision, and that supervision shall not be less than 1 hour/week.

A. Supervised Practice Arrangements

- 1. Date supervised practice to begin:
- 2. Supervision arrangement expected to continue how long? weeks, months, year(s)
- 3. Supervision expected to end (approximate date)
- 4. Number of hours supervisee will practice under supervision: hours; per week or month
- 5. Supervisee will receive hour(s) of individual immediate supervision per (week)
- 6. Location(s) where immediate supervision will be provided:
 - a. Name:
 - b. Address:
- 7. Location(s) where supervisee will conduct supervised practice:
 - a. Name:
 - b. Address:

B. Supervised Practice Activities/Responsibilities: Check each that applies (and provide description where requested)

- 1. Assessment (i.e., Intake, Case Conference): Estimated # of Clients ; Weekly Monthly
 Children Adolescents Adults
- 2. Psychological Testing: Estimated # of Clients ; Weekly Monthly
 Children Adolescents Adults
- 3. Individual Counseling/Therapy: Estimated # of Clients ; Weekly Monthly
 Children Adolescents Adults
- 4. Group Counseling/Therapy: Estimated # of Clients/Grps // Weekly Monthly
 Children Adolescents Adults
- 5. Research:
Briefly describe (including typical goals, methods and frequency of activities):

Children Adolescents Adults

6. Other (e.g., Training)

Briefly describe (including typical goals, methods, clients and frequency of activities):

7. Likely diagnostic classifications of clients/patients (check each that applies):

- Mental Retardation
- Attention Deficit
- Learning Disability
- Eating
- Identity
- Adjustment
- Personality

- Other Developmental
- Substance-Related
- Mood
- Delirium, Dementia, Amnesia
- Psychotic

Other: Specify:

C. Professional Psychology Expertise

1. I consider myself an **expert** for each age/developmental group checked below:

- Children Adolescents Adults Elderly

2. I consider myself an **expert** for each diagnostic classification/disorder checked below:

- Mental Retardation
- Attention Deficit
- Learning Disability
- Eating
- Identity
- Adjustment
- Personality

- Other Developmental
- Substance-Related
- Mood
- Delirium, Dementia, Amnesia
- Psychotic

Other: Specify:

3. I consider myself an **expert** for each psychology service checked below:

- a- Assessment (i.e., Intake, Clinical Interview)
- b- Psychological Testing: Academic Intellectual Personality-Objective
 Personality-Projective Neuropsychological Psycho physiological
- c- Counseling: Individual Group
- d- Therapy: Individual Group
- e- Research
- f- Other (Specify):