

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 15/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CLINICAL PSYCHOLOGIST
VERIFICATION OF
SUPERVISION & EXPERIENCE**

SUPPORTING DOCUMENT

VE-PSY

APPLICANT: Complete the applicant section of this form, then forward it to your employer. You are authorized to photocopy this form if necessary.

NOTE: All applicants are required to meet two years of professional experience in clinical, school or counseling psychology at least one of which is an internship and one of which must be post-doctoral. To meet the requirements for satisfactory supervised experience, the supervision must be performed pursuant to the order, control and full professional responsibility of a licensed clinical psychologist. A year of experience is defined as 1750 hours obtained in not less than 50 weeks based on at least 35 hours per week. Full-time work experience must be obtained in a single setting for a minimum of six months. Part-time and internship experience will only be counted if it is 18 hours or more a week for a minimum of nine months and is in a single setting.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN - - - - - - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	071 Clinical Psychologist	
5. MAIDEN OR GIVEN SURNAME		

COMPLETE BOXES 7, 8, 9 AND 10 TO REFLECT INFORMATION AT TIME OF EMPLOYMENT/EXPERIENCE

6. SUPERVISOR NAME	7. BUSINESS/INSTITUTION NAME
8. SUPERVISOR TITLE	9. ADDRESS STREET, CITY, STATE, ZIP CODE

SUPERVISOR: Complete the remainder of this form. Return the completed form directly to the applicant in a sealed envelope. ALL SUPERVISORS WHO ARE NOT REGISTERED PSYCHOLOGISTS/LICENSED CLINICAL PSYCHOLOGISTS IN THE STATE OF ILLINOIS MUST PROVIDE A COPY OF THEIR CURRICULUM VITAE.

PART I. - SUPERVISOR INFORMATION

A. SUPERVISOR NAME		B. SUPERVISOR EMAIL
C. REGISTRATION NUMBER	D. DATE OF ISSUANCE	E. BUSINESS/INSTITUTION NAME
F. REGISTRATION STATE	G. EXPIRATION DATE	H. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE
I. IDENTIFY THE DISCIPLINE IN WHICH YOUR Ph.D. WAS AWARDED	J. DATE YOUR Ph.D. WAS CONFERRED	K. BUSINESS TELEPHONE NUMBER Area Code (____) ____ - ____

PART II. - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT'S JOB TITLE AT TIME OF EMPLOYMENT/ EXPERIENCE	B. DATES OF APPLICANT'S EMPLOYMENT/EXPERIENCE From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
C. NUMBER OF HOURS APPLICANT WORKED PER WEEK	D. NUMBER OF HOURS YOU MET WITH THE APPLICANT PER WEEK

E. The experience was conducted in accordance with Rules 68 IAC Section 1400.110. YES NO

The applicant's performance was satisfactory or better. YES NO

PART II. - APPLICANT EMPLOYMENT INFORMATION (Continued)

F. COMMENTS - INCLUDE ANY COMMENTS REGARDING THE APPLICANT'S JOB PERFORMANCE

G. INDICATE THE AVERAGE NUMBER OF HOURS PER WEEK IN THE TASKS IN THE FOLLOWING CATEGORIES:	Average Hrs. Per Week
1. Direct face to face time spent in clinical diagnostic assessment including but not limited to interviewing and psychological testing.	
2. Direct face to face interventions including but not limited to individual, group and family psychotherapy, cognitive therapy, psychoanalysis, hypnosis, bio-feedback and behavior modification.	
3. Face to face direct supervision of others providing direct clinical psychology services as defined in section 15/2(5) of the Act.	
4. Primary responsibility for design and implementation of psychological research that includes the provision of clinical psychological services that require clinical judgment and decision based upon the specific needs and concerns of the subjects/clients.	
5. Time spent writing reports related to number 1 above including time spent scoring and interpreting assessment results.	
6. Time spent documenting activities listed above. This includes progress notes, treatment plans and other clinical documentation.	
7. Formal individual face to face supervision (by supervisor completing this form) dealing with clinical psychological services rendered directly by applicant.	
8. Formal face to face group and individual supervision dealing with clinical psychological services directly rendered by the applicant. This activity may include supervisors other than the primary supervisor completing this form and may include supervisors other than psychologists.	
9. Attendance at clinical seminars or other formal planned didactic experiences that involve clinical material. Please specify.	
10. Informal supervision including peer supervision, case conferences and grand rounds activities where on occasion applicants' clinical work is discussed.	
11. Primary responsibility for teaching college graduate level psychology courses which demonstrate direct relevance to clinical practice or assessment as accepted by the standards of the field of clinical psychology (for example, courses may include but shall not be limited to Advanced Psychopathology, Cognitive Assessment, Neuropsychological Assessment, Personality Assessment, Clinical Research Methods, courses that pertain to individual differences as they pertain to treatment and assessment, etc.	
12. Assisting others by administering and scoring structured tests and conducting standardized interviews, assisting others in teaching, research and data collection not meeting the criteria set forth above.	
13. Primary responsibility for teaching undergraduate college level psychology courses not meeting the criteria set forth in #11 above.	
14. Significant involvement in psychological research not meeting the criteria set forth in item 5 above.	
15. Other psychological duties.	
AVERAGE TOTAL HOURS PER WEEK	

The above indicated experience has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. Under the penalties of perjury, I declare that I have read and understand the Clinical Psychologist Licensing Act. I understand that I may be asked for additional information to substantiate my report of the supervised experience and agree to provide such information upon request by the Department.

Signature Title Date