Arkansas Psychology Board

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Phone (501) 682-6167; *Fax* (501) 682-6165
www.arkansas.gov/abep APBinfo@arkansas.gov

LICENSEE SUPERVISION AGREEMENT

This form must be signed and submitted to the Board office. Only original copies will be accepted.
Please type or print .

Supervisee's Name:_____ Provisional License #:_____

Supervisor's Name:_____ License #:_____

A licensee may have more than one supervisor on file. Please choose an option below.
(Any supervisor that is not the primary supervisor, please mark as a secondary supervisor).

☐ New Primary Supervisor ☐ Change in Primary Supervisor

☐ New Secondary Supervisor ☐ Change in Secondary Supervisor ☐ Other Secondary Supervisor

I have read the applicant's Statement of Intent to Practice and have agreed to supervise the above-named applicant according to the requirements enumerated in § 6.3.C. of the Arkansas Psychology Board's Rules and Regulations.

☐ I certify that all areas of practice to be supervised also appear on my own Statement of Intent to Practice

☐ The following area(s) of practice this supervisee wishes to provide do not appear on my own Statement of Intent to Practice. While I will act as a primary legal supervisor and provide all other supervision, supervision of the following area(s) have been arranged as follows:

_____

_____

_____

_____

Supervisor Signature (Signature Required) *Date*

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☐ I am not providing services requiring supervision at this time.

☐ I am not residing in the State of Arkansas at this time.

_____

Licensee Signature (Signature Required) *Date*

It is the responsibility of both the applicant and the supervisor to notify the Board of any changes in the supervisory relationship.

Print Form

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