OKLAHOMA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

421 NW 13TH STREET, SUITE 180
OKLAHOMA CITY, OK 73103

(405) 522-1333 / boardstaff@psychology.ok.gov / www.psychology.ok.gov

PSYCHOLOGIST POSTDOCTORAL APPLICATION FOR PRACTICE UNDER SUPERVISION

CHECKLIST	Return Completed Application & Fee to:
IMPORTANT: Please read and follow all the information on this page to ensure correct and timely processing of your application. The following items must be completed and returned for this application. **THIS FORM MUST BE TYPED. DO NOT PRINT DOUBLE-SIDED.** **Reminder:** Keep a copy of the completed application in your permanent records. **Please note that the email addressed provided will serve as the primary method of communication for the Board regarding this application.**	**Oklahoma State Board of Examiners of Psychologists** 421 NW 13th St., Suite 180 Oklahoma City, OK 73103

Pursuant to the Psychologists Licensing Act, Title 59, Oklahoma Statutes, §§ 1352.1, 1353, and 1362 through 1368, and the Rules of the Oklahoma State Board of Examiners of Psychologists, Title 575, Chapter 10, Sections 575:10-1-3 and 575:10-1-3.1, this application, together with the **non-refundable application fee**, must be submitted to the Board and approved prior to the applicant engaging in any clinical activities under supervision. Approval for Practice Under Supervision is valid for one (1) calendar year from the date of Board approval or until the applicant is licensed, whichever occurs first. A request for an extension must be submitted in writing by the supervisee and applicant received by the Board prior to the expiration of the current approval period. Extension requests will be considered in accordance with Board rules. Please note that if an applicant fails any of the required licensing examinations four (4) times, approval to practice under supervision is automatically revoked.

TO BE SUBMITTED TO THE BOARD OFFICE:

☐ **Application** – Complete the full application, sign and date.

☐ **Filing Fee** – A **non-refundable** application fee must accompany this application and be paid by **check, cashier's check, or money order** made payable to the **Oklahoma State Board of Examiners of Psychologists**.

- ☐ **$200.00** – Initial Practice Under Supervision Application or New Supervisor at a Different Practice Setting
- ☐ **$50.00** – Second Supervisor or Change of Supervisor initial application must already be approved, second supervisor must be within the same practice setting)

Important: Please attach your payment securely to the front of the application. **DO NOT LEAVE LOOSE IN THE ENVELOPE**. Applications submitted without the required fee will not be processed.

UPON RECEIPT OF THIS APPLICATION TO THE BOARD OFFICE:

Once your completed application has been received, you will receive a confirmation email acknowledging receipt. The Board will then review your request and notify you of its decision by email through an official determination letter.

PSYCHOLOGIST POSTDOCTORAL APPLICATION FOR PRACTICE UNDER SUPERVISION

I am applying for (select one):

☐ Initial Practice Under Supervision Application or New Supervisor $200.00

☐ Second Supervisor or Change of Supervisor (within the same practice only) $50.00

Under (select one):

☐ Private Practice Under Supervision

☐ Institutional Practice Under Supervision

Please select if you are a:

☐ Post-military service member or spouse.

Pursuant to the Post-Military Service Occupation, Education and Credentialing Act, 59 O.S. § 4100.1, issuance of an Oklahoma license or certificate to post-military service members and spouses is expedited upon receipt of required application materials.

APPLICANT INFORMATION	
Full Name (First, Last):	
Phone:	**Email:**
SUPERVISING PSYCHOLOGIST INFORMATION	
Full Name (First, Last):	
Phone:	**Email:**
Oklahoma License:	**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:**
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:	

SUPERVISORY LIABILITY

If approved by the Board, the effective date of the Practice Under Supervision authorization may be retroactively applied to the applicant's documented start date as provided on page one for the limited purpose of allowing qualifying supervised hours obtained during the interim period to count toward the required supervised experience.
Any decision by a private institution, employer, or supervising psychologist to hire, employ, or permit an applicant to begin rendering services prior to formal Board approval is undertaken solely at the discretion and responsibility of the institution, employer, and/or supervising psychologist. The Oklahoma State Board of Examiners of Psychologists assumes no liability for services rendered prior to formal approval and such retroactive approval shall not be construed as authorization for independent practice or a waiver of any statutory or regulatory requirements.

POSTDOCTORAL SUPERVISION AGREEMENT

Upon the commencement of postdoctoral supervision, the Applicant and Supervising Psychologist shall sign this agreement and submit it to the Oklahoma State Board of Examiners of Psychologists, together with the required non-refundable application fee. We, the undersigned Applicant and Supervising Psychologist, hereby affirm 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 reflect the postdoctoral training to be conducted. We acknowledge and agree to comply with all applicable statutes, rules, and requirements of the Oklahoma State Board of Examiners of Psychologists governing supervised postdoctoral experience. Specifically, we have read and agree to abide by the Oklahoma Psychologists Licensing Act, Title 59 O.S. §§ 1352, 1353, 1361, 1364, 1370, 1371, 1372, 1373, and 1374, and the Oklahoma Administrative Code, including OAC 575:10-1-2 and OAC 575:10-1-3, as amended.

We understand and agree that:

- **Professional Responsibility.** The Supervising Psychologist is professionally responsible for all psychological services and activities performed by the Applicant under this supervision agreement.
- **Representation to the Public.** The Applicant shall not represent themselves as a "Psychologist" or use any title or designation that implies licensure as a psychologist, nor shall the Applicant advertise psychological services to the public except as otherwise permitted by law and Board rule.
- **Completion of Supervision.** Upon completion or termination of the supervised experience, the Supervising Psychologist shall provide written verification to the Board that includes:
  - The total number of supervised hours completed;
  - The dates and duration of the supervised experience;
  - The approximate number of supervision hours provided each week;
  - A summary of the supervised professional activities; and
  - A recommendation regarding the Applicant's readiness for licensure.
- **Supervision Limits.** A Supervising Psychologist may supervise no more than three (3) supervisees at any one time, unless otherwise authorized by Board rule.
- **Notification of Changes.** The Applicant and Supervising Psychologist are jointly responsible for promptly notifying the Board in writing of any changes to the Applicant's employment, supervision, practice setting, mailing address, email address, telephone number, or other contact information, as well as any modification or termination of this supervision agreement.
- **Approval Period.** Approval to Practice Under Supervision is valid for one (1) year from the date of Board approval or until the Applicant is granted licensure, whichever occurs first.
- **Extension Requests.** If additional time is needed to complete the supervised experience, the Applicant and Supervising Psychologist must submit a written request for an extension to the Board before the current approval period expires. Extension requests will be reviewed and considered in accordance with applicable statutes and Board rules.
- **Continued Eligibility.** Approval to Practice Under Supervision is contingent upon the Applicant maintaining eligibility for licensure. Pursuant to OAC 575:10-1-2(p), if the Applicant fails any required licensing examination four (4) times, the application for licensure is closed and approval to Practice Under Supervision is automatically revoked, effective immediately.
- **Compliance with Laws and Rules.** We understand that failure to comply with the Oklahoma Psychologists Licensing Act, applicable Board rules, or the terms and conditions of this agreement may result in denial or revocation of approval to Practice Under Supervision, disciplinary action by the Board, or any other action authorized by law.

By signing below, the Applicant and Supervising Psychologist certify that they have read and understand this agreement, that the information contained in this application is true and correct, and that they agree to comply with all applicable laws, Board rules, and the terms and conditions governing supervised postdoctoral practice in Oklahoma.

Signature of Applicant	**Date**	**Signature of Supervising Psychologist**	**Date**