

**MARYLAND APPLICATION FOR PSYCHOLOGY ASSOCIATE SUPERVISORY FORM**

**FOR OFFICE USE ONLY**

**Maryland Board of Examiners of Psychologists**  
**4201 Patterson Avenue**  
**Baltimore, Maryland 21215**  
**410-764-4787**  
**Fax: 410-358-7896**  
**www.health.maryland.gov/psych**

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:			

Add Supervisor  
 Delete Supervisor

***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		
<b><i>Additional Supervisor's Information (if Applicable)</i></b>		
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: \_\_\_\_\_