Arkansas Psychology Board

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www.accessarkansas.org/abep

# Application for Supervisor Status

*This form must be signed and submitted to the Board office. Only original copies will be accepted. Please include documentation of supervisory training or education along with this application for the Board to consider. Applications will be considered monthly at regularly scheduled Board meetings.*

**Name:** _____ **License Number:** _____
*(Print or Type)*

I hereby certify that I have two years of documented post-licensure experience as a licensed psychologist and that I have training and/or experience in supervision. I now request that I be granted supervisory privileges. I understand that I will not provide supervision to psychological examiners outside the bounds of my competence as indicated by my training, experience and Statement of Intent to Practice.

In those areas in which I am not competent to provide supervision, I understand that it is the conjoint responsibility of the supervisee and myself to arrange supervision with a supervising psychologist that is competent in that area as evidenced by his/her Statement of Intent to Practice.

Further, it is my responsibility to terminate or interrupt the supervisee's activities whenever necessary to ensure adequate training and the protection of the public.

_____ _____
*Psychologist Signature* *Date*

Print Form