

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
NON-PRACTICE ORIENTED DOCTORAL PROGRAMS
PRE-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 your pre-doctoral supervisory experiences. You will need to fill out Part I and Part II of this form prior to forwarding it to your pre-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 Pre-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).

I. Pre-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:	
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) <input type="checkbox"/>		
Include the number of pre-doctoral hours that apply to you for this supervised experience:		
(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 Total Hours: _____		
Did you receive at least 1 hour of individual face-to-face supervision per week? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please explain:		

II: Pre-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 pre-doctoral supervised hours by a licensed psychologist or one exempted from licensure	_____	+	_____	=	_____
Total number of pre-doctoral face-to-face, in person, supervised hours by someone other than a licensed psychologist	_____	+	_____	=	_____
Total number of pre-doctoral <u>non</u> face-to-face supervised hours (to be credited only if the Academic Program Director attestation states that this type of supervision was justified)	_____	+	_____	=	_____
Total Number of hours accrued (hours of experience + hours of supervision)	_____	+	_____	=	_____

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

- A. 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
- B. Did the applicant receive a minimum of one hour of individual supervision per week at a face-to-face meeting 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. Licensed psychologist? Yes No If yes, dates: From: _____ To: _____

V. Attestation for Pre-Doctoral Supervisors:

- _____ I certify that I am the academic program director of the program from which the applicant for licensure received a doctoral degree in psychology or, if not, am in an administrative position in the program that gives me sufficient information to verify the accuracy of the information provided by the applicant.
- _____ I certify that the experiences listed by the applicant for licensure were an integral part of the applicant's training program and 1) the applicant was qualified for that experience on the basis of prior coursework and experience, and 2) that supervision occurred at a minimum of one (1) hour per week.

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

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

_____ I certify that for supervision that was not face-to-face, the quality of supervision was not compromised. I further certify that the circumstances listed by the applicant for licensure justify the exception to face-to-face supervision, if relevant.

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: