Ohio Board of Psychology

FORM G: SUPERVISOR VERIFICATION OF PRE-INTERNSHIP TRAINING EXPERIENCE

To be completed by the on-site supervising psychologist

Please print, complete this 3-page form, sign and date, and submit it directly to the Ohio Board.

Fax to 614-728-7081 or email to info@psy.ohio.gov

Thank you.

Please print clearly

Verification of Pre-InternshipTraining Experience
Name of Student/Applicant for Ohio Licensure:
Student's Academic Institution:
Name(s) of Supervising Psychologist(s) or Board-Licensed School Psychologist(s):
Name and Address of Facility/Training Site:
Average hours/week on placement: _____ (please provide a number, not a range)
Dates of Training Experience: _____through_____ Total hours on placement: _____
Total hours of individual supervision by psychologist(s)/Board-licensed school psychologist(s): _____ Total hours of additional individual face-to-face supervision: _____ Total hours of group supervision: _____
Total number of direct client/patient contact hours: _____
Supervised psychological procedures: _____ _____

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Verification of Compliance with Pre-Internship Training Regulations	
1) This placement was a planned, structured, and programmed experience, which involved the trainee's direct delivery of supervised psychological services in a practice, agency, institution, counseling center, graduate training clinic, or other setting and was approved in advance by the doctoral program DCT or designee.	❍ YES ❍ NO
2) A clearly designated licensed psychologist or board-licensed school psychologist was directly responsible for the integrity and quality of the training experience, and specified training objectives in terms of the competencies expected of the trainee. Name: _____ License Number: _____	❍ YES ❍ NO
3) There was a clearly identifiable licensed psychologist or board-licensed school psychologist who served as the primary supervisor of the trainee, with clear availability to the trainee's clients/patients, and responsibility for the cases being supervised. Name: _____ License Number: _____	❍ YES ❍ NO
4) On average, no less than 25% of the weekly training placement time was face-to-face patient/client contact.	❍ YES ❍ NO
5) On average, weekly face-to-face supervision devoted to the trainee's cases was provided at a ratio of no less than one hour per ten hours on site.	❍ YES ❍ NO
6) No less than one hour per week, and no less than 50% of the supervision was individual in-person supervision provided by a licensed psychologist or school psychologist licensed by the Ohio board or by the psychology licensing board in another state, territory, the District of Columbia, or Canadian province when the supervised experience took place in that other jurisdiction or the psychologist was practicing legally in Ohio.	❍ YES ❍ NO
7) Note: Up to 50% of the required face-to-face supervision **may be** individual or group supervision provided by licensed allied mental health professionals deemed appropriate by the licensee specified above in #2, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, individual supervision provided by a pre-doctoral intern or post-doctoral trainee conducting supervision of the trainee under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist. **Was any supervision provided by an allied mental health professional or umbrella supervisee?** If yes, list the names and license type/number of the supervisor(s) and/or the identities of umbrella supervisee(s): _____	❍ YES ❍ NO
8) There was on average at least one hour per week in learning activities such as: additional face-to-face individual supervision; group supervision; case conferences or grand rounds; didactic consultations with psychologists or other appropriate licensed mental health professionals; guided professional readings; seminars; or, co-therapy with a licensed psychologist or other appropriate professional.	❍ YES ❍ NO
9) The placement included regularly scheduled and documented interaction concerning the trainee's progress between the licensee above in #2 or #3 and the DCT, Coordinator, or doctoral program designee.	❍ YES ❍ NO

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Evaluation of Doctoral Student Performance and Competencies Attained
Pursuant to OAC § 4732-9-01(I), psychological training supervision shall provide sequential and increasingly complex and independent experiences to assure an organized and planned development of: attitudes and identity as a professional psychologist; professional, ethical, and legal responsibilities; communication skills; critical judgment; and, competencies in the broad areas of interpersonal skills, psychological assessment, psychological interventions, and ethical decision making.
Please provide a detailed evaluation of the student's pre-internship performance relative to the supervised training experiences listed on page 1, how one or more of the broad-based competency areas listed above were incorporated into this training experience, the supervisee's response to and preparation for supervision sessions, and how your performance evaluation(s) were communicated to the doctoral program. ***THIS EVALUATION DOES NOT REPRESENT A REQUIRED LETTER OF REFERENCE***. A responsive, written statement including the student's name, your name, signature, and date, and the date of the training experience may be attached to this form in lieu of completing this section. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Name of Psychologist Completing this Form _____

License# _____ **State/Province** _____

Signature _____

Date: _____

Fax this completed, signed form to 614-728-7081 or email to info@psy.ohio.gov

Thank you.