

AGREEMENT OF SUPERVISION - TEMP PERMIT  
STATE OF MONTANA  
BOARD OF PSYCHOLOGISTS  
PO BOX 200513  
301 S PARK, 4TH FLOOR - Delivery  
Helena, Montana 59620-0513  
(406) 444-5773  
EMAIL: [dlibspsy@mt.gov](mailto:dlibspsy@mt.gov) WEBSITE: [www.psy.mt.gov](http://www.psy.mt.gov)

It is the understanding of the Board of Psychologists of the State of Montana that

\_\_\_\_\_ will be a supervisee in connection  
(Name)

with the practice of psychology at the \_\_\_\_\_  
(Institution or Other)

conducted under the direct supervision of \_\_\_\_\_  
(Supervisor)

who is licensed as a Psychologist in the State of Montana.

\_\_\_\_\_ assumes professional responsibility  
(Supervisor)

for the psychological activities and services of \_\_\_\_\_  
(Supervisee)

as required by ARM 24.189.633 for which the Supervisor has accepted responsibility and  
over which he/she has exercised supervision. I have read ARM 24.189.633 and agree to  
abide by the provisions listed therein.

Supervisor \_\_\_\_\_  
(Signature)

Supervisee \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

**REPORT OF INITIATION OF TEMPORARY PERMIT SUPERVISION**

Supervisee's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Day Phone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Montana License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Day Phone \_\_\_\_\_

**Indicate the following information regarding the SUPERVISEE:**

Birth Date: \_\_\_\_\_ Date doctoral degree awarded: \_\_\_\_\_

Name of Institution awarding doctoral degree: \_\_\_\_\_

Relevant Previous Experience: \_\_\_\_\_

Nature of Psychological Activities to be Supervised: \_\_\_\_\_

**Indicate the following information regarding the SUPERVISOR:**

Check areas of supervisor experience and competence sufficient to supervise applicant:

- |   |                          |       |                          |          |                          |        |
|---|--------------------------|-------|--------------------------|----------|--------------------------|--------|
| a. Clinical Psychology                              | <input type="checkbox"/> | Adult | <input type="checkbox"/> | Children | <input type="checkbox"/> | Family |
| b. Vocational counseling and guidance               | <input type="checkbox"/> | Adult | <input type="checkbox"/> | Children |                          |        |
| c. Psychiatric hospitalized populations             | <input type="checkbox"/> |       |                          |          |                          |        |
| d. Neuropsychological                               | <input type="checkbox"/> |       |                          |          |                          |        |
| e. Application of psychology to industrial problems | <input type="checkbox"/> |       |                          |          |                          |        |
| f. Teaching psychology                              | <input type="checkbox"/> |       |                          |          |                          |        |
| g. Research primarily of psychological nature       | <input type="checkbox"/> |       |                          |          |                          |        |
| h. Consulting services of a psychological nature    | <input type="checkbox"/> |       |                          |          |                          |        |
| i. Psychology testing                               | <input type="checkbox"/> |       |                          |          |                          |        |
| j. Forensic psychology                              | <input type="checkbox"/> |       |                          |          |                          |        |
| k. Corrections                                      | <input type="checkbox"/> |       |                          |          |                          |        |
| l. Health Psychology                                | <input type="checkbox"/> |       |                          |          |                          |        |
| m. List other areas:                                | _____                    |       |                          |          |                          |        |

Supervisor has been licensed for three years?  Yes  No

For Supervisor: List previous training and experience in supervision

Number of hours per week of work time to be spent by supervisee in psychological activities: \_\_\_\_\_

Place or places where supervision will take place:

Number of visits and hours expected to be sent by the supervisor in direct contact with the supervisee: \_\_\_\_\_

Beginning date of supervision: \_\_\_\_\_

I agree to comply with the provisions of the rules regarding supervision of non-licensed persons?

Yes  No

SUPERVISOR'S SIGNATURE: \_\_\_\_\_