MONTANA BOARD OF PSYCHOLOGISTS
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EMAIL: dlibsdpsy@mt.gov WEBSITE: www.psy.mt.gov

FORM B

MUST INCLUDE $25.00 FEE

REPORT OF INITIATION OF POST-DOC SUPERVISION - 1,600 HOURS REQUIRED

Supervisee's Name _____ Social Security No. _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Day Phone _____

Supervisor's Name _____ Montana License No. _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Day Phone _____

Indicate the following information regarding the SUPERVISEE:

Birth Date: _____ Date doctoral degree awarded _____

Name of institution awarding doctoral degree _____

School APA Approved? _____ Internship completed? _____ Date _____

Was internship APA approved? _____ Was internship APPIC approved? _____

If internship was not APA or APPIC approved, please submit APA equivalency form (on website under "Additional Forms")

Relevant Previous Experience _____

_____

Nature of Psychological Activities to be Supervised _____

_____

Indicate the following information regarding the SUPERVISOR:

Check areas of supervisor experience and competence sufficient to supervise applicant:

a. Clinical Psychology ☐ Adults ☐ Children ☐ Family
b. Vocational counseling and guidance ☐ Adults ☐ Children
c. Psychiatric hospitalized populations ☐
d. Neuropsychological ☐
e. Application of psychology to industrial problems ☐
f. Teaching psychology ☐
g. Research primarily of psychological nature ☐
h. Consulting services of a psychological nature ☐
i. Psychological testing ☐
j. Forensic psychology ☐
k. Corrections ☐
l. Health Psychology ☐

m. List other areas

Supervisor has been licensed for three years? ☐ Yes ☐ No

Written individualized training plan developed? ☐ Yes ☐ No

Quarterly reports to be kept per ARM 24.189.607(9)(e)? ☐ Yes ☐ No

For Supervisor: List previous training and experience in supervision

Number of hours per week of work time to be spent by supervisee in psychological activities:_____

Place or places where supervision will take place:

Number of visits and hours expected to be spent by the supervisor in direct contact with the supervisee: _____

Supervisee Log or diary kept per ARM 24.189.607(10)? ☐ Yes ☐ No

Beginning date of supervision _____ Estimate of ending date of supervision _____

List the names of two other licensed mental health professionals who will participate in the training of the supervisee and will be on site when the supervisor is not:

Indicate how these individuals will participate in the training:

I agree to comply with the provisions of the rules regarding supervision of non-licensed persons?
☐ Yes ☐ No

SUPERVISOR'S SIGNATURE: _____

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION IS ACCEPTABLE. IT DOES NOT INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL THE REQUIREMENTS SPECIFIED IN THE STATE LAW SECTION 37-17-302 AND SUBSTANTIVE RULE 27.189.607, ARM. FAILURE TO HAVE INCORPORATED THESE MANDATED CONDITIONS MAY RESULT IN ACCEPTED SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS IT IS THE SUPERVISEE'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CONDITIONS ARE MET. SUPERVISED EXPERIENCE ALONE DOES NOT GUARANTEE ADMITTANCE TO THE EXAMINATION OR THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.