

## Post-Degree Experience and Supervision Form Psychologist

### Instructions:

---

- Make copies as needed and submit ONE form for EACH supervisor.
- The supervisor must be approved and licensed during the time of supervision.
- Original signatures are required. Copies will not be accepted.
- **The supervisor MUST initial ANY corrections to the form(s). White-outs or crossed-out information require the supervisor's initials.**
- Submit all Post-Degree Experience and Supervision forms together once all hours have been completed.
- All fields must be completed.
- Experience and supervision hours must be acquired subsequent to the date on which all degree requirements have been met.
- Time frames for experience and supervision must be concurrent.
- Signatures cannot be dated prior to the last date of experience/supervision.
- If you completed all requirements for your doctoral degree prior to the conferral date posted on your transcript, and wish to begin counting your post-degree supervised experience from the earlier date, a letter verifying the date all requirements were met for the specific degree awarded must be provided from the Department Chair (or a staff member of similar status).

### Experience:

- 1500 clock hours must be documented over a **minimum** of 12 months.

### Supervision:

- 75 clock hours of supervision, 50 of which must be face-to-face/individual over a minimum of 12 months.
- Experience and supervision must be concurrent. Beginning and ending dates for both experience and supervision must be provided.
- Supervision is defined in Rule 17.

## COMPLETED POST-DOCTORAL EXPERIENCE AND SUPERVISION—Psychologist

Applicant Name \_\_\_\_\_

The information listed below must reflect only those post-doctoral activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see Rule 17 and the Colorado Mental Health Statute for applicable Board's rules and definitions). Experience not done concurrently with appropriate supervision will not count toward fulfillment of this requirement.

Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

**EXPERIENCE and SUPERVISION** was conducted and completed between \_\_\_\_\_ and \_\_\_\_\_ as follows:  
(month/day/year) (month/day/year)

EXPERIENCE (1500 clock hours over a <u>minimum</u> of 12 months)	SUPERVISION (75 clock hours, with 50 hours individual supervision)
a. _____ hours practicing psychology (other than teaching, research, or under psychiatrist supervision)	_____ hours of individual supervision _____ hours of group supervision
b.* _____ hours teaching (up to 500 hours) ➤ Please attach a description of the course(s) taught	_____ hours of supervision (up to 25 hours)
c.* _____ hours under supervision of board-certified psychiatrist (up to 375 hours)	_____ hours of supervision (up to 17.75 hours)
d.* _____ hours research experience (up to 500 hours)	_____ hours of supervision (up to 25 hours)
e. _____ TOTAL HOURS of post-doctoral experience	_____ TOTAL HOURS of post-doctoral supervision
<i>* areas b, c, d may equal 0</i>	

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Title 12, Article 43, Colorado Revised Statutes and Rule 17 of the Colorado Board of Psychologist Examiners. I further affirm that the supervisee's work, which was done toward completion of his/her hours of experience and was done under my supervision, met the generally accepted standards of practice.

**I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.**

Printed Name and Address of Supervisor \_\_\_\_\_

Degree	State sup./exp. took place	Type of License	License #	License issue date(m/d/y)	Expiration Date
--------	----------------------------	-----------------	-----------	---------------------------	-----------------

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Please return this form to:** Division of Registrations, Office of Licensing—Psychologist, 1560 Broadway, Suite 1350, Denver, CO 80202