**DOCUMENTATION OF POST-DOCTORAL EXPERIENCE**

|  |  |
| --- | --- |
| **SUPERVISEE & SITE INFORMATION** | |
| **Supervisee Name:** | |
| **Facility Name:** | **Facility City & State:** |
| **Supervision Start Date:**  (MM/DD/YY) | **Total No. of supervised hours accrued** (min. 1,750 required for licensure)**:** |
| **Supervision End Date:**  (MM/DD/YY) – (future end date not permitted) |
| Please select the legal basis for the applicant’s delivery of services while under your supervision.  **Licensed** (LPA or LSSP) **OR LP with Provisional Status License issued by TSBEP**.  **Provisional Licensed Psychologist Trainee Status Letter** - *(Prior to Sept. 1, 2020)*  **Exempt setting per TOC §501.004 -** *(University, Veteran’s Admin., etc.)*  **Exempt under 22 TAC §882.26** **-** *Accreditation proof or Exemption Form required\**  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None of the above. | |

|  |  |
| --- | --- |
| **PROFESSIONAL EVALUATION** | |
| Do you have reservations about this supervisee’s ability to properly perform the duties of a Licensed Psychologist should a license be granted to this applicant? *(If “yes” please provide a written narrative explaining your reservations.)* | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE AND ACKNOWLEDGEMENT** | | | |
| By my signature below, I acknowledge that the supervision referenced above was provided in accordance with the requirements set forth in Chapter 501 of the Texas Occupations Code (the Act) and in §465.2 and §463.11 of the Texas Administrative Code (Psychology Rules). I further affirm all information provided herein is true and correct and that any misrepresentation may constitute a criminal violation under Tex. Penal Code §37.10.    I understand that the Public Information Act is enforced as required by state law. | | | |
| **Supervisor Name:**  (printed) | **License No.** | | **Issuing State:** |
| **Supervisor Signature:** | | **Date:**  (MM/DD/YY) | |

\* 882.26 Exemption: *If your post-doctoral program is APA-accredited or an APPIC-member, please provide documentation, if it is not, please complete the Rule 882.26 Exemption for Post-Doctoral Program form.*

**Please return this completed form to the applicant.**