STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF PSYCHOLOGY

MEMORANDUM

TO: Credential Committee **Date:** July 25, 2011

FROM: Lavinia F. Snyder
Licensing/Registration Coordinator

SUBJECT: Discuss Substantial Compliance for Out of State Experience of Section 1387.4 (a) of the California Code of Regulation

Currently Section 1387.4 of the CCR states:

"(a) All out of state SPE must be (1) supervised by a primary supervisor who is a psychologist licensed at the doctoral level in the state, U.S. territory or Canadian province in which the SPE is taking place, (2) in compliance with all laws and regulations of the jurisdiction in which the experience was accrued and (3) in substantial compliance with all the supervision requirements of section 1387.
(b) Supervised professional experience can be accrued at a U.S. military installation so long as the experience is supervised by a qualified psychologist licensed at the doctoral level in the U.S. or Canada.
(c) SPE can be accrued in countries outside the U.S. or Canada which regulate the profession of psychology pursuant to the same requirements as set forth in section 2914 of the code. SPE accrued in countries outside the U.S., its Territories or Canada must comply with all the supervision requirements of section 1387. The burden shall be upon the applicant to provide the necessary documentation and translation that the board may require to verify the qualification of the SPE."

The current form used to document out of state experience is the attached two page Verification of Experience form.

BOARD OF PSYCHOLOGY
2005 EVERGREEN STREET, SUITE 1400
SACRAMENTO, CA 958 15-3894
(916) 263-2699 www.psychboard.ca.gov

VERIFICATION OF EXPERIENCE FORM

To be completed by Primary Supervisor. PLEASE PRINT OR TYPE. Pay particular attention to the time periods of the supervised professional experience when answering questions.

SECTION I.

SUPERVISEE:

NAME LAST	FIRST	M.I.	AKAs OR ALIASES LAST	FIRST	M.I.	DATE OF BIRTH

METHOD OF ACCRUAL OF SUPERVISED PROFESSIONAL EXPERIENCE VERIFIED ON THIS FORM: (Check one)

PSYCHOLOGICAL ASSISTANT		REGISTRATION NO.	REGISTERED PSYCHOLOGIST		REGISTRATION NO.	EXEMPT SETTING		NAME OF EMPLOYER
PSYCHOLOGICAL INTERN		NAME OF SCHOOL				OUT-OF-STATE EXPERIENCE		NAME OF STATE
DEPARTMENT OF MENTAL HEALTH WAIVER (ATTACH WAIVER DOCUMENTATION)			ALTERNATIVE SUPERVISION AGREEMENT (ATTACH BOARD COPY OF APPROVAL)					

PRIMARY SUPERVISOR:

NAME LAST	FIRST	M.I.	TELEPHONE NO.	E-MAIL ADDRESS		FAX NO.
ADDRESS OF RECORD (STREET)				CITY	STATE	ZIP
DEGREE	LICENSE TYPE		LICENSE NO.	ISSUE DATE	JURISDICTION (STATE OR PROVINCE)	

Were you licensed in another state during this supervision period? If so, complete the following:

STATE	LICENSE TYPE/NO.	ISSUE DATE

DELEGATED SUPERVISORS:

List names, license types, license numbers and issue dates of licenses, complete the following: for *ALL persons* providing delegated supervision.

NAME	LICENSE TYPE/NUMBER	ISSUE DATE OF LICENSE

SECTION II.

DATE OF SUPERVISION:

FROM MM / DD / YY	TO MM / DD / YY	TOTAL NO. OF WEEKS WORKED:		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		TOTAL HOURS OF ENTIRE PERIOD:	

DUTIES: Describe below, in detail, the psychological duties included in the supervised professional experience being verified on this form:

SECTION III (TO BE COMPLETED BY PRIMARY SUPERVISOR ONLY).

Please answer the following questions as they apply to this supervision experience:

PSYCHOLOGY INTERNSHIPS *(Section 2911, Business and Professions Code)*

1. **For experience earned on or after January 1, 2001**—Was this internship placement accredited by the APA, or was it a member of or meet the membership requirements of APPIC or CAPIC? *Yes* ____ *No* ____

PSYCHOLOGICAL ASSISTANTSHIPS *(Section 2913, Business and Professions Code)*

1. ***General question for ALL periods of time***—Were you and the supervsiee at all times in compliance with Section 1391 of the California Code of Regulations? *Yes* ____ *No* ____

ALL SUPERVISION EXPERIENCES *(Sections 2909(d), 2910, 2911, 2913, Business and Professions Code)*

General questions for ALL periods of time:

1. Did you provide at least 1 hour of face-to-face, direct, individual supervision every week? *Yes* ____ *No* ____
2. Did the supervisee receive supervision for at least 10% of the time worked each week? *Yes* ____ *No* ____
3. Did you and any delegated supervisors possess and maintain a valid, active license during the entire supervision period? *Yes* ____ *No* ____
4. Was your supervision in compliance with APA Ethical Principles and Code of Conduct as well as licensing laws and regulations? *Yes* ____ *No* ____
5. Did you ensure that the supervisee was at all times in compliance with all applicable licensing laws and regulations? *Yes* ____ *No* ____
6. Did you and any delegated supervisor have adequate education, training and experience to supervise this supervisee's areas of practice? *Yes* ____ *No* ____
7. Did the supervisee have the appropriate education and training to practice in these areas? *Yes* ____ *No* ____
8. Did you and/or any delegated supervisors receive payment, monetary or otherwise, from the supervisee for the purpose of providing supervision? *Yes* ____ *No* ____
9. Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client(s) during the period of supervision? *Yes* ____ *No* ____
10. Was your license and/or any delegated supervisor's license to practice psychology or any other profession subject to discipline by any state or country during the period of supervision? If yes, explain on a separate sheet of paper. *Yes* ____ *No* ____
11. Prior to or during the period of supervision, did you and/or any delegated supervisor have an intimate or familial relationship with the supervisee? *Yes* ____ *No* ____
12. Was the supervisee a psychotherapy client of yours and/or any delegated supervisor's prior to or during the period of supervision? *Yes* ____ *No* ____

General questions for ALL supervision experiences on or after January 1, 2001:

1. Were you employed at the same work setting where the supervisee was providing psychological services at least half of the time the supervisee was working? *Yes* ____ *No* ____
2. Were you available to the supervisee 100% of the time the supervisee was working? *Yes* ____ *No* ____
3. Have you and any delegated supervisor completed 6 hours of formal training in supervision pursuant to California Code of Regulations, Section 1387.1(b) and 1387.2(b)? *Yes* ____ *No* ____
4. Did you inform each client or patient in writing, prior to the rendering of services by the supervisee, that the supervisee is unlicensed and is functioning under the direction and supervision of yourself and that any fees paid for services of the supervisee must be paid directly to you or the employer? *Yes* ____ *No* ____
5. Did the supervisee have a proprietary interest in your business and/or the business of any delegated supervisor? *Yes* ____ *No* ____
6. Did the supervisee serve in any capacity which would influence your judgement and/or the judgement of any delegated supervisor in providing supervision? *Yes* ____ *No* ____

General question for ALL supervision experiences prior to January 1, 2001:

1. Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the supervisee was obtaining supervised professional experience? *Yes* ____ *No* ____

I would rate the supervisee's performance under my supervision as ____ satisfactory ____ unsatisfactory during the period of supervision.

I declare under penalty of perjury under the laws of the State of California that all the forgoing is true and correct.

County/State _____

Name (Print or Type) _____ *Date* _____

Signature _____