



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR APPROVAL OF WORK EXPERIENCE PLAN FOR CONNECTICUT PSYCHOLOGY LICENSURE

First Name: _____ **MI:** ____ **Last Name:** _____ **Maiden Name:** _____

Social Security No.: _____ - _____ - _____ **E-mail:** _____

Address: _____

City, State, Zip: _____

Phone Number: (_____) _____ **Date of Birth:** ____/____/____ **Gender:** _____

RACE/ETHNIC DATA: (This section is voluntary. Information gathered will be used solely for the purpose of examining the demographics of Connecticut licensed psychologists. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)

- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK:** Persons having origins in any of the black racial groups of Africa.
- HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

TO BE COMPLETED BY SUPERVISOR

Supervisor

Last Name: _____ **First Name:** _____

Title: _____

Employment Address: Street: _____

City: _____ State: _____ Zip: _____

Tel. No.: (_____) _____ - _____

Email: _____

Highest Degree Earned in Psychology: _____ **Area of Specialization:** _____

State(s) in which Licensed as a Psychologist

State	License Number	State	License Number

Will you have direct and continuing administrative control of, and responsibility for, the activities performed and services provided by the candidate? YES NO

Do you have any non-supervisory relationship with the candidate (e.g., familial or business relationship)? YES NO

How many pre-licensure psychology candidates will you supervise concurrently during this applicant's experience? _____ (This number should reflect the individuals you will supervise who have completed their doctoral degree, but have not yet received licensure).

Does the employment setting where this work-experience will be completed employ on a full-time basis or contract or otherwise provide for the services of a doctoral-level licensed psychologist engaged in work in areas for which the applicant is qualified? YES NO

DETAILS OF CANDIDATE'S POPOSED SUPERVISED WORK EXPERIENCE:

Beginning Date ____/____/____ Ending Date ____/____/____

Number of Hours Per Week _____ Number of Weeks Per Year _____

Number of hours per week of individual, direct, face-to-face supervision or consultation given to candidate by licensed, doctoral-level psychologists: _____

Total hours of supervision per 40 hours of work experience that you will provide to candidate: _____

Candidate's area of specialization during the work experience _____

Supervisor's Signature _____ Date _____

NOTE: Work experience must consist of 46 weeks of full-time (at least 35 hours per week) within 12 consecutive months or 1800 hours of within 24 consecutive months. For each 40 hours of work experience, such supervision shall consist of 3 hours of which no less than 1 hour shall be direct, individual, face-to-face supervision. Work experience is credited as commencing no earlier than the date on which the candidate met all academic, practicum, thesis, and examination requirements for the doctoral degree.

Thank you for your assistance. This completed form must be returned by the supervisor directly to:

Department of Public Health
 Psychology Licensure
 410 Capitol Ave., MS# 12APP
 P.O. Box 340308
 Hartford, CT 06134-0308
 Fax: (860) 509-8457