

Wisconsin Department of Safety and Professional Services

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PSYCHOLOGY EXAMINING BOARD

VERIFICATION OF THE SUPERVISED PRACTICE OF PSYCHOLOGY

IMPORTANT NOTE: A copy of this form is to be completed and sent directly to DSPS by each supervisor. Supervisor may fax or email form to DSPS with a facility cover sheet or cover letter to (608) 251-3036 or dspscredpsychology@wisconsin.gov.

[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 the examining board by rule:
- (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 the examining board by rule.
- (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.

Applicant Name – Last	First	MI	Former/Maiden
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor Name	Supervisor Profession	Supervisor License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervision Date – FROM	Supervision Date – TO	Number of Hours Completed Under My Supervision
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of facility where applicant completed supervised practice of psychology
<input type="text"/>

Location of facility where applicant completed supervised practice of psychology (street, city, state, zip code)
<input type="text"/>

Brief description of applicant's clinical responsibilities in this position
<input type="text"/>

I attest that the above-named applicant has completed the number of hours and supervised practice of psychology reported above.

Supervisor Signature (Print and Sign Form)

Date