Oklahoma State Board of Examiners of Psychologists
421 NW 13th Street, Suite 180, Oklahoma City, OK 73103
(405) 522-1333 I boardstaff@psychology.ok.gov I www.psychology.ok.gov

APPLICATION FOR PRIVATE PRACTICE UNDER SUPERVISION

Pursuant to Psychologists Licensing Act Title 59, OS 1991, Sections 1352.1, 1353, 1362 through 1368, and the Rules of the Board, Title 575, Chapter 10, Section 575:10-1-3, this agreement, together with the **non-refundable $200.00** application fee, is to be submitted to the Board for approval prior to beginning any clinical activities.

Approval for Private Practice Under Supervision shall be for a period of one calendar year dating from the date of approval of the application by the Board for PPUS or until date of licensure. Extension of this approval shall be considered only upon written request of the supervisee. The request for extension must be received prior to the end of the one-year period of previous approval. If an applicant fails any of the three portions of the licensing examinations four times, approval for PPUS will automatically be revoked.

APPLICANT INFORMATION	
Full Name (First, Last):	
Phone:	**Email:**
SUPERVISING PSYCHOLOGIST INFORMATION	
Full Name (First, Last):	
Phone:	**Email:**
Current Number of Supervisees:	**In Good Standing with the Board:** ☐ **Yes** ☐ **No**
Actively Practicing for the Previous Two (2) Years: ☐ **Yes** ☐ **No**	

AGREEMENT FOR SUPERVISED PROFESSIONAL ACTIVITIES	
Institution Where Training Will Occur:	**Start Date** (or date of Board approval, whichever is later)**:**
Purpose of Supervision: ☐ **Partially** completing the second year of experience required for licensure. ☐ **Fully** completing the second year of experience required for licensure.	
Applicant's Major Program of Study:	**Supervising Psychologist's Major Program of Study:**
Compensation to Applicant for Services (if applicable): **$** per hour	**Compensation to Supervising Psychologist (if applicable): $** per hour for at least 90 minutes of one-to-one supervision per week.
Applicant Estimated Hours of Service Per Week: Hours	**Supervising Minimum Hours Per Week in Practice:** Hours
SUPERVISED ACTIVITIES	
A complete list of services to be offered by the Applicant and supervised by the Licensed Psychologist will include:	

POSTDOCTORAL SUPERVISION AGREEMENT

Upon the commencement of postdoctoral supervision, both the Applicant and the Supervising Psychologist shall sign this form and return it, along with the **non-refundable $200.00** fee to the address provided below.

We, the undersigned Applicant and Supervising Psychologist, hereby affirm and agree that all information provided in this application is true, correct, and complete to the best of our knowledge. We further attest that the supervisory arrangement, duties, responsibilities, and practice activities described in this application accurately represent the postdoctoral training to be conducted.

We acknowledge and agree to comply with all statutes, rules, and requirements of the Oklahoma State Board of Examiners of Psychologists governing supervised postdoctoral experience. Specifically, we have read and will abide by the Law and Rules of the Board under Title 59 O.S. 1981, Sections 1352, 1353, 1361, 1364, 1370, 1371, 1372, 1373, and 1374 of the Psychologists Licensing Act; and Chapter 10, Title 575:10-1-2, and 575:10-1-3 of the Rules of the Board.

We understand that:

- The Licensed Psychologist will be responsible for all activities of the Applicant.
- The Applicant is prohibited from using the title "Psychologist" or any similar reference and may not advertise services to the public.
- The Supervising Psychologist will confirm in writing to the Board his/her supervision at the conclusion of the supervised experience. Such documentation will include:
    - The total number of hours and length of time supervised
    - The approximate hours of supervision per week
    - A comprehensive list of supervised activities
    - A recommendation concerning licensure
- A Supervising Psychologist may supervise no more than three (3) supervisees at one time.

We further affirm that both the Applicant and Supervising Psychologist mutually agree to this supervision arrangement and will promptly notify the Board of any changes to, or termination of, this agreement.

By signing below, we affirm our mutual agreement to the supervision relationship, the scope of supervised duties, and all obligations associated with the applicant's postdoctoral training as outlined in this application.

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Signature of Applicant **Signature of Supervising Psychologist**

Mail this application and the non-refundable $200.00 application fee to:

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