



# New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Psychological Examiners  
124 Halsey Street, 6<sup>th</sup> floor, P.O. Box 45017  
Newark, New Jersey 07101



## Supervisory Form for Psychology Candidates

Please print clearly.

Applicant's name: \_\_\_\_\_  
First name Last name Middle initial

Applicant's address: \_\_\_\_\_  
Street address City State ZIP code

### I. Information About Supervisor

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Office telephone number: \_\_\_\_\_ (include area code)

4. Highest degree earned: \_\_\_\_\_

5. Institution/University and program: \_\_\_\_\_

6. Licensed psychologist in New Jersey?

a.  Yes  No

b. Year licensed: \_\_\_\_\_

c. License number: \_\_\_\_\_

7. Licensed/Certified psychologist *in other states*

a. State: \_\_\_\_\_

b. Year licensed: \_\_\_\_\_

c. License number: \_\_\_\_\_

d. ABPP diploma? Year: \_\_\_\_\_ Specialization: \_\_\_\_\_

8. Have you ever been denied a license or had any disciplinary action taken against your license or certificate in **any** state or jurisdiction?  Yes  No

If "Yes," please provide details of the denial or disciplinary action, including dates, location and copies of any documents reflecting such denial or disciplinary action.

9. My title and position during the span of supervision was: \_\_\_\_\_

10. Kindly describe your qualifications for supervising the particular activities which you supervised for this applicant:

11. Kindly describe any previous or current relationship you may have had with this applicant:

### II. Information About Supervision

1. The applicant was supervised by me in a facility expressly permitted by law (cf. 45:14B-6).  Yes  No

a. Name and address of facility: \_\_\_\_\_

b. The applicant's title (if any) during the time I supervised him/her was: \_\_\_\_\_

2. The applicant received a temporary permit to work directly under my supervision.  Yes  No  
Permit No. \_\_\_\_\_

3. Inclusive dates of the supervision were:

\_\_\_\_\_ Starting date \_\_\_\_\_ Completion date \_\_\_\_\_ Total number of weeks \_\_\_\_\_

4. The number of client hours completed by the applicant during the span of my supervision was: \_\_\_\_\_

5. The average number of clock hours per week spent with the applicant in **face-to-face** individual supervisory activities during the span of my supervision was: \_\_\_\_\_

6. The average number of clock hours per week spent with the applicant in **group** supervisory activities during the span of my supervision was: \_\_\_\_\_

7. The average number of clock hours per week spent by the applicant in professional/academic activities associated with the effective serving of clients (e.g. reviewing case notes, keeping records, reading cases, etc.) during the span of my supervision was: \_\_\_\_\_

8. Regarding post-doctoral supervision and in accordance with Board Regulations (cf. 13:42-3.6):

a. Did you approve applicant's clients in advance?  Yes  No

b. Were fees for client services either billed by or accepted by the applicant?  Yes  No

c. Final professional responsibility for the client's welfare was mine as supervisor.  Yes  No

### III. Supervisory Activities

Should the applicant be judged to be in need of further supervised experience, please specify which supervised activities were used and how often they were used during your period of supervision.

a. Working together with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

b. Viewing of applicant's sessions with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

c. Viewing of videotapes of applicant's sessions with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

d. Listening to audiotapes of applicant's sessions with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

e. Reacting to case presentations given by applicant

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

f. Conducting role-playing sessions with applicant

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

g. Engaging in problem-solving discussions concerning individual clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

h. Entering into problem-solving discussions concerning applicant's own problems as they affect work with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

i. Offering feedback to applicant of specific interventions taken with a client

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

j. Offering feedback on applicant's interpersonal skills

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

k. Offering feedback on applicant's personal qualities as they affect work with clients

Very often \_\_\_\_\_ Often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

**IV. Supervisor's Competencies** - For the following competencies, kindly indicate at which level the applicant was performing at the time your supervision ended. Use the following scale.

*Level 1* - Ready for independent practice

*Level 2* - Needed continued supervision

*Level 3* - Had not achieved minimal competence = unsatisfactory

*Level 4* - I cannot make a judgment about this competency

- a. Ability to establish a professional relationship \_\_\_\_\_
- b. Ability to assess client's needs and to plan appropriate interventions \_\_\_\_\_
- c. Ability to make interventions appropriate to client needs \_\_\_\_\_
- d. Ability to be flexible in choosing and changing interventions as appropriate \_\_\_\_\_
- e. Ability to assess prudently one's own capacities and skills in a professional situation \_\_\_\_\_
- f. Ability to work effectively in a one-to-one relationship \_\_\_\_\_
- g. Ability to work effectively in a group situation \_\_\_\_\_
- h. Ability to work effectively where systems level interventions are required \_\_\_\_\_
- i. Knowledge of professional ethics and the ability to apply that knowledge appropriately to practical situation. \_\_\_\_\_

**Supervisor's Conclusion and Recommendations**

This applicant is seeking to become a licensed practitioner of psychology in New Jersey. In effect, the applicant is claiming the readiness for independent professional practice (without supervision). In summary fashion, would you kindly give us your assessment of the applicant's current state of preparedness for independent practice, and also any specific recommendations you may have as to the applicant's further professional development. Please relate your remarks to the following areas:

a. Readiness in terms of theoretical knowledge and skills:

b. Readiness in terms of applied knowledge and skills:

c. Readiness in terms of personality:

d. Readiness in terms of ethical practice:

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of supervisor