MARRIAGE & FAMILY THERAPY, PROFESSIONAL COUNSELING AND
SOCIAL WORK EXAMINING BOARD

AFFIDAVIT OF SUPERVISOR IN SUPPORT OF APPLICATION
TO ENGAGE IN PSYCHOMETRIC TESTING

Applicant’s Name: ______________________________________________________________________________________

Supervisor’s Name: ______________________________________________________________________________________

Supervisor License Number: _______________________________________________________________________________

1. I am a licensed psychologist and I have the education, experience and training to select, administer, score and
   interpret the specific tests as listed below, for which I provided supervision.

2. I affirm that I supervised the applicant stated above, and I attest that he/she has acquired specific
   qualifications for the responsible selection, administration, scoring and interpretation of the following
   psychometric tests in the following particular settings for the following specific purposes.
   (Particular settings include an employment context, an educational context, a career and vocational counseling
   context, a health care context, or a forensic context. Specific purposes include classification, description,
   prediction, intervention planning, tracking, training and supervision.)

   Dates of Supervision: _________________________________________________________

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<tr>
<th>Test</th>
<th>Setting(s)</th>
<th>Purpose(s)</th>
<th>Number of Administrations</th>
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Date: _______________________________ Supervisor Signature: _________________________________

The supervisor should return this completed form directly to:
Department of Safety and Professional Services
Marriage and Family Therapy, Professional Counseling and Social Work Examining Board
P.O. Box 8935
Madison, WI 53708-8935

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Ch. 457, Stats.