

2. If you wish to provide additional clarification for any of the above, or other information regarding this applicant, please state:

State(s) in which you are currently licensed or certified to practice psychology: _____

License/Certification Number(s): _____

Effective dates: _____ to _____
month/year month/year

Are you listed in The National Register of Health Service Providers in Psychology or certified as a Health Service Provider in any state? Yes No

If yes, please specify: _____

Were you licensed or certified to practice psychology for the duration of your supervision of the applicant?
 Yes No

If yes, please indicate State: _____ Name of Licensing Organization: _____

Original Issue Date of License or Certificate: _____

Highest degree/program: _____

Print name: _____

Organization or agency: _____

Signature: _____

Date: _____