Arkansas Psychology Board

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www.arkansas.gov/abep APBinfo@arkansas.gov

Licensee Supervision Plan

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

Supervisee's Name: _____ License #: _____

Supervisor's Name: _____ License #: _____

☐ I do not provide services requiring supervision. (Please go to signature)

Supervision Areas:

☐ Intake Assessments ☐ Individual Therapy ☐ Diagnosis ☐ Hypnotherapy

☐ Group Therapy ☐ Family Therapy ☐ Biofeedback ☐ Marital Therapy

☐ Neuropsychological Assessments ☐ Crisis Intervention/Management

☐ Projective Personality Assessments ☐ Objective Personality Assessments

☐ Psychoeducational Assessments

☐ Other: _____

_____

Population(s) to be served:

☐ Children ☐ Adults ☐ Geriatric ☐ Developmentally Delayed

☐ Alcohol/Drug ☐ Seriously Mentally Ill ☐ Sexual/Physical Abuse Victims

☐ Sexual/Physical Abuse Offenders

☐ Other: _____

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Plan of Supervision Sessions

Type	Frequency	Length
Individual	☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a week ☐ Other:	
Group	☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a week ☐ Other:	
Telephone	☐ Weekly ☐ Biweekly ☐ Monthly ☐ Twice a week ☐ Other:	
Other:		

Goals of Supervision: _____

_____

_____

Licensee Signature *License #* *Date*

Supervisor Signature *License #* *Date*

Print Form