



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**VERIFICATION OF POST-DEGREE  
 SUPERVISED PROFESSIONAL EXPERIENCE**

**MUST BE TYPED OR  
 PRINTED LEGIBLY**

STATE COMMITTEE OF PSYCHOLOGISTS

**INSTRUCTIONS**

**USE BLACK INK**

SUPERVISOR: Return completed form to:

State Committee of Psychologists  
 3605 Missouri Boulevard  
 Post Office Box 1335  
 Jefferson City, Missouri 65102-1335

(573) 751-0099  
 TDD 800-735-2966  
 email: scop@pr.mo.gov

**SECTION I – APPLICANT DATA**

1. NAME (LAST, FIRST, MIDDLE, MAIDEN)	2. SOCIAL SECURITY NUMBER
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**SECTION II – PRIMARY SUPERVISOR DATA**

**SUPERVISOR - COMPLETE AND RETURN ORIGINAL (NOT A PHOTOCOPY) OF THIS VERIFICATION AS SOON AS POSSIBLE TO THE STATE COMMITTEE OF PSYCHOLOGISTS. DO NOT RETURN THIS FORM TO APPLICANT.**

3. NAME (LAST, FIRST, MIDDLE, MAIDEN)	4. E-MAIL
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5. CURRENT OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)	6. TELEPHONE NUMBER
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7. AVERAGE NUMBER OF HOURS PER WEEK APPLICANT PERFORMED **PSYCHOLOGICAL DUTIES** UNDER YOUR SUPERVISION ▶

8. TOTAL NUMBER OF HOURS APPLICANT PERFORMED **PSYCHOLOGICAL DUTIES** UNDER YOUR SUPERVISION DURING COMPLETE SUPERVISION PERIOD ▶

9. DID YOU CO-SIGN REPORTS PREPARED BY THE APPLICANT WHILE UNDER YOUR SUPERVISION? IF NO, PLEASE SPECIFY METHODS FOR OVERVIEWING APPLICANT'S WORK.  YES  NO

10. INDICATE YOUR EVALUATION BY A CHECKMARK IN THE APPROPRIATE COLUMN AT THE RIGHT, BASED UPON YOUR PERSONAL KNOWLEDGE OF THE APPLICANT IN EACH OF THE ITEMS LISTED.	UNABLE TO EVALUATE	NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	VERY GOOD
a. QUALITY OF TRAINING: PREPARING THE APPLICANT FOR POST-DEGREE SUPERVISION.					
b. ABILITY TO ESTABLISH AND MAINTAIN GOOD INTERPROFESSIONAL RELATIONS.					
c. POSSESSION OF EMOTIONAL MATURITY, STABILITY, AND TEMPERAMENTAL CHARACTERISTICS REQUIRED FOR SATISFACTORY WORK WITH CLIENTS AND PATIENTS.					
d. UNDERSTANDING OF AND ADHERENCE TO APPROVED STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT.					
e. PERSONAL CHARACTER: HONESTY, INTEGRITY AND GENERAL CONDUCT.					
f. REPUTATION AMONG COLLEAGUES AS A REPRESENTATIVE OF PROFESSIONAL CONDUCT.					
g. CAPACITY FOR PROFESSIONAL GROWTH AND DEVELOPMENT.					
h. I WOULD RATE THIS APPLICANT'S OVERALL PERFORMANCE UNDER MY SUPERVISION AS:					

**SECTION III – SECONDARY SUPERVISOR DATA**

11. NAME (LAST, FIRST, MIDDLE, MAIDEN)		E-MAIL				
12. CURRENT OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)				11. TELEPHONE NUMBER		
13. AVERAGE NUMBER OF HOURS PER WEEK APPLICANT PERFORMED <b>PSYCHOLOGICAL ACTIVITIES</b> UNDER YOUR SUPERVISION ▶						
14. TOTAL NUMBER OF HOURS APPLICANT PERFORMED <b>PSYCHOLOGICAL ACTIVITIES</b> UNDER YOUR SUPERVISION DURING COMPLETE SUPERVISION PERIOD ▶						
15. DID YOU CO-SIGN REPORTS PREPARED BY THE APPLICANT WHILE UNDER YOUR SUPERVISION? IF NO, PLEASE SPECIFY METHODS FOR OVERVIEWING APPLICANT'S WORK. <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>						
16. INDICATE YOUR EVALUATION BY A CHECKMARK IN THE APPROPRIATE COLUMN AT THE RIGHT, BASED UPON YOUR PERSONAL KNOWLEDGE OF THE APPLICANT IN EACH OF THE ITEMS LISTED.		UNABLE TO EVALUATE	NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	VERY GOOD
a. QUALITY OF TRAINING: PREPARING THE APPLICANT FOR POST-DEGREE SUPERVISION.						
b. ABILITY TO ESTABLISH AND MAINTAIN GOOD INTERPROFESSIONAL RELATIONS.						
c. POSSESSION OF EMOTIONAL MATURITY, STABILITY, AND TEMPERAMENTAL CHARACTERISTICS REQUIRED FOR SATISFACTORY WORK WITH CLIENTS AND PATIENTS.						
d. UNDERSTANDING OF AND ADHERENCE TO APPROVED STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT.						
e. PERSONAL CHARACTER: HONESTY, INTEGRITY AND GENERAL CONDUCT.						
f. REPUTATION AMONG COLLEAGUES AS A REPRESENTATIVE OF PROFESSIONAL CONDUCT.						
g. CAPACITY FOR PROFESSIONAL GROWTH AND DEVELOPMENT.						
h. I WOULD RATE THIS APPLICANT'S OVERALL PERFORMANCE UNDER MY SUPERVISION AS:						

**SECTION IV – (TO BE COMPLETED BY PRIMARY SUPERVISOR)**

I hereby affirm that \_\_\_\_\_ completed the psychological activities and experiences exactly as submitted on the POST-DEGREE SUPERVISED PROFESSIONAL EXPERIENCE form dated \_\_\_\_\_ .

## 17. RECOMMENDATION FOR LICENSURE

- WITHOUT RESERVATION     WITH RESERVATION (SPECIFY BELOW)  
 DO NOT RECOMMEND AT ALL (SPECIFY BELOW)

**18. VERIFICATION OF APPLICANT'S PRIMARY SUPERVISOR**

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE	DEGREE	DATE
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**SECTION V – (TO BE COMPLETED BY SECONDARY SUPERVISOR)**

I hereby affirm that \_\_\_\_\_ completed the psychological activities and experiences exactly as submitted on the POST-DEGREE SUPERVISED PROFESSIONAL EXPERIENCE form dated \_\_\_\_\_ .

**19. RECOMMENDATION FOR LICENSURE**

- WITHOUT RESERVATION     WITH RESERVATION (SPECIFY BELOW)
- DO NOT RECOMMEND AT ALL (SPECIFY BELOW)

**20. VERIFICATION OF APPLICANT'S SECONDARY SUPERVISOR**

I hereby affirm that the foregoing information which has been supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE	DEGREE	DATE
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