



TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

1801 Congress, Suite 7.300
Austin, Texas 78701
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www.bhec.texas.gov

For Agency Use Only

Documentation of Supervised Experience Form - Licensed Specialist in School Psychology

The applicant below is seeking licensure with the Texas Behavioral Health Executive Council. Please respond as quickly as possible so that agency staff can consider the applicant's qualifications without undue delay.

Applicant Information			
Applicant Name:			
Supervisor or Director of Internship Training			
Name:			
Email Address:			
Telephone No.:		License No. and Type	
General Information Regarding Formal Internship			
Name of Placement:			
Address:			
1.	Dates Worked:	Began: (MM/DD/YY)	Ended: (MM/DD/YY)
2.	Total number of supervised hours earned during the above time period:		
3.	Did the applicant receive at least two (2) hours of weekly supervision?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Acknowledgment			
By signing this document you acknowledge the information contained in this form is true and correct and any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code. By signing this document you affirm the internship completed by the applicant meets all applicable requirements found in 22 TAC §463.9			
Supervisor's Signature:			Date:

Please return this completed form to the applicant