

Supervisor please return the completed form directly to:

South Dakota Board of Examiners of Psychologists  
810 N. Main St., #298  
Spearfish, SD 57783

Apt # \_\_\_\_\_  
(For Board Use)

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

## PREDOCTORAL INTERNSHIP SUPERVISION CONFIRMATION FORM

### Part I. TO BE COMPLETED BY APPLICANT AND SENT TO INTERNSHIP DIRECTORS

Applicant's Name: \_\_\_\_\_  
(Last) (First) (MI)

\_\_\_\_\_  
(Signature of Applicant) (Date)

### Part II. INTERNSHIP TRAINING DIRECTOR

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. You are being asked to certify the supervised predoctoral psychology internship of this applicant. Attesting to this applicant's internship training is a critical 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.**

### Part III. INFORMATION ABOUT INTERNSHIP

The internship must be an organized training program designed to provide the intern with a planned programmed sequence of training experiences, emphasizing breadth and quality of training.

Name of Program: \_\_\_\_\_

Internship Facility: \_\_\_\_\_

Address of: \_\_\_\_\_  
(Street, P.O. Box) (City) (State) (Zip)

Phone Number:(\_\_\_\_\_)\_\_\_\_\_

- At the time of this applicant's internship was the internship program APA-Approved? Yes  No   
Is the internship program presently APA-Approved? Yes  No
- Name of agency psychologist who is designated to be responsible for the integrity and quality of the training program:

\_\_\_\_\_  
(Last) (First) (MI) (Degree) State/License # (State) (Lic #)

**Part III. INFORMATION ABOUT INTERNSHIP (continued)**

1. Inclusive dates of applicant's internship:

Beginning: \_\_\_\_\_ Termination date: \_\_\_\_\_

2. Applicant's title during the internship: \_\_\_\_\_

3. Applicant's position during the internship: \_\_\_\_\_

4. Total number of internship hours completed by applicant: \_\_\_\_\_

5. Internship was full time \_\_\_\_\_ or part-time \_\_\_\_\_  
(hours/week) (hours/week)

6. Number of other interns in training during this applicant's internship: \_\_\_\_\_

7. Number of licensed psychologists on the internship training faculty: \_\_\_\_\_

8. Percentage of time applicant's supervision was provided by licensed psychologists: \_\_\_\_\_

9. Percentage of time applicant's supervision was provided by persons other than licensed psychologists: \_\_\_\_\_; specify supervisor's profession or discipline: \_\_\_\_\_

10. Percent of time applicant spent in direct client contact: \_\_\_\_\_

11. Number of hours per week applicant spent in face-to-face individual supervision: \_\_\_\_\_

12. Number of additional hours per week applicant spent in learning activities in which the applicant was actively involved: \_\_\_\_\_

**IMPORTANT:**

**PLEASE RETURN WITH THIS COMPLETED FORM A WRITTEN STATEMENT OR BROCHURE WHICH DESCRIBES THE GOALS AND CONTENT OF THE INTERNSHIP, WHICH STATES CLEAR EXPECTATIONS FOR THE QUALITY AND QUANTITY OF THE TRAINEES'S WORK, AND WHICH IS AVAILABLE TO PROSPECTIVE INTERNS.**

Submission of a written statement or brochure is required for this form to be complete.

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**Part IV. INFORMATION ABOUT INTERN**

1. 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%

2. Please describe the work load and training activities of the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgment and ethical conduct requisite to the practice of psychology? Yes  No

IF NO, please explain:

4. Have you ever had any relationship with this applicant other than a supervisory relationship? Yes  No

If YES, please explain:

5. Is this applicant qualified by internship training to administer and interpret projective tests? Yes  No

6. What is the applicant not qualified to do in the practice of psychology? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Would you hire this applicant as a professional psychologist? Yes  No

If NO, please explain:

8. 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:

**Part V. INFORMATION ABOUT SUPERVISOR**

1. Name \_\_\_\_\_ Title \_\_\_\_\_

2. Current Address \_\_\_\_\_  
(P.O. Box, Street) (City) (State) (Zip)

3. Current Phone Number (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Work) (Fax)

4. Highest Degree Earned \_\_\_\_\_

5. Title at time applicant was supervised \_\_\_\_\_

6. Are you a licensed psychologist? Yes  No

7. If you are a licensed psychologist, please list:

State/Province \_\_\_\_\_ Level \_\_\_\_\_

License # \_\_\_\_\_ Date Acquired \_\_\_\_\_

If you are a licensed psychologist in any other states/province, please list:

State/Province \_\_\_\_\_ License # \_\_\_\_\_ Date Acquired \_\_\_\_\_

If you are not licensed or certified, please complete the following:

Major subject of degree: \_\_\_\_\_

Title of department and school granting degree: \_\_\_\_\_

Number of years worked in the capacity as a professional psychologist: \_\_\_\_\_

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

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

\_\_\_\_\_  
Internship Director's/Supervisor's Signature

\_\_\_\_\_  
Date