



Request to Extend Residency Supervision Contract

This fillable form is used to request an extension for good cause to an existing Resident Supervision Contract. The request must be received by the Board's office prior to the expiration of the contract, but please do not submit your request more than 8 weeks prior. If an extension is granted, the terms of the previously approved contract remain in place, and the contract expiration date will be extended to a specified date.

Resident Name: _____

Requested Length of Extension: _____ **Months**

Residency Progress:

Resident has performed _____ total hours of psychological services over a period of _____ months.

Please Explain Your Need for this Request and Plan for Completion of the Residency:

SIGNATURES -

We hereby request a Residency Supervision Contract Extension.

Primary Supervisor

Date

Resident Signature

Date