

MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS
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410-764-4787 * Fax: 410-358-7896
health.maryland.gov/psych

REFERENCE COVERSHEET
NON-PRACTICE ORIENTED DOCTORAL PROGRAMS
POST-DOCTORAL SUPERVISION

Applicant's Name: _____

Reference's Name and Degree: _____

Reference's 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 post-doctoral supervisory 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.

For applicants graduating from programs that are not practice-oriented, supervised professional experience may be accrued in professional work in psychology using the methods, principles, and procedures of psychology, including, but not limited to: (1) Teaching; (2) Research; and (3) Industrial or organizational consultation (COMAR 10.36.04-1 A). In order for the experience to qualify as full-time supervised professional experience, the applicant shall receive a minimum of one (1) hour of individual supervision per week at a face-to-face meeting with the supervisor (COMAR 10.36.04-1 B). Additionally, for the post-doctoral supervision experience, there shall be at least 1 hour of individual supervision for every 20 hours of service related activities and supervision shall be face-to-face with an on-site supervisor (COMAR 10.36.04-3 D & G).

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

Name and Address of Facility:	From: To:
Supervisor's Name and Title:	Supervisor's Highest Degree:
Supervisor's Address:	Supervisor's Phone Number:
	Supervisor's Email:
Describe the nature and extent of supervised activities and check one: Teaching <input type="checkbox"/> Research <input type="checkbox"/> Consultation <input type="checkbox"/> Other (list below)	
Include the number of post-doctoral hours that apply to you:	
(1) Teaching hours: _____	
(2) Research hours: _____	
(3) Industrial or organizational consultation hours: _____	
(4) Other hours (explain below): _____	
Mode of Training: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Did you receive 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"/>	
If no, did you petition the Board and receive a waiver of the requirement for face-to-face supervision? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Granted: _____	

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

	<u>Hours of Experience</u>		<u>Hours of Face to Face Supervision</u>		<u>Total Hours</u>
Total number of post-doctoral supervised hours by a licensed psychologist or one exempted from licensure		+		=	
Total number of post-doctoral face-to-face, in person, supervised hours by someone other than a licensed psychologist		+		=	
Total number of post-doctoral <u>non</u> face-to-face supervised hours (to be credited only if the applicant petitioned the Board for a waiver before beginning the supervised experience and was granted the waiver by the Board)		+		=	
Total Number of hours accrued (hours of experience + hours of supervision)		+		=	

III. 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 (to be completed by the reference):

A. Were you the primary supervisor? Yes No

B. Were you a licensed psychologist? Yes No

V. Attestation for Post-Doctoral Supervisors:

_____ 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 10.36.04 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 for every 20 hours of work, the applicant received a minimum of one (1) hour of supervision (COMAR 10.36.04-3 D).

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

___ 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.

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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: