



Washington State Department of

Health

Board of Psychology Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360.236.4700

## Professional Reference Request

Type or Print Clearly

Note: Please be advised upon receipt of written request, this form may be released to the applicant. You may choose to provide the applicant with a copy of your completed form. However addresses and telephone numbers will not be released. This form may be duplicated. Qualifying supervised experience in a human subject research setting is only allowed for hours providing and obtaining supervision for those clinical services defined as the "practice of psychology" under RCW 18.83.010(1). All other research-related hours do no qualify for supervised experience.

The person asking you to complete this form is applying for licensure as a psychologist in Washington State. Applicants must provide documentation from supervisors that they have met the supervised experience requirements for licensure. This form identifies several categories of supervised experience. These categories are defined in rules adopted by the Examining Board of Psychology. These rules are found in the Washington Administrative Code (WAC) which can be searched on the following site: <http://apps.leg.wa.gov/wac/default.aspx?cite=246.924>. The rules for the four categories of supervised experience are as follows: WAC 246-924-049, "Practicum"; WAC 246-924-053, "Preinternship"; WAC 246-24-056, "Internship"; and, WAC 246-924-059, "Post-doctoral supervised experience."

If you are being asked to complete this form for an applicant because his/her original supervisor is deceased or cannot be located, please document that information below under Item 1., "Other." Provide as much of the requested information as appropriate given your position based on the information and records available to you at your facility or institution, including any personal knowledge of the applicant's supervised experience.

For each response below please attach any additional explanation if necessary.

\_\_\_\_\_ has applied for a license as a psychologist in the State of  
Name of Applicant  
Washington and has given your name as a reference. Please return directly to the address listed above.

Your Name

Organization	Position		
Address	City	State	Zip

1. Supervision Relationship to Candidate:

- Practicum    Preinternship    Internship    Post-doctoral    Professional Colleague
- Other (specify) \_\_\_\_\_

Title of applicant's position and name of organization: \_\_\_\_\_

\_\_\_\_\_

## Professional Reference Request (Cont.)

2. Describe briefly the applicant's duties as you knew them in the position listed above: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. If you were a supervisor of the applicant's **practicum**, please complete the following:
- A. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
- B. Total number of hours of practicum experience you supervised: \_\_\_\_\_ (300 hours are required.)
- C. Were at least 100 hours of the 300 Practicum hours spent in supervision (see WAC 246-924-049 for the definition of "supervision" in the Practicum)?  Yes  No Number of hours: \_\_\_\_\_
4. If you were a supervisor of the applicant's **preinternship** experience, please complete the following:
- A. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
- B. Total number of hours of preinternship experience you supervised: \_\_\_\_\_
- C. For every 20 hours of **preinternship** experience was the following completed?
- a. Was there at least two hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant?  Yes  No
- b. At least two hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supervision?  
 Yes  No
5. If you were a supervisor of the applicant's **internship** experience, please complete the following:
- A. Was the internship site APA accredited or approved by APPIC?  Yes  No
- B. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
- C. Total number of hours of internship experience you supervised: \_\_\_\_\_ (At least 1,500 hours are required.)
- D. For every 40 hours of internship experience was the following completed?
- a. At least two hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant?  Yes  No
- b. At least two hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of the case, and group supervision?  
 Yes  No
6. If you were a supervisor of the applicant's **post-doctoral** or other experience, please complete the following:
- A. Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_
- B. Total number of hours of post-doctoral psychological work you supervised: \_\_\_\_\_
- C. Total number of hours of face-to-face supervision you provided: \_\_\_\_\_
- D. Was there one hour of supervision for every 20 hours of experience?  Yes  No

## Professional Reference Request (Cont.)

7. Do you have any concerns in recommending this applicant for a license in the state of Washington for independent practice?  Yes  No If yes, please comment specifically. Include any other information you consider relevant.

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8. Is there any other information about this candidate which you believe should be provided to the Examining Board of Psychology?  Yes  No If yes, please explain. \_\_\_\_\_

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Select which category(ies) apply to you and mark the appropriate box(es):

- A. If you provided supervision for the applicant for his/her Preinternship, Internship, or Post-doctoral supervised experience, identify with the category of credentialing that applied to you at the time you provided the supervision. If you select "Other," identify your credential status under the applicable laws in your state or province.

- Psychologist with two years post-licensure experience.
- Psychiatrist with three years of experience beyond residency.
- Social worker, Mental Health, or Marriage and Family Therapist with five years post-licensure experience.
- Doctoral level psychologist with three years post-doctoral experience who is exempt from licensure under RCW 18.83.200.
- Other \_\_\_\_\_

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License Number: \_\_\_\_\_ Date of Original License: \_\_\_\_\_

- B. If you provided supervision for the applicant for his/her Practicum, enter the following information about your position in that facility or institution where the Practicum occurred and any health profession credential you held at that time.

Position Title \_\_\_\_\_

# Professional Reference Request (Cont.)

Health Profession Credential \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- C. If you have provided information because the applicant's supervisor is deceased or cannot be located, provide the following information.

Current position/title \_\_\_\_\_

Name of facility/institution where applicant obtained supervised experience

\_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_