



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 241-0199  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[bpldata@michigan.gov](mailto:bpldata@michigan.gov)

## PSYCHOLOGY SUPERVISION EVALUATION

Authority: 1978 PA 368

A separate form must be completed by each supervisor who is verifying your Psychology experience.

If the experience is gained in Michigan the supervisor must be a licensed Psychologist. Any variation from fully licensed supervision requires a written request that will go before the Board of Psychology and is required to be submitted prior to supervision. If the Psychology experience is gained in another state, the supervisor must hold an equivalent license, certificate, or registration in that state.

### Print Clearly or Type

Applicant's First Name		Middle Name	Last Name		Applicant's Date of Birth (MM/DD/YYYY)	
Applicant's Place of Employment (Organization Name)						
Street Address of Applicant's Place of Employment						
City			State	Zip Code	Employer Telephone Number	
Supervisor's First Name		Supervisor's Last Name		Registration/License/Credential Number		Date Issued
Level of Licensure or Certification at time of supervision			Issuing jurisdiction/organization		If applicable, did the Board approve your special supervisory situation? (If yes, give date)	
Supervision Experience (Check One):			Practicum (Master's Level)		Internship (Pre-Doctoral Degree)	
			Post-Master's Professional Experience		Post-Doctoral Professional Experience	

### CERTIFICATION AND SIGNATURE

I certify the applicant named above obtained psychology experience under my supervision while my license was in good standing. The duties performed included assessment, evaluation, and treatment and were performed in an organized health care setting. I was available on a regularly scheduled basis to review the practice of the applicant, provide consultation, review records, and further educate the applicant. I was continuously available for direct communication in person or by radio, telephone, or telecommunication. I assumed ultimate responsibility for the practice of the applicant.

If Practicum: The applicant was supervised at least 8 hours per month.

If Internship: The applicant completed an internship that was an integrated part of their doctoral degree

If Post Degree Experience: I have met with the applicant individually and in person weekly for at least 4 hours a month. The qualifying experience was accumulated in not less than 16 hours per week and not more than 40 hours per week.

I am certifying the applicant completed \_\_\_\_\_ **total hours** of Psychology work experience beginning on  
 (total # of hours)

\_\_\_\_\_ and ending on \_\_\_\_\_  
 (Month/Day/Year) (Month/Day/Year)

I declare that the information contained in this document is true and correct.

\_\_\_\_\_  
 Signature and Title

\_\_\_\_\_  
 Date