

MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS
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health.maryland.gov/psych

REFERENCE COVERSHEET
PRACTICE ORIENTED DOCTORAL PROGRAMS
POST-DOCTORAL 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 a supervisor, who will attest to some or all of your post-doctoral supervised experiences. You will need to fill out Part I and Part II of this Form prior to forwarding it to your post-doctoral 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 VI of this form or 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 Post-Doctoral Supervision Form and your comments are to be mailed directly to the Board at the address above.

An applicant may utilize a post-doctoral supervised training experience to accrue a maximum of 1,500 toward the supervised professional experience required for licensure. A post-doctoral supervised experience shall be completed if an applicant does not have 3,250 hours of pre-doctoral supervised experience (COMAR 10.36.01.04-2 I(1) & (2)). Post-doctoral supervision shall be face-to-face with an on-site supervisor (COMAR 10.36.01.04-3 G). Under exceptional circumstances and before beginning a supervised professional experience, an applicant for licensure may petition the Board to waive the requirement for face-to-face supervision or to receive supervision from a psychologist not on site (COMAR 10.36.01.04-3 H). The Board may waive the requirement for face-to-face supervision only when the alternative modality for supervision, including but not limited to televideo conferencing, does not substantially diminish the adequacy of the supervision (COMAR 10.36.01.04-3 I).

I: Post-Doctoral Professional Supervised Experience (to be completed by the applicant):

Name and Address of Facility:		From:	To:
Title:	Full-time <input type="checkbox"/>	Number of hours worked per week: _____	
	Part-time <input type="checkbox"/>	Total number of hours worked: _____	
Supervisor's Name and Title:		Total # of Supervised hours(20 hours = 1 hour of supervision):	
Supervisor's Highest Degree:		Phone Number:	
Supervisor's Address:		Email Address:	
Describe the nature and extent of supervised activities:			
<p>I attest that I received at least 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, I petitioned the Board and received a waiver of the requirement for face-to-face supervision. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date Granted: _____</p>			

II: Post-Doctoral Supervised Experience (to be completed by the applicant):

	<u>Hours of Clinical Activities</u> (1)	+	<u>Hours of Face to Face Supervision</u> (2)	=	<u>Total Hours</u> (3)
A. Total number of post-doctoral supervised hours by a licensed psychologist or one exempted from licensure	(A1)	+	(A2)	=	(A3)
B. Total number of post-doctoral supervised hours by someone other than a licensed psychologist	(B1)	+	(B2)	=	(B3)
C. Total number of post-doctoral <u>non</u> face-to-face supervised hours (to be credited if the applicant petitioned and was approved by the Board to waive the requirement for face-to-face supervision)	(C1)	+	(C2)	=	(C3)
Total Number of all hours accrued (hours of experience + hours of supervision)	(A1+B1+C1)	+	(A2+B2+C2)	=	(A3+B3+C3)

III. General Information about Supervision and Training Requirements (to be completed by the reference):

Did the experience include professional work in psychology using the methods, principles, and procedures of psychology, including but not limited to teaching, counseling, clinical practice, research, and industrial consultation?

Yes No

Did the applicant receive at least 1 hour of individual, face-to-face, in-person supervision for every 20 hours of service related activities with a supervisor qualified to supervise the activities being performed or the services being rendered?

Yes No

IV. 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. _____

V. Attestation for Post-Doctoral 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 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 for the post-doctoral experience (COMAR 10.36.01.04-3 H & I). 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 I am qualified by virtue of education, training, and experience to supervise in the areas which the applicant for licensure has listed.

_____ 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 personally supervised the applicant for licensure and was legally responsible for his/her work and can verify the accuracy of the information as documented in my records.

_____ I certify that the applicant for licensure was qualified for that experience on the basis of prior coursework and experience.

_____ I certify that the applicant's work was covered by a written supervisory agreement.

_____ I certify that the applicant used titles indicating their training status, such as "psychology resident," "psychology intern" or "psychology supervisee."

_____ I certify that for every 20 hours of work, the applicant received a minimum of one (1) hour of supervision.

_____ 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 understand that the Board may require additional hours of supervision if any hours were not successfully completed

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

_____ I certify that the applicant petitioned and was approved by the Board to waive the requirement for face-to-face supervision or for the applicant receiving supervision from a psychologist not on site.

_____ I certify that the applicant is is not accruing post-doctoral hours as a Psychology Associate. If the applicant is, then I certify that the requirements pertaining to practicing as a Psychology Associate have been met (COMAR 10.36.07).

_____ I certify that at the conclusion of the experience, I prepared a written evaluation, including the hours spent in various activities and the number of successfully completed hours for the applicant for licensure.

VI. 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.

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: