



Psychology Program  
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Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

## Supervision Agreement for a Psychological Associate Applicant or Licensed Psychological Associate

This form is to be used for those applying for and those maintaining a Psychological Associate license.

An applicant for a psychological associate license must submit a supervision agreement to the Department of Health.

A licensed psychological associate can only practice under supervision, consistent with their level of training, and must provide an updated supervision agreement within 30 days of a change of supervisor. The applicant or licensee and their supervisor must work together to complete sections 1 – 3, 7, and the applicable section between 4-6 based on their level of training. Once completed the form must be submitted directly from the supervisor to the department either through email to [PSYCappplication@doh.wa.gov](mailto:PSYCappplication@doh.wa.gov), or by mail to the address above.

### Section 1: Applicant or Licensee Information

First Name	Middle	Last Name
License Number (application number for new applicants)		Date of Birth
Level of Training (check one): <input type="checkbox"/> Licensed psychological associate Level 1 (Practicum) <input type="checkbox"/> Licensed psychological associate Level 2 (Internship) <input type="checkbox"/> Licensed psychological associate Level 3 (Postdoctoral)		

### Section 2: Supervisor Information

All supervisors for the purpose of the Psychological Associate license must be licensed in Washington.

Name of Supervisor
License Type and Number
Name of facility/institution/practice where applicant will obtain supervised experience

### Section 3: Affirmation

This section must be completed by the applicant or licensee of any level and their supervisor.

In accordance with [WAC 246-924-161](#), by signing this agreement, the supervisor and applicant or licensee affirm that the applicant or licensee will engage in practice only under supervision consistent with the level of training as documented above. Additionally, the applicant or licensee must always clearly identify their level of training to include documentation and notice to patients.

**Note:** An applicant can only practice under direct supervision, consistent with their level of training, for 120 days after the department received the applicant's completed application or the license is issued or denied, whichever comes first.

Initials of Supervisor	Initials of Applicant or Licensed Psychological Associate
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**Instructions:** Based on the licensee's level of training, complete the corresponding section below.

#### **Section 4: Licensed Psychological Associate Level 1 (Practicum)**

This section must be completed by the psychological associate and their supervisor if the psychological associate is completing a practicum. Skip the section if not applicable.

- The supervision of a Licensed Psychological Associate Level 1 participating in a practicum must comply with [WAC 246-924-052](#).
- If telehealth is used as part of the practicum, then the standards in [WAC 246-924-012](#) must be met.
- If telesupervision is used as part of the practicum, then the standards in [WAC 246-924-051](#) must be met.

Initials of Supervisor

Initials of Psychological Associate

#### **Section 5: Licensed Psychological Associate Level 2 (Internship)**

This section must be completed by the psychological associate and their supervisor if the psychological associate is completing an internship and include the internship brochure if completing this section. If not applicable, leave this section blank.

- If the internship is accredited by the APA, CPA, or is an approved APPIC site, the supervision of a Licensed Psychological Associate Level 2 participating in an internship must comply with [WAC 246-924-056](#).
- If the internship **is not** accredited by the APA, CPA, or an approved APPIC site, the supervision of a Licensed Psychological Associate Level 2 participating in an alternative internship must comply with [WAC 246-924-057](#).
- If telehealth is used as part of the internship, then the standards in [WAC 246-924-012](#) must be met.
- If telesupervision is used as part of the internship, then the standards in [WAC 246-924-051](#) must be met.

Initials of Supervisor

Initials of Associate

#### **Section 6: Licensed Psychological Associate Level 3 (Postdoctoral)**

This section must be completed by the psychological associate and their supervisor if the psychological associate is completing a postdoc. Skip the section if not applicable.

- The supervision of a Licensed Psychological Associate Level 3 participating in a postdoc must comply with [WAC 246-924-052](#).
- If telehealth is used as part of the postdoc, then the standards in [WAC 246-924-012](#) must be met.
- If telesupervision is used as part of the postdoc, then the standards in [WAC 246-924-051](#) must be met.

Initials of Supervisor

Initials of Psychological Associate

<b>Section 7: Agreement</b>	
I attest that the information above is true and complete to the best of my knowledge.	
Signature of Supervisor	Date
Signature of Psychological Associate	Date