

Wisconsin Department of Safety and Professional Services

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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: _____

Test	Setting(s)	Purpose(s)	Number of Administrations

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
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