**Documentation of Supervised Experience Form -**

**School Psychologist**

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.

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| **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? | [ ]  Yes [ ]  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:**  |