

**WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**  
**PSYCHOLOGY SUPERVISION ATTESTATION FORM**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Psy 4.035(9) Continuing education hours shall be granted for providing supervision to one or more psychological trainees. The supervisor shall receive 1 continuing education hour for every 4 hours of supervision, with a maximum of 20 continuing education hours.

Date	Individual Under Supervision	Activity Being Supervised	# of Hours	Dept Use Only
<p><b>This license holder attests that all supervisory hours claimed on this form are accurate to the best of their knowledge. Any misrepresentation of claimed hours maybe subject to discipline.</b></p>			<p><b>Total Hours:</b></p>	

Signature of license holder: \_\_\_\_\_

Date: \_\_\_\_\_