

# OREGON BOARD OF PSYCHOLOGY

## Supervisor Reference Form

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\_\_\_\_\_ has applied for licensure as a psychologist/psychologist associate in the State of Oregon. The Board is dedicated to ensuring high standards for the psychology profession, and requests you respond to the following questions regarding the supervised work experience.

### I. Primary Supervisor's Information

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

License Type & Number: \_\_\_\_\_ State/Province: \_\_\_\_\_

Original Date Licensed: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### II. Pre-Degree Experience. Please complete this section for supervised experience prior to degree conferral only.

Work Site: \_\_\_\_\_

Applicant's Title During Experience: \_\_\_\_\_

Dates of Supervision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Worked per Week: \_\_\_\_\_

*Please only verify experience that has actually been completed as of the date you sign this form. Do not include expected hours.*

Total Hours of Psychological Services performed by this applicant under your supervision: \_\_\_\_\_

Hours of Individual Supervision that you provided to this applicant *per week*: \_\_\_\_\_

Hours of Group Supervision that this applicant participated in *per week*: \_\_\_\_\_

Briefly describe Applicant's duties:

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### III. Post-Degree Experience. Please complete this section for supervised experience after degree conferral only.

Work Site: \_\_\_\_\_

Applicant's Title During Experience: \_\_\_\_\_

Supervisor Reference Form, Continued.

**III. Post-Degree Experience, continued...**

Dates of Supervision: \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Hours Worked per Week: \_\_\_

*Please only verify experience that has actually been completed as of the date you sign this form. Do not include expected hours.*

Total Hours of Psychological Services performed by this applicant under your supervision: \_\_\_\_\_

Hours of Individual Supervision that you provided to this applicant *per week*: \_\_\_\_\_

Hours of Group Supervision that this applicant participated in *per week*: \_\_\_\_\_

Briefly describe Applicant's duties:

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**IV. Character & Fitness**

1) Would you be willing to employ this applicant, if there was an opening in your organization? If no, please explain.  Yes  No

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2) Is the applicant a credit to the psychology profession based on ethical conduct, personal character, and technical competence? If no, please explain.  Yes  No

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3) Are you aware of any reasons why this applicant should not be licensed to practice psychology in the State of Oregon? If yes, please explain.  Yes  No

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4) Is there any other information about this candidate that you believe should be provided to the Oregon Board of Psychology? If yes, please explain.  Yes  No

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**I attest that I have answered all the questions without reservation, and that all of the information provided by me herein is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Supervisors:** please return this form, signed across the sealed envelope flap, directly to: OBOP | 3218 Pringle Rd. SE, Ste. 130 | Salem, OR 97302-6309 or to [psychology.board@mhra.oregon.gov](mailto:psychology.board@mhra.oregon.gov)