STATE OF IDAHO
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

P.O. Box 83720-0063
Boise, Idaho 83720-0063
(208) 334-3233
E-Mail: psy@dopl.idaho.gov
Web: https://dopl.idaho.gov

EVALUATION AND ACCREDITATION OF SUPERVISED PRACTICE

Dear *:

Candidate * has applied for a license to practice Psychology in the State of Idaho. The Idaho Board of Psychologist Examiners requires information from you in order to evaluate and accredit the extent and quality of the candidate's supervised experience. This original form must be completed by the supervisor only and returned directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

1. **Supervisor Name** _____

2. **Address** _____
   Street/PO Box **City** **State** **Zip**

3. **Supervisor license #** _____ **State issuing license** _____

4. **Supervisor area of specialty** _____

5. **Inclusive dates of candidate's supervision: From** _____ **To** _____
   mm/dd/yy **mm/dd/yy**
   (Record no more than 1 calendar year per form. Use additional forms for each additional or partial year.)

6. **Total hours of supervised practice during dates noted above:** _____

7. **Total hours of supervisory one-to-one contact per week during dates noted above:** _____

8. **Name & nature of the setting in which the candidate's supervised practice took place:**
   _____
   _____

9. **Describe the nature of the candidate's duties:**
   _____
   _____
   _____

10. **State the quality of the candidate's performance while under your supervision:**
    _____
    _____
    _____

11. **To your knowledge has disciplinary action been taken against the applicant at any time? ( ) Yes ( ) No**
    (If Yes, please attach an explanation.)

12. **To your knowledge does the applicant have or ever had an addiction to alcohol or any controlled substance? ( ) Yes ( ) No**
    (If Yes, please attach an explanation.)

13. **To your knowledge has the applicant ever been disciplined because of sexual harassment or sexual misconduct? ( ) Yes ( ) No**
    (If Yes, please attach an explanation.)

_____
Signature of Supervisor **Date**