

MONTANA BOARD OF PSYCHOLOGISTS
301 South Park, 4th Floor
P.O. Box 200513
Helena, MT 59620-0513
(406) 841-2300

VERIFICATION OF CLINICAL SUPERVISION FOR POST DOCTORATE DEGREE

NAME OF APPLICANT:

The following information must be completed by the supervisor to determine the eligibility of the above named applicant for licensure as a psychologist.

NAME OF SUPERVISOR:

OFFICIAL TITLE:

BUSINESS ADDRESS:

LICENSE NO:

STATE WHERE LICENSED:

(If not licensed in Montana, submit copy of valid license)

Dates you have known the applicant:

From: Mo Day Yr

Dates applicant was under your direct supervision:

From: _____ To: _____
Mo Day Yr Mo Day Yr

APPLICANT'S POSITION AT THE TIME OF SUPERVISION:

1. Number of hours per week of individual face-to-face supervision.
2. Total number of hours of Clinical Supervision Received by applicant.
(You may be asked to verify this through using a calendar or log)

DUTIES/SERVICES PERFORMED BY THE APPLICANT UNDER YOUR DIRECT SUPERVISION. (Include patient population type, assessments used, counseling techniques, etc.)

FORM C

To complete this form applicant must demonstrate minimum competence in the areas listed below. Scores are as follows:

- 1 = Does not display minimal competency.
- 3 = Displays minimal competency in this area.
- 5 = Exhibits above minimum competence in this area.

Any section receiving a ONE (1) or TWO (2) must have an explanation in a separate report.

1. Observational Skills

1 2 3 4 5 Observes client/patient behavior and articulates this in a coherent fashion.

2. Assessment Selection Skills

1 2 3 4 5 Selects appropriate instruments, techniques or procedures (e.g. test inventories) to assess relevant characteristic of individual or group.

3. Test Administration

1 2 3 4 5 Administers, interprets and scores psychological test materials, techniques or procedures in a standardized fashion.

4. Report Writing Skills

1 2 3 4 5 Integrates and reports results of psychological testing or intervention in a coherent, clear fashion.

5. Special Populations

1 2 3 4 5 Identify techniques for assessing psychological needs of special populations (e.g. sensorially or physically disabled, ethnic minority, gender issues, etc.).

6. Diagnostic Skills

1 2 3 4 5 Demonstrates knowledge of DSM 5 and ability to differentially diagnose patients in organized and clear fashion.

7. Professional Relationships

1 2 3 4 5 Maintains appropriate professional relationships with supervisor, peers and other professionals.

8. Assessing Patient/Client for Dangerousness

1 2 3 4 5 Demonstrates skills, knowledge and abilities to identify potentially dangerous patients/clients and intervene appropriately. (e.g., suicidal, assaultive, etc.).

9. Ethical Principles

1 2 3 4 5 Demonstrates a knowledge and behavior consistent with ethical principle and standards for psychologists.

10. Record Keeping

1 2 3 4 5 Maintains records and documentation of treatment plan and progress notes in a clear and readable fashion.

11. Knowledge of Own Limits

1 2 3 4 5 Identifies limits of his/her own competencies and able to refer appropriately.

12. Confidentiality

1 2 3 4 5 Articulates and demonstrates knowledge related to patient confidentiality and disclosure of information.

13. Conceptual Skills

1 2 3 4 5 Applicant displays ability to conceptualize client problems in a coherent and logical fashion.

14. Treatment Plan

1 2 3 4 5 Demonstrates the ability to develop a treatment plan consistent with a diagnostic evaluation.

15. Therapeutic Skills

1 2 3 4 5 Applies therapeutic techniques in an appropriate & skillful manner.

What areas could be improved?

What areas are strengths?

Average Score in all fifteen tasks: (Total Score/15=)

Any sections where an individual scored 1 or 2 please explain:

FORM C

TOTAL SCORE IN FIFTEEN CATEGORIES:

MEAN SCORE:

Mean Score Average score must be above 3.0 and no single score can be below 2.0 in order to be rated as minimally competent to practice independently.

In your opinion, is the applicant competent to practice under the license for which he/she has applied?

Yes No

If not, please clarify:

Additional Comments:

DECLARATION OF SUPERVISOR & PSYCHOLOGICAL RESIDENT:

I declare that, to the best of my knowledge, the foregoing is true and correct.

I understand that by submission of this form to the Board of Psychologists, the postdoctoral supervised experience has been concluded. Further practice by the applicant as a psychological resident or practice as a psychologist prior to licensure is subject to discipline by the Board.

Date

Psychological Resident's Signature

Date

Supervisor's Signature