SUPERVISOR CONFIRMATION FORM for HSP

Iowa Licensed Psychologist / Applicant ____________________________________________

The above named psychologist has applied for Iowa certification as a Health Service Provider in Psychology (HSP). You are identified by the applicant as a direct supervisor for all or a portion of the required postdoctoral clinical experience in a health services setting. The requirements are found at 645—IAC 240.7. Note: Do not include academic teaching or research. Please complete this form and return it to the Board of Psychology. Thank you for your assistance.

SUPERVISOR CREDENTIALS

Name: ________________________________________________

Organization or agency: __________________________________________________________

Address: ______________________________________________________________________

City: __________________________________ State: __________________________ Zip Code: ______________

Are you listed in the National Register of Health Service Providers in Psychology or certified as a Health Service Provider in Psychology by the Iowa Board?  Yes □ No □ Other States? Yes □ No □

Highest Degree Earned: __________________________ Degree Program: __________________________

State(s) Licensed/Certified: __________________________________ License number(s): __________________________

Specialty Boards  Yes □ No □ Certifications __________________________

Dates of my supervision of the above-named applicant for certification:

1. From: _________________________________ to: _________________________________
   (month/day/year) (month/day/year)

2. Number of hours of applicant clinical experience per week ______________________

3. Total number of hours of applicant clinical experience ______________________

4. Number of individual, in person or remote, face to face supervision hours per week for the period listed____________

5. Total number of individual, in person or remote, face-to-face supervision hours for the period listed:____________

6. Name of agency or organization ________________________________________________

7. My title at the time: __________________________________________________________

8. Applicant’s title at the time: ____________________________________________________

I hereby attest that all the above information is true and correct to the best of my knowledge.

Signature: ________________________________________________

Title: ______________________________________________________

Date: ________________________________ Revised 11/11/20