



**STATE OF OKLAHOMA**  
**BOARD OF EXAMINERS OF PSYCHOLOGISTS**  
 421 NW 13<sup>th</sup> Street, Suite 180  
 Oklahoma City, OK 73103  
 405/522-1333  
*www.psychology.ok.gov*



**AGREEMENT**  
**FOR THE EMPLOYMENT OF A PSYCHOLOGICAL TECHNICIAN**  
**UNDER THE SUPERVISION OF A LICENSED PSYCHOLOGIST**  
**SECTION A**

TO BE COMPLETED BY THE PSYCHOLOGIST:

I, \_\_\_\_\_, am applying to hire \_\_\_\_\_ to assist me in the conduct of my private practice of psychology. I acknowledge that I am taking full legal and ethical responsibility for these professional activities and services which will be carried out in accordance with the applicable law, rules, and ethics which I have read and understand. I agree to provide adequate supervision to ensure that this is done according to Title 575:10-1-7 of the Rules of the Board.

I do not have a multiple relationship with the proposed Psychological Technician that reasonably might impair my objectivity or otherwise interfere with me effectively performing the functions as a supervisor, or which might harm, or exploit the technician.

The technician will be employed for \_\_\_\_\_ hours per week or \_\_\_\_\_ hours per month at a salary of \_\_\_\_\_ per week or \_\_\_\_\_ per month and will perform the following activities and services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe where the services will be performed, the supervisory setting, and how you will maintain continuing supervision.

\_\_\_\_\_

\_\_\_\_\_

Please describe briefly the basis or your expertise to adequately supervise the technician in those specific activities and services which will be performed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the supervisor be observing and reviewing the technician's work? \_\_\_\_\_

Are there regularly scheduled supervision meetings? \_\_\_\_\_

Current number of Psychological Technicians: \_\_\_\_ (*maximum number of technicians is four*)

\_\_\_\_\_  
Signature of Psychologist

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License #

**AGREEMENT  
FOR THE EMPLOYMENT OF A PSYCHOLOGICAL TECHNICIAN  
UNDER THE SUPERVISION OF A LICENSED PSYCHOLOGIST  
SECTION B**

TO BE COMPLETED BY THE PROPOSED TECHNICIAN:

The proposed supervising psychologist, \_\_\_\_\_, is making application to hire me, \_\_\_\_\_, as a Psychological Technician to assist in the conduct of his/her private practice. I acknowledge that I have read and understand the law, rules, and ethics pertaining to the practice of psychology. I do further understand that approval granted under law is for psychological activities and services only. I am aware that I am prohibited from using the terms, "Psychological", "Psychology", or "Psychologist", and that the prohibition is not countermanded by this approval. I further understand that the nature of the relationship is primarily service oriented and shall not be accepted as part of supervised experience as a candidate for licensure. I also understand that the Psychologist will assume full responsibility for my professional activities and services. I have read the statements made in section A by the proposed supervising psychologist, and agree with them.

\_\_\_\_\_  
Signature of Proposed Technician

Psychological Technician Applications are reviewed and approved by a committee. Once an application is received in the board office, the application is sent to the committee for approval. **The following items must be received in order for your application to be considered:**

- Psychological Technician Application Section A, B and C
- \$150.00 Psychological Technician Application Fee
- Official Transcripts



**FOR BOARD USE ONLY**

Psychologist Current # of Technicians:	Approved by Committee Member 1:	Approved by Committee Member 2:
Signature:	Date Approved:	

**AGREEMENT  
FOR THE EMPLOYMENT OF A PSYCHOLOGICAL TECHNICIAN  
UNDER THE SUPERVISION OF A LICENSED PSYCHOLOGIST  
SECTION C  
VITA FOR PROPOSED PSYCHOLOGICAL TECHNICIAN**

<b>IDENTIFYING INFORMATION:</b>		
Full Name: (Last, First, Middle, Suffix)	Highest Degree:	
Address:	Telephone:	
Maiden/Alias:	Date and Place of Birth:	E-mail address:
<b>ACADEMIC BACKGROUND:</b>		
UNIVERSITY	DEPARTMENT/MAJOR	DATES ATTENDED
<b>PROFESSIONAL EXPERIENCE IN PSYCHOLOGY:</b>		
<b>a. Practicum/Internships/Part-time:</b>		
<b>b. Full Time Employment:</b>		
JOB TITLE	AGENCY	DATES

**c. Supporting Coursework Testing Ability:**

Course Number and Title:		
Content as described in official catalog or syllabus:		
Supervised Experience Site:	Date From:	To:
Supervisor:	Total Hours:	
Course Number and Title:		
Content as described in official catalog or syllabus:		
Supervised Experience Site:	Date From:	To:
Supervisor:	Total Hours:	
Course Number and Title:		
Content as described in official catalog or syllabus:		
Supervised Experience Site:	Date From:	To:
Supervisor:	Total Hours:	

**PROFESSIONAL ACTIVITIES:**

**a. Affiliations:**


**b. Research/Publications/Papers:**


**c. Military/Other:**


**d. In-Service/Education:**

**REFERENCES:**

*(include names of three professionals who have knowledge of your skills/character/interests)*

Name	Address	Phone

**TRANSCRIPTS:**

*(have your universities forward official transcripts to the board office)*

**NARATIVE:**

*(please explain why you feel qualified to do the work you are applying to do)*

Large empty rectangular box for writing the narrative.

\_\_\_\_\_  
Signature of Proposed Psychological Technician

\_\_\_\_\_  
Date