



# MARYLAND Department of Health

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, Secretary*

## MARYLAND APPLICATION FOR PSYCHOLOGY ASSOCIATE SUPERVISORY FORM

<p><b>MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS</b></p> <p>4201 Patterson Avenue * Baltimore, MD 21215</p> <p>410-764-4787 * Fax: 410-358-7896</p> <p>www.health.maryland.gov/psych</p>	<p style="text-align: center;"><b>FOR OFFICE USE ONLY</b></p> <p>DATE RECEIVED: _____</p> <p>COMMENTS: _____</p>
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### PA Information

<b>PA Registration Number:</b>		<b>First and Last Name:</b>				
<b>Home Address</b>	<b>Street:</b>	<b>City:</b>	<b>County:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Business Name and Address</b>	<b>Business Name:</b>	<b>Street:</b>	<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>		<b>Work:</b>	<b>Cell:</b>	<b>Email:</b>		

### Current Supervisor(s)

<b>Primary Supervisor First and Last Name:</b>	<b>License Number:</b>
<b>Secondary Supervisor First and Last Name:</b>	<b>License Number:</b>

### Add or Remove Supervisor

<b>Action:</b>	<b>ADD</b>	<b>REMOVE</b>	<b>Supervisor's License #</b>
<b>Supervisor's Name:</b>		<b>Work Address:</b>	
<b>Work Phone Number:</b>		<b>Email:</b>	
<b>Highest Degree Earned:</b>			
Will you work at the same physical address as the supervisor? <b>Yes</b> <b>No</b>			
If no, explain and provide work addresses:			
<b>Number of hours you will work per week:</b>	<b>Number of hours performing testing per week:</b>	<b>Hours of Supervision received per week:</b>	

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**Add or Remove Additional Supervisor (If Applicable)**

<b>Action:</b> <b>ADD</b> <b>REMOVE</b>		Supervisor's License #
Supervisor's Name:	Work Address:	
Work Phone Number:	Email:	
Highest Degree Earned:		
Will you work at the same physical address as the supervisor? <b>Yes</b> <b>No</b>		
If no, explain and provide work addresses:		
Number of hours you will work per week:	Number of hours performing testing per week:	Hours of Supervision received per week:

I attest that the information contained in this application is true to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_