



Board of Psychology Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Professional Reference Request

Print Clearly

Use a separate form for each supervisor verifying supervised experience. After working with the supervisor to agree on the hours claimed, applicant will complete section 1 and 7, sign the form, and forward it to the supervisor for verification

Supervisor will complete supervisor information (sections 2-6), verify the hours claimed by applicant (section 7), and date and sign to indicate they agree with the information. To submit, the form will need to come directly from the supervisor either through email at hsqaReview1@doh.wa.gov or by mail to the address above.

1. Applicant Information

First Name	Middle	Last Name
Credential #		Date of Birth

Supervisor Information

2. Supervisor: I am:

- The Original Supervisor (complete section 3, 5, and 6 below)
- The Director of Clinical Training (DCT) (complete sections 3, 5, and 6 below)
- Signing on behalf of the supervisor who is deceased or cannot be found (complete sections 3, 4, and 5 below)

3. Supervisor Information: To be completed by the supervisor completing and signing the form.

Supervisor Name	Supervisor license number and state license held
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Name of facility/institution/practice where applicant obtained supervised experience

4. Deceased or Unavailable Supervisor Information: Provide the information of the deceased or not located supervisor.

Supervisor Name	Supervisor license number and state license held
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Name of facility/institution/practice where applicant obtained supervised experience

5. Supervisor Qualification: If you provided supervision for the applicant for his/her Practicum, Preinternship, Internship, or Postdoctoral supervised experience, identify with the category of credentialing that applied to you at the time you provided the supervision. If you select "Other", identify your credential status under the applicable laws in your state or province.

Select which category(ies) apply to you and mark the appropriate box(es):

- Psychologist with at least two years post-licensure experience
- Psychiatrist with at least three years of experience beyond residency
- Social Worker, Mental Health Counselor, or Marriage and Family Therapist with at least five years post-licensure experience
- Doctoral level psychologist with at least three years postdoctoral experience who is exempt from licensure under [RCW 18.83.200](#)
- Other

6. Signing as DCT: If signing as DCT on behalf of supervisors, please identify all supervisors you are signing on behalf of. All supervisors must still meet supervisor requirements for the experience they supervised. If more room is needed to list all supervisors, please use another copy of this page and include with form when ready to submit.

Supervisor Name	Supervisor license number and state license held
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Name of facility/institution/practice where applicant obtained supervised experience

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Name of facility/institution/practice where applicant obtained supervised experience

Supervised Experience

7. Supervised Experience: *Dates of the practicum, preinternship, internship, and postdoctoral experiences must be chronological and cannot overlap.*

Type of supervised hours (may be more than one):

- Practicum
 Preinternship
 Internship
 Postdoctoral

Are the supervised hours you are attesting to the:

- Original Submission
 Resubmission (explain why below)

Please provide an explanation as to why the hours are being resubmitted:

Practicum [WAC 246-924-049](#) Practicum is the initial supervised experience and must be at least nine months in length and 300 hours of direct experience, 100 hours which must be supervision. No more than 300 hours may count towards licensure. Additional hours accrued past the completion of the nine-month practicum may be reported under the preinternship portion below if they meet the preinternship requirements.

Dates of supervised experience: From ____/____/____ To ____/____/____

	Total Hours Verified
A. Direct Experience	
B. Hours of Supervision as defined in WAC 246-924-049	
C. Total Hours for this Practicum Experience $A + B = C$	

Preinternship [WAC 246-924-053](#)) Preinternship occurs between the practicum and internship, dates cannot overlap. A maximum of 1500 hours can account for this experience.

Dates of supervised experience: From ____/____/____ To ____/____/____

	Minimum Required Hours	Total Hours Verified
A. Direct client contact hours providing assessment and intervention services	At least 60% of total hours	
B. Regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant	At least 2 hours out of every 20 hours of experience (at least 10% of total hours)	
C. Other learning activities or indirect experience e.g. case conferences, seminars on applied issues, conducting co-therapy with a staff person including discussion of a case, and group supervision	At least 2 hours out of every 20 hours of experience (at least 10% of total hours)	
D. Total Hours for this Preinternship Experience	$A + B + C = D$	

Internship [WAC 246-924-056](#) Internship must include 1,500 hours of supervised experience completed within 24 months.

Was the internship site APA accredited or approved by APPIC?: Yes No

If yes, provide APPIC # _____

Note to applicant: if claiming hours in this category, the internship was non-APA/APPIC, and it hasn't already been submitted, please ensure you include the written statement or brochure from the institution/practice that describes the goals and content of the internship.

Dates of supervised experience: From ____/____/____ To ____/____/____

	Minimum Required Hours	Total Hours Verified
A. Direct client contact hours providing assessment and intervention services	At least 25% of total hours	
B. Regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant	At least 2 hours out of every 40 hours of experience (at least 5% of total hours)	
C. Other learning activities or indirect experience e.g. case conferences, seminars on applied issues, conducting co-therapy with a staff person including discussion of a case, and group supervision	At least 2 hours out of every 40 hours of experience (at least 5% of total hours)	
D. Total Hours for this Internship Experience	A + B + C = D	

Postdoctoral [WAC 246-924-059](#)) A maximum of 1,500 hours may account for this experience.

Note to applicant: if claiming hours in this category and it hasn't already been submitted, please ensure you include the supervision agreement for this experience.

Dates of supervised experience: From ____/____/____ To ____/____/____

	Minimum Required Hours	Total Hours Verified
A. Professional activities		
B. Individual face-to-face supervision	At least 1 hour out of every 20 hours of experience (5% of total hours)	
D. Total Hours for this Post doctoral Experience	A + B = C	

Attestations Applicant please date and sign the form after discussing with supervisor and completing section 1 and 7. Once signed forward to your supervisor.

Supervisor, please date and sign the form after completing supervisor information in sections 2-6 and verifying the hours claimed by the applicant in section 7. Once form is complete supervisor will need to submit form directly to the department either through email at hsqaReview1@doh.wa.gov or by mail to the address on top of form.

I attest that the information above is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

I attest that the information above is true and complete to the best of my knowledge and that I have verified and agree with the hours claimed.

Supervisor Signature: _____ Date: _____