

Section II: Certification of Supervised Experience

Instructions to the Supervisor: Complete Section II, sign and date the attestation and send the entire form along with any additional information directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant. If the supervised experience occurred outside of New York State, you must include a copy of your license.**

Name of the applicant _____
(see Section I, item 3)

I am a licensed _____ in _____
Professional title Jurisdiction

License number (attach a copy of your license if other than New York State) _____ Date licensed _____
mo. day yr.

I am attesting that I supervised the above named applicant for at least two hours per week for full-time experience and two hours bi-weekly for part-time experience or two hours every other week in the practice of Psychology (defined below):

1. The practice of psychology is the observation, description, evaluation, interpretation, and modification of behavior for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior; enhancing interpersonal relationships, personal, group or organizational effectiveness and work and/or life adjustment; and improving behavioral health and/or mental health. The practice includes, but is not limited to psychological (including neuropsychological) testing and counseling; psychoanalysis; psychotherapy; the diagnosis and treatment of mental, nervous, emotional, cognitive or behavioral disorders, disabilities, ailments or illnesses, alcoholism, substance abuse, disorders of habit or conduct, the psychological aspects of physical illness, accident, injury or disability, psychological aspects of learning (including learning disorders); and the use of accepted classification systems.

2. The term "diagnosis and treatment" means the appropriate psychological diagnosis and the ordering or providing of treatment according to need. Treatment includes, but is not limited to counseling, psychotherapy, marital or family therapy, psychoanalysis, and other psychological interventions, including verbal, behavioral, or other appropriate means as defined in regulations promulgated by the commissioner.

Dates of experience From _____ To _____ Present
mo. day yr. mo. day yr.

Total hours practicing Psychology _____ Total supervising hours _____

Identify the employment setting below and attach the operating certificate, NYSED waiver or certificate of incorporation that authorizes the entity to employ Psychologists.

Agency/Practice Name _____

Type of Setting (check one)

- Private practice owned by supervisor
- Professional entity (PLLC, PLLP, P.C.) owned by qualified supervisor (attached consent from SED)
- Sole proprietorship or other entity authorized under law (attach certificate of corporation)
- Program approved by the New York State Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD), Office of Alcoholism & Substance Abuse Services (OASAS), Office of Children & Family Services (OCFS), Department of Corrections and Community Supervision (DOCCS), Department of Health (DOH), State Office for the Aging, or local social service or mental hygiene district (attach operating certificate)
- Psychotherapy institute chartered by Board of Regents and authorized to provide psychotherapy to the public (attach copy of Regents Charter)
- A program or facility authorized under federal law to provide services that are within the scope of practice or psychology
- Not-for-profit or other entity authorized by waiver from the State Education Department to employ licensed professionals and provide services (attach waiver and certificate of incorporation)
- Entity authorized to provide services in the practice of Psychology

Attestation

I hereby declare and affirm that I am knowledgeable about, and qualified to attest to, the applicant's work and the work experience and ability and that the work experience described is true and accurate. I understand that any false or misleading information on this form, or related to verification of this applicant's experience, may be cause for charges of misconduct and/or criminal prosecution.

Supervisor Signature _____ Date _____

Print Name _____

Address _____

Telephone _____ Fax _____ Email _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Psychology Unit, 89 Washington Avenue, Albany, NY 12234-1000.