

MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS
4201 Patterson Avenue * Baltimore, MD 21215-2299
410-764-4787 * Fax: 410-358-7896
www.health.maryland.gov/psych

REFERENCE COVERSHEET
PRACTICE ORIENTED DOCTORAL PROGRAMS
PRE-INTERNSHIP OR PRE-DOCTORAL POST INTERNSHIP
SUPERVISION ACADEMIC TRAINING/PROGRAM DIRECTOR FORM

Applicant's Name:
Reference's Name and Degree:
Reference's Position Title:
Name of Program and Specialty Area:

General Information:

The academic training/program director shall attest to the hours accrued to meet the requirements of this regulation on a form required by the Board (COMAR 10.36.04-2 B). An applicant may utilize pre-internship and pre-doctoral post-internship experience to accrue up to 1,500 hours toward the supervised professional experience required for licensure that occurs following the completion of the first year of the doctoral program (COMAR 10.36.04-2 C(1) & (2)).

Additionally, pre-internship and pre-doctoral post-internship experiences shall: (1) consist of an organized sequence of training that is of increasing complexity to prepare the student for internship; (2) follow appropriate academic preparation; (3) be overseen by the graduate training program; (4) be an extension of the student's academic coursework and within the scope of education received; (5) be in service-related activities such as treatment, assessment, interviews, report writing, case presentations, supervision, and consultation for at least 50 percent of the training experience; and, (6) be devoted to face-to-face client contact for at least 25 percent of the training experience (COMAR 10.36.04-2 D).

The applicant will fill out Part I and Part II of this form. The Academic Training/Program Director will attest to Part I and Part II by completing Part III & Part IV. Additionally, the Academic Training/Program Director Form and either the Academic Training/Program Director's comments on this form (Part IV) or a letter of reference on the academic institution's letterhead should be mailed directly to the Board at the address above by the academic training/program director.

To the Applicant for Licensure completing this form:

This reference form is to be completed by your Academic Training/Program Director. You will need to fill out Part I and Part II of this form prior to forwarding it to your Academic Training/Program Director, who will attest to all of your pre-internship and pre-doctoral post-internship supervised experiences.

To the Academic Training/Program Director completing this form:

The information provided on the above named applicant will be used to help determine if the candidate meets the requirements for licensure in Maryland. Either in Part IV of this form or in an attached reference letter on your letterhead, please provide information pertaining to the applicant's professional education, professional supervised experience, competence, professional conduct, moral character, and any other information that the Psychology Board should consider. The completed The Academic Training/Program Director Form and your comments are to be mailed directly to the Board at the address above.

I. Pre-Internship and Pre-doctoral Post-internship Supervised Experiences (to be completed by the applicant):

1. Name and Address of Facility:	Supervisor's Name and Position Title:
	Supervisor's Highest Degree:
	Supervisor Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/>
This was a: Pre-Internship experience <input type="checkbox"/> Pre-doctoral Post-internship experience <input type="checkbox"/> This was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time From: _____ To: _____	Supervisor's Address:
	Supervisor's Phone Number:
	Email:

Describe the nature and extent of supervised activities (check all that apply):

☐ Group A - (includes individual/group/family psychotherapy, assessment/evaluation):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

☐ Group B - (includes initial interview, report writing, case presentations):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

☐ Group C - (includes other learning activities such as case conferences, seminars on applied issues, group supervision etc):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes ☐ No ☐ If no, explain:

Did you receive at least 1 hours of individual face-to-face supervision for every 20 hours of services you provided?
 Yes ☐ No ☐ If no, please explain:

1. Name and Address of Facility:	Supervisor's Name and Position Title:
	Supervisor's Highest Degree:
	Supervisor Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/>
This was a: Pre-Internship experience <input type="checkbox"/> Pre-doctoral Post-internship experience <input type="checkbox"/> This was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time From: _____ To: _____	Supervisor's Address:
	Supervisor's Phone Number:
	Email:

Describe the nature and extent of supervised activities (check all that apply):

☐ Group A - (includes individual/group/family psychotherapy, assessment/evaluation):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

☐ Group B - (includes initial interview, report writing, case presentations):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

☐ Group C - (includes other learning activities such as case conferences, seminars on applied issues, group supervision etc):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes ☐ No ☐ If no, explain:

Did you receive at least 1 hours of individual face-to-face supervision for every 20 hours of services you provided?

Yes ☐ No ☐ If no, please explain:

1. Name and Address of Facility:	Supervisor's Name and Position Title:
	Supervisor's Highest Degree:
	Supervisor Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/>
This was a: Pre-Internship experience <input type="checkbox"/> Pre-doctoral Post-internship experience <input type="checkbox"/> This was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time From: _____ To: _____	Supervisor's Address:
	Supervisor's Phone Number:
	Email:

Describe the nature and extent of supervised activities (check all that apply):

☐ Group A - (includes individual/group/family psychotherapy, assessment/evaluation):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

☐ Group B - (includes initial interview, report writing, case presentations):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

☐ Group C - (includes other learning activities such as case conferences, seminars on applied issues, group supervision etc):

a. Number supervised hours by a licensed psychologist or one exempted from licensure:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist:

Service Related Hours: _____ Supervision Hours: _____ Total: _____

c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified):

Service Related Hours: _____ Supervision Hours: _____ Total: _____

d. Total accrued hours: _____

I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes ☐ No ☐ If no, explain:

Did you receive at least 1 hours of individual face-to-face supervision for every 20 hours of services you provided?

Yes ☐ No ☐ If no, please explain:

1. Name and Address of Facility:	Supervisor's Name and Position Title:
	Supervisor's Highest Degree:
	Supervisor Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/>
This was a: Pre-Internship experience <input type="checkbox"/> Pre-doctoral Post-internship experience <input type="checkbox"/> This was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time From: _____ To: _____	Supervisor's Address:
	Supervisor's Phone Number:
	Email:
Describe the nature and extent of supervised activities (check all that apply): <input type="checkbox"/> Group A - (includes individual/group/family psychotherapy, assessment/evaluation): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ <input type="checkbox"/> Group B - (includes initial interview, report writing, case presentations): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ <input type="checkbox"/> Group C - (includes other learning activities such as case conferences, seminars on applied issues, group supervision etc): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain: Did you receive at least 1 hours of individual face-to-face supervision for every 20 hours of services you provided? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:	

1. Name and Address of Facility:	Supervisor's Name and Position Title: <hr/> Supervisor's Highest Degree: <hr/> Supervisor Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/>
This was a: Pre-Internship experience <input type="checkbox"/> Pre-doctoral Post-internship experience <input type="checkbox"/> This was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time From: _____ To: _____	Supervisor's Address: <hr/> <hr/> Supervisor's Phone Number: <hr/> Email: <hr/>
Describe the nature and extent of supervised activities (check all that apply): <input type="checkbox"/> Group A - (includes individual/group/family psychotherapy, assessment/evaluation): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ <input type="checkbox"/> Group B - (includes initial interview, report writing, case presentations): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ <input type="checkbox"/> Group C - (includes other learning activities such as case conferences, seminars on applied issues, group supervision etc): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain: Did you receive at least 1 hours of individual face-to-face supervision for every 20 hours of services you provided? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:	

1. Name and Address of Facility:	Supervisor's Name and Position Title:
	Supervisor's Highest Degree:
	Supervisor Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/>
This was a: Pre-Internship experience <input type="checkbox"/> Pre-doctoral Post-internship experience <input type="checkbox"/> This was: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time From: _____ To: _____	Supervisor's Address:
	Supervisor's Phone Number:
	Email:
Describe the nature and extent of supervised activities (check all that apply): <input type="checkbox"/> Group A - (includes individual/group/family psychotherapy, assessment/evaluation): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ <input type="checkbox"/> Group B - (includes initial interview, report writing, case presentations): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ <input type="checkbox"/> Group C - (includes other learning activities such as case conferences, seminars on applied issues, group supervision etc): a. Number supervised hours by a licensed psychologist or one exempted from licensure: Service Related Hours: _____ Supervision Hours: _____ Total: _____ b. Number of face-to-face, in person, supervised hours by someone other than a licensed psychologist: Service Related Hours: _____ Supervision Hours: _____ Total: _____ c. Number of non-face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified): Service Related Hours: _____ Supervision Hours: _____ Total: _____ d. Total accrued hours: _____ I attest that the above checked activities accounted for a minimum of 50% of this training experience hours and at least 25% of this training experience was devoted to face-to-face client contact. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain: Did you receive at least 1 hours of individual face-to-face supervision for every 20 hours of services you provided? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:	

II: Summary of Pre-Internship and Post-Internship Pre-Doctoral Supervised Experience (to be completed by the applicant with information from Part I):

	<u>Hours of Service Related Activities</u> (1)	<u>Hours of Face to Face Supervision</u> (2)	<u>Total Hours</u> (3)
A. Number of pre-internship, pre- doctoral post-internship supervised hours by a licensed psychologist or one exempted from licensure			
Supervised Experience #1			
Supervised Experience #2			
Supervised Experience #3			
Supervised Experience #4			
Supervised Experience #5			
Supervised Experience #6			
Total	(A1)	(A2)	(A3)
B. Number of pre-internship, pre-doctoral post-internship face-to-face, in person, supervised hours by someone other than a licensed psychologist			
Supervised Experience #1			
Supervised Experience #2			
Supervised Experience #3			
Supervised Experience #4			
Supervised Experience #5			
Supervised Experience #6			
Total	(B1)	(B2)	(B3)

	<u>Hours of Service Related Activities</u> (1)	<u>Hours of Face to Face Supervision</u> (2)	<u>Total Hours</u> (3)
C. Number of pre-internship, pre-doctoral post-internship <u>non</u> face-to-face supervised hours (to be credited only if the Academic Training/Program Director's Attestation states that this type of supervision was justified)			
Supervised Experience #1			
Supervised Experience #2			
Supervised Experience #3			
Supervised Experience #4			
Supervised Experience #5			
Supervised Experience #6			
Total	(C1)	(C2)	(C3)
Total Number of Hours (Summary):	<u>Hours of Service Related Activities</u>	<u>Hours of Face to Face Supervision</u>	<u>Total Hours</u>
Total number of pre-internship, pre-doctoral post-internship supervised hours by a licensed psychologist or one exempted from licensure	(A1)	(A2)	(A3)
Total number of pre-internship, pre-doctoral post-internship face-to-face, in person, supervised hours by someone other than a licensed psychologist	(B1)	(B2)	(B3)
Total number of pre-internship, pre-doctoral post-internship <u>non</u> face-to-face supervised hours (to be credited only if the Academic Training/Program Director's attestation states that this type of supervision was justified)	(C1)	(C2)	(C3)
Total Number of hours accrued (hours of experience + hours of supervision)	(A1+B1+C1)	(A2+B2+C2)	(A3+B3+C3)

III. Attestation for Pre-Internship and Pre-doctoral Post-internship experiences by the Academic Training/Program Director:

To be eligible for licensure, applicants in Practice Oriented programs, or programs advertised as clinical, counseling, or school psychology programs, must complete a minimum of 3,250 hours of supervised experience in professional work using the methods, principles, and procedures of psychology (COMAR 10.36.04). A minimum of 1,750 hours must be accrued through an internship in a 24 month time frame; the remaining 1,500 hours may be accrued through a combination of pre-internship, pre-doctoral post-internship, or post-doctoral experiences.

A maximum of 1,500 hours of supervised professional experience may be obtained at the post-doctoral level. The post-doctoral experience is required if 3,250 hours are not accrued through internship and other pre-doctoral experiences.

A minimum of 75%, or 2,438 hours, of the applicant's required supervised pre- and post-doctoral experiences shall be supervised in face-to-face, on-site supervision by a psychologist qualified to supervise the activities being performed or the services being rendered. Exceptions to face-to-face supervision are rarely permissible but, with appropriate explanation may be credited under COMAR 10.36.04-2 F(2). The supervisor should be licensed to practice psychology in Maryland, exempt from licensure in Maryland, or certified, licensed, or exempt from licensure in the state or county in which the supervised professional experience is obtained (COMAR 10.36.04.C).

_____ I certify that I was the applicant's Academic Training/Program Director or I am the current Academic Training or Program Director or the Academic Program Administrator who has reviewed the applicant's pre-internship and pre-doctoral post-internship supervised training experiences listed in Part I and Part II.

_____ I certify that the supervisors listed by the applicant were qualified by virtue of education, training, and experience to supervise in the areas which the applicant for licensure has listed.

_____ I certify that the supervisors listed by the applicant were either a licensed psychologist or exempt from licensure as specified in COMAR 10.36.04 C(2) in Maryland.

_____ I certify that the supervisors listed by the applicant personally supervised the applicant for licensure and each was legally responsible for the applicant's work and can verify the accuracy of the information as documented in their records.

_____ I certify that the applicant's pre-internship and pre-doctoral post internship supervised training experiences 1) consisted of an organized sequence of training that was of increasing complexity to prepare the student for internship; 2) followed appropriate academic preparation; 3) was overseen by the graduate training program; 4) was an extension of the student's academic coursework and within the scope of education received; 5) included service-related activities such as treatment, assessment, interviews, report writing, case presentations, supervision, and consultation for at least 50 percent of the training experience; and 6) was devoted to face-to-face client contact for at least 25 percent of the training experience (COMAR 10.36.04-2 D).

_____ I certify that for every 20 hours of work, the applicant received a minimum of two (2) hours of supervision that addressed the direct psychological services provided by the applicant and at least two (2) hours of other learning activities, such as, 1) case conferences; 2) seminars on applied issues; 3) co-therapy with a staff person including discussion of the case; or 4) group supervision (COMAR 10.36.04-2 F(1)).

_____ I certify that the dates, types of experiences, number of hours of experiences and supervision listed by the applicant for licensure in Part I and Part II are true and accurate to the best of my knowledge.

_____ I certify that the supervision was in person and face-to-face or:

_____ I certify that the non-face-to-face supervision was justified or that the applicant received supervision from a psychologist not on site that did not compromise the quality of the supervision.

IV. Comments:

In this space or on your letterhead (which will be mailed along with this form), please provide the Board with your comments pertaining to the applicant's professional education, professional supervised experience, competence, professional conduct, moral character, and any other information that the Psychology Board should consider.

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I hereby attest that my responses on this endorsement are true, complete, and accurate to the best of my knowledge.

Academic Training/Program Director's Signature:		Date:
Address:		
Telephone Number:	Email:	