

Read these instructions carefully prior to completing the form.

PRIMARY SUPERVISOR:

- Complete and sign a verification of experience (VOE) form upon completion of supervised professional experience. This form is provided for your convenience to allow the trainee to meet the requirements of CCR section 1387.
- If the experience was accrued in California, complete and provide page 1 of this form with original signature along with the original signed supervision agreement to the trainee in a sealed envelope with your signature across the seal.
- If the experience was accrued outside of California, complete and provide pages 1 and 2 of this form in lieu of the supervision agreement form to the trainee in a sealed envelope with your signature across the seal.
- Complete a separate VOE form for pre-doctoral and post-doctoral experience.
- Training Director: If you are a training director of a formal internship or formal postdoctoral training placement that is overseen by the APA, APPIC, or CAPIC, check the box next to “Yes” on the form under Primary Supervisor Data.
- Please make a copy of the completed form, original supervision agreement (if applicable), and the back of the signed envelope for your records.
- Review to ensure the VOE form is accurate and complete. Any omission could cause a delay in the application process.

TRAINEE:

- Submit the sealed envelope along with an Application for Licensure as a Psychologist, unless an active application was already on file; VOE form(s) received without the application on file with the Board will be returned to the sender. You can check the status of your application by logging into BreZE (www.BreZE.ca.gov).
- Review to ensure all necessary documents are furnished to the Board. Any omission could cause a delay in the application process.
- The Board notifies all applicants upon receipt of their Application for Licensure as a Psychologist. The Board will automatically add the CPLEE Request, Request for Initial Licensure, Notification, and any subsequent documents to the processing queue, and it will notify applicants of the status of their application when the review is complete.
- If you would like to know more about whether the Board has received your documents, you would need to use a tracking service when mailing the documents to the Board.
- All applications, supporting documents, and requested documents due to deficiency are reviewed and processed according to the date received. Application processing times vary, and they can be located on the Board’s website for reference at <https://www.psychology.ca.gov/applicants/licupdates.shtml>.

VERIFICATION OF EXPERIENCE FORM

TRAINEE AND PRIMARY SUPERVISOR DATA

TRAINEE		PRIMARY SUPERVISOR	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Initial:		Email Address:	
Date of Birth:		Phone Number:	
Email Address:		License Type and Number:	
Phone Number:		Jurisdiction (State of Province):	
		License Issue Date:	
		Training Director:	<input type="checkbox"/> Yes

VERIFICATION OF EXPERIENCE

Start Date (e.g., 10/3/2016)	Completion Date (e.g., 10/2/2017)	Average number of hours worked per week (exclude supervision) (e.g., 36)	Number of hours of direct, face-to-face supervision per week (e.g., 1)	Total number of hours of supervision per week (e.g., 4)	Total number of hours of verified experience including supervision received

ORGANIZATION WHERE SERVICES WERE PROVIDED:

Organization Name _____

Street Address _____ City _____ State _____ Zip _____

TRAINEE CATEGORY AND INFORMATION:

<input type="checkbox"/> Predoctoral Internship	Was this an official placement that is overseen by the APA, APPIC, or CAPIC? <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>If "yes", provide additional information of the placement to the right and attach proof of enrollment and/or a copy of official placement contract. If "no", check "Other" and provide the requested information.</i>	<input type="checkbox"/> APA Program/Department Name: _____ <input type="checkbox"/> APPIC Member Number: _____ <input type="checkbox"/> CAPIC Program Name: _____ <input type="checkbox"/> OTHER (Please explain, state the statutory and/or regulatory reference that allows the trainee to provide psychological services.): _____ _____ _____
<input type="checkbox"/> Postdoctoral Training Program		
<input type="checkbox"/> Registered Psychological Associate	<input type="checkbox"/> Registration Number: _____ <input type="checkbox"/> Issue date: _____	
<input type="checkbox"/> Waiver	<input type="checkbox"/> Attach a copy of approved waiver; Start Date: _____ End Date: _____	
<input type="checkbox"/> Exempt Settings	<input type="checkbox"/> Accredited/Approved Academic Institutions <input type="checkbox"/> Public Schools <input type="checkbox"/> Governmental Agencies	

The trainee and I complied with all the conditions and acknowledgments set forth in the Supervision Agreement.
(Complete only for California experience)

Yes ☐ No ☐

The trainee demonstrated overall performance at or above the level of competence expected for their current level of training.

☐ ☐

NOTE: If the answer to either of the above questions is "no," please thoroughly explain on a separate sheet and attach it to this form as an addendum.

I declare under penalty of perjury under the laws of the State of California that all the foregoing is true, complete, and correct.

Name (Print or Type) _____

Original Signature _____ Date _____

PLEASE ANSWER THE FOLLOWING QUESTIONS RELATING TO THIS SUPERVISED EXPERIENCE		Yes	No
1.	Did you provide at least 1 hour of face-to-face, direct, individual supervision every week?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did the trainee receive supervision for at least 10% of the time worked each week?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did you and any delegated supervisors possess and maintain a valid, active license during the entire supervision period?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was your supervision in compliance with APA Ethical Principles and Code of Conduct as well as licensing laws and regulations of the state in which the hours were accrued?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did you ensure that the trainee was at all times in compliance with all applicable licensing laws and regulations of the state in which the hours were accrued?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did you and any delegated supervisor have adequate education, training, and experience to supervise this trainee's areas of practice?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did you monitor the supervision performance of any delegated supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did the trainee have the appropriate education and training to practice in their areas of practice?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did you and/or any delegated supervisors receive payment, monetary or otherwise, from the trainee for the purpose of providing supervision?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Was the trainee functioning in this same work setting under any other license or any other professional capacity with the same client(s) during the period of supervision?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Was your license and/or any delegated supervisor's license to practice psychology or any other profession subject to discipline by any state or country during the period of supervision? <i>If yes, explain on a separate sheet of paper.</i>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Prior to or during the period of supervision, did you and/or any delegated supervisor have familial, intimate, business other relationship with the trainee?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Was the trainee a psychotherapy client of yours and/or any delegated supervisor's prior to or during the period of supervision?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Were you employed at the same work setting where the trainee was providing psychological services?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Were you available to the trainee 100% of the time the trainee was working?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Did you inform each client or patient prior to the rendering of services by the trainee, that the trainee is unlicensed and is functioning under the direction and supervision of yourself and that any fees paid for services of the trainee must be paid directly to you or the employer?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Did the trainee have a proprietary interest in your business and/or the business of any delegated supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Did the trainee serve in any capacity that would influence your judgement and/or the judgement of any delegated supervisor in providing supervision?	<input type="checkbox"/>	<input type="checkbox"/>

DUTIES: DESCRIBE BELOW, IN DETAIL, THE PSYCHOLOGICAL DUTIES INCLUDED IN THE SUPERVISED PROFESSIONAL EXPERIENCE BEING VERIFIED ON THIS FORM:
