

MARYLAND APPLICATION FOR PSYCHOLOGY ASSOCIATE SUPERVISORY FORM

FOR OFFICE USE ONLY

Maryland Board of Examiners of Psychologists
 Email: mdh.psychologyboard@maryland.gov
 4201 Patterson Avenue Baltimore, Maryland 21215
 410-764-4787 * Fax: 410-358-7896
[Board of Examiners of Psychologists website home](#)

DATE RECEIVED: _____

COMMENTS: _____

PA Registration Number:		First and Last Name:				
Home Address:	Street:	City:	County:	State:	Zip Code:	
Business Name and Address:	Name:	Street:	City:	County:	State:	Zip Code:
Home Phone:	Work:	Cell:	Email:			

SUPERVISOR'S INFORMATION

Supervisor's Name:		Supervisor Lic. #:	
Work Address:		Work Phone Number:	Email:
Highest Degree Earned:		Program Specialty:	
		Practice Specialty:	
Number of hours you will work per week:	Number of hours performing testing per week:	Hours of Supervision received per week:	
Describe other duties you will perform:			
Address where services will be provided:		Address where supervision will occur:	

Add Supervisor		
Delete Supervisor		
<i>Additional Supervisor's Information (if Applicable)</i>		
Supervisor's Name:		Supervisor Lic. #:
Work Address:	Work Phone Number:	Email:
Highest Degree Earned:	Program Specialty: Practice Specialty:	
Number of hours you will work per week:	Number of hours performing testing per week:	Hours of Supervision received per week:
Describe other duties you will perform:		
Address where services will be provided:	Address where supervision will occur:	

I assert that the information contained in this application is true to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____