

MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS
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REFERENCE COVERSHEET
PRACTICE ORIENTED DOCTORAL PROGRAMS
INTERNSHIP SUPERVISION

Applicant's Name:
Reference's Name and Degree:
Reference's Position Title:
Name of program and specialty area:

To the Applicant for Licensure completing this form:

This reference is to be completed by your internship supervisor, who will attest to some or all of your internship supervised experiences. You will need to fill out Part III and Part IV of this Form prior to forwarding it to your internship supervisor.

To the Reference completing this form:

The information you provide on the above named applicant will be used to help determine if the candidate meets the requirements for licensure in Maryland. Either in Part VII 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 Internship Supervision Form and your comments are to be mailed directly to the Board at the address above.

I. General Information about Supervision and Training Requirements:

An applicant may utilize an internship supervised training experience to accrue a minimum of 1,750 in 24 months toward the supervised professional experience required for licensure (COMAR 10.36.01.04-2 G(1) & (2)).

II. Information about the Reference:

Were you the primary supervisor? Yes No
Were you a licensed psychologist? Yes No
Are you currently licensed? Yes No If yes, State License No.

III: Internship Professional Supervised Experience (to be completed by the applicant):

Name and Address of Facility:	From:	To:
Title:	Number of hours worked per week:	
Internship Director's Name and Title:	Total number of hours worked:	
	The Internship was: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Internship Director's Highest Degree:		
Internship Director's Address:	Phone Number:	
Describe the nature and extent of supervised activities:		
I attest that the internship was APA or CPA accredited or a member program of APPIC or part of an academic program that is approved or designated by the APA, CPA, or Association of State and Provincial Psychology Boards/National Register; and includes an internship that is approved by the program's academic training director as meeting its criteria for an internship (COMAR 10.36.01.04-2 H). Yes <input type="checkbox"/> No <input type="checkbox"/>		

IV: Supervised Internship Experience (to be completed by the applicant):

The supervisor shall be: a) licensed to practice psychology in Maryland; b) exempt from licensure under Health Occupations Article, §§18-102(3) or 18-301(b), Annotated Code of Maryland; c) licensed, certified, or exempt from licensure or certification in the state or country in which the supervised professional experience is obtained; or d) a student, fellow, intern, or resident while pursuing a supervised course of study that the Board approves as qualifying training or experience as provided in Health Occupations Article, §18-301(b)(3), Annotated Code of Maryland, provided that the student, fellow, intern, or resident is supervised by an individual meeting criteria of §C(2)(a), (b) or (c) of this regulation (COMAR 10.36.01.04 C(2)).

A. Total number of clinical activity hours supervised by a licensed psychologist or one exempted from licensure.	$\overline{\text{(A1)}}$
B. Total number of clinical activity hours supervised by someone other than a licensed psychologist.	$\overline{\text{(B1)}}$
C. Total number of hours accrued.	$\overline{\text{(A1+B1)}}$

V: Guidelines For Defining An Internship Or Organized Health Service Training Program In Psychology
(The National Register of Health Service Providers in Psychology)

Please review the criteria for an internship in psychology as they are used to identify organized health service programs or internships in psychology. Additionally, internships that are accredited by the American Psychological Association (APA) are recognized as meeting the following:

1. An organized training program, in contrast to supervised experience or on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.
2. The internship agency had a clearly designated staff psychologist who was responsible for the integrity and quality of the training program and who was actively licensed/certified by the State Board of Examiners in Psychology.
3. The internship agency had two or more psychologists on the staff as supervisors, at least one of whom was actively licensed as a psychologist by the State Board of Examiners of Psychology.
4. Internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who carried clinical responsibility for the cases being supervised. At least one or more psychologists provided half of the internship supervision.
5. The internship provided training in a range of assessment and treatment activities conducted directly with patients seeking health services.
6. At least 25% of trainee's time was in direct patient contact (minimum 375 hours).
7. The internship included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with health services rendered directly by the intern. There must also have been at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision; additional individual supervision.
8. Training was post-clerkship, post-practicum and post-externship level.
9. The internship agency had a minimum of two interns at the internship level of training during applicant's training period.
10. Trainee had title such as "intern", "resident", "fellow", or other designation of trainee status.
11. The internship agency had a written statement or brochure which described the goals and content of the internship, stated clear expectations for quantity and quality of trainee's work and was made available to prospective interns.
12. The internship experience (minimum 1,500 hours) was completed within 24 months.

VI. Attestation for Internship Only (to be completed by the Internship Supervisor):

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 10.36.01.04). 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 applicants required supervised pre- and post-doctoral experiences shall be in supervised 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 10.36.01.04-2 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 10.36.01.04.C).

_____ I certify that the applicant's internship program, at the time of the applicant's enrollment, was approved by the American or Canadian Psychological Association.

_____ I certify that this internship was a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

_____ I certify that this internship experience was part of an academic program that was APA or CPA accredited or designated as a doctoral program by ASPPB/NR, or included an internship approved by the academic program training director as meeting its criteria for an internship.

_____ I certify that the applicant has successfully completed an internship that was completed in no more than 24 months and consisted of a minimum of 1,750 hours of supervised experience.

_____ I attest that I am either a licensed psychologist or exempt from licensure as specified in COMAR 10.36.01.04 C(2) in Maryland.

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

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

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

_____ I certify that at the conclusion of the experience, I prepared a written evaluation.

VII. 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.

Reference's Signature:		Date:
Address:		
Telephone Number:	Email:	