

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 FILLED IN 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)

(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: _____

5. Applicant's position during psychological experience: _____

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

7. During the period of supervised experience, what percent of the applicant's direct service time was spent in service of the following age categories:

Preschool: _____ %
School Age: _____ %
Adolescent: _____ %
College: _____ %
Adult: _____ %
Senior Citizen: _____ % Total 100%

8. Please describe the nature of the applicant's psychological experience: _____

9. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgement and ethical conduct prerequisite to the independent unsupervised practice of psychology?

YES NO

If NO, please explain:

10. What is the applicant not qualified to do in the practice of psychology (You may attach a separate sheet, if necessary)? _____

11. Would you hire this applicant as a professional psychologist?

YES NO

If no, please explain (You may attach a separate sheet, if necessary):

12. Do you have any reservations that would assist the South Dakota Board of Examiners of Psychologists in evaluating this applicant's qualifications to engage in the practice of psychology?

YES NO

If YES, Please explain

I DO/ DO NOT recommend this applicant for licensure in psychology.

(Please Circle)

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