

# Wisconsin Department of Safety and Professional Services

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## PSYCHOLOGY EXAMINING BOARD

### VERIFICATION OF THE SUPERVISED PRACTICE OF PSYCHOLOGY

**APPLICANT: Complete this section and submit directly to your supervisor for completion. Form must be returned directly from the supervisor to the Department.**

Applicant Name – Last	First	MI	Former/Maiden

Wis. Stat. § 455.04(1)(d) requires at least 3,000 hours of supervised graduate-level experience in the practice of psychology under conditions satisfactory to the examining board and established by rule. Category A (1,500 hours) is required. The remaining 1,500 hours may be comprised of Category B hours in various time periods as listed below. Please select one to indicate the category of hours being verified on this form. **If one supervisor is verifying hours in different categories, the supervisor should complete one form for each category verified.**

- A.** At least 1,500 hours of experience in a successfully completed internship, accrued *after* the completion of all doctoral level coursework, and
- B.** At least 1,500 hours of experience consisting of *any combination of the following*, as established by [Wis. Admin. Code § Psy 2.10](#):
- (B1)** Pre-internship hours that occur after the completion of the first year of the doctoral program or at any time while in a doctoral program after the completion of a master's degree in psychology or its equivalent, as defined by [Wis. Admin. Code § Psy 2.10](#).
  - (B2)** Hours accrued in the internship described in Category A above that are *in excess of* the 1,500 hours required in Category A.
  - (B3)** Post-internship hours accrued *after* internship completion in Category A above, but *before* the conferral of the doctoral degree.
  - (B4)** Postdoctoral hours obtained after the conferral of the doctoral degree.

**ATTESTATION OF APPLICANT:** I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.

Applicant Signature (If unable to provide a digital signature, print and sign form.)	Application Number	Date (mm/dd/yyyy)
		___/___/___

**SUPERVISOR: Complete this section for the above-named applicant and return directly to the Department using the License Third-Party\* Upload Portal at [license.wi.gov](http://license.wi.gov). You will need the application number shown above. (\*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)**

Supervisor Printed Name	Supervisor Profession	Supervisor License Number	
Supervision Date – FROM	Supervision Date – TO	Number of Hours Completed Under My Supervision	
___/___/___	___/___/___		
Name of facility where applicant completed supervised practice of psychology			
Facility address (street/number)	(city)	(state)	(zip code)

*Continued on next page.*

# Wisconsin Department of Safety and Professional Services

*Supervisor completion, continued.*

<b>Brief description of applicant's clinical responsibilities in this position</b> (Attached additional sheets, if necessary.)	
<p><b>ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT:</b> I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations. I attest that the above-named applicant has completed the number of hours and supervised practice of psychology reported above.</p>	
<b>Supervisor Signature</b> (If unable to provide a digital signature, print and sign form.)	<b>Date</b> (mm/dd/yyyy)
	____ / ____ / ____
<b>Title</b>	<b>Phone Number</b>