

Date Received in Board Office _____

Applicant Number _____

POST-DOCTORAL PSYCHOLOGICAL EXPERIENCE FORM

Supervisor please return the completed form directly to:

South Dakota Board of Examiners of Psychologists

810 N. Main St., #298

Spearfish, SD 57783-2447

The application for licensure cannot be processed until this completed form is received by the Board of Examiners.

TO BE COMPLETED BY APPLICANT

Applicant's Name _____
(Last) (First) (MI)

Applicant's Signature _____
(Signature) (Date)

TO BE COMPLETED BY SUPERVISING PSYCHOLOGIST

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. South Dakota licensing law requires one year of post-psychological experience as a prerequisite for licensure. You are being asked to certify the post-doctoral psychological experience of this applicant. Attesting to this applicant's post-doctoral training is a vital element of the licensing process. Any misstatements by a licensed psychologist in completing this form may constitute unethical/unprofessional conduct. Please complete this form as objectively and candidly as possible.

NO PORTION OF THE REMAINDER OF THIS FORM MAY BE COMPLETED BY THE APPLICANT.

1. Name, address and number of agency where psychological experience was obtained:

(Name)

(Mailing address)

(City) (State) (Zip)

(Telephone) (Fax Number)

2. Name, address and phone number of psychologist responsible for supervising the applicant's psychological experience:

(Name) (email address)

(Mailing address)

(City) (State) (Zip)

(Telephone) (Fax Number)

State/Province where Supervisor licensed: _____

License # _____ Date issued _____ Current: Yes No

3. Inclusive dates of applicant's psychological experience:

Starting date _____ Completion date _____

4. Applicant's title during psychological experience: _____

(Over)

5. Applicant's position during psychological experience: _____

6. Applicant worked full time _____ or part-time _____
(hours per week) (hours per week)

I declare and affirm under the penalties of perjury that this experience form has been completed by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Supervising Psychologist

Date