

STATE BOARD OF EXAMINERS OF PSYCHOLOGY
COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT, KY 40602
<http://psycho.state.ky.us/>

Supervised Psychological Experience

Documentation of Supervision (Psychological Practitioner)

(To be completed by applicant and signed by applicant and current supervisor)

APPLICANT NAME _____

One of the requirements for licensure as a Psychological Practitioner in the Commonwealth of Kentucky is 5 years of supervised psychological practice as a Licensed Psychological Associate (or Certified Psychologist) with a Board approved supervisor. Please document years of supervision below (Add more pages if needed.) The information provided will be confirmed against Board records.

Board Approved Supervisor (include current address)	Dates of Supervision	Hours of supervision per week

DECLARATION: *I declare that, to the best of my knowledge, the foregoing is true and correct.*

Signature of Applicant

Signature of current Supervisor

Date

Date