

# NORTH CAROLINA PSYCHOLOGY BOARD

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Boone, NC 28607  
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## SUPERVISION REPORT

Read carefully. Type or print. A separate report must be completed for each Supervision Contract Form on file with the Board.

### GENERIC INFORMATION

(This information must be supplied on *each* report.)

1. Name \_\_\_\_\_ License Number \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
Note change in mailing address:  Yes  No  
E-mail address \_\_\_\_\_ Daytime telephone number (\_\_\_\_\_) \_\_\_\_\_
3. This report form covers: (**check only one**)  
 Practice/work at (provide business name & address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Unemployment  
 Retirement
4. Work at setting reported in #3 has terminated:  
 Yes  
 No  
 Not Applicable  
(checked unemployment or retirement)
5. Report covers the following period of time. \_\_\_\_\_ through \_\_\_\_\_  
*Report must cover past, NOT future, activities.* (month,day,year) (month,day,year)
6. For Psychological Associates: Check the supervision Level for which you were approved by the Board during the time period reported in #5.  
Levels 2 and 3 require that you previously have been approved by the Board.  
 Level 1  
 Level 2  
 Level 3

➤ **COMPLETE ONLY ONE SECTION PER REPORT**

➤ **COMPLETE SECTION 1** if you have a Supervision Contract Form on file with a supervisor for the setting reported in Item 3 above **OR**

➤ **COMPLETE SECTION 2** if you have a Supervision Contract Form on file for activities not requiring supervision at the setting reported in Item 3 above (i.e., unemployment/retirement, out-of-state practice, work in another field, etc.)

### SECTION 1

This section must be completed by the supervisor of a Provisional Licensed Psychologist or Applicant who has practiced psychology, or Licensed Psychological Associate who has engaged in activities requiring supervision. If the individual named in #1 under the Generic Information has not engaged in practice which required supervision, enter zero ("0") where applicable.

- A. Supervisor's Name \_\_\_\_\_ License Number \_\_\_\_\_
- B. Mailing Address \_\_\_\_\_  
Note change in mailing address:  Yes  No Daytime telephone number: (\_\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_
- C. Supervision with above supervisor has terminated for practice at the setting listed in #3 of Generic Information:  Yes  No
- D. Number of hours of individual face-to-face supervision: \_\_\_\_\_ per  week  month
- E. Number of supervision sessions: \_\_\_\_\_ per  week  month
- F. Hours supervisee has been engaged in activities requiring supervision: \_\_\_\_\_ per  week  month  
For **Psychological Associates**, this number shall include **only** those hours during which the supervisee engaged in the specific activities requiring supervision as defined by law and rules (assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures). For **Provisional Licensed Psychologists** and **Applicants**, this number shall include **all** activities which constitute the practice of psychology [definition of "practice of psychology" is found in G.S. § 90-270.2(8)].
- G. Total number of hours supervisee has engaged in activities requiring supervision during **this reporting period**: \_\_\_\_\_

H. Total number of **health services hours** accumulated during **this reporting period** (if applicable): \_\_\_\_\_

Health services in psychology include services provided directly to clients/patients or groups of clients/patients to include diagnosis, evaluation, treatment, remediation, and prevention of: mental, emotional, and behavioral disorder; substance abuse and dependency; and psychological aspects of physical illness, accident, injury, and disability. Included are psychotherapy, counseling, psychoeducational, and neuropsychological services related to the above. Health services include psychological assessment and report writing, including scoring of test protocols; documentation of services provided to clients/patients; collateral contacts by a psychologist with family members, caretakers, and other individuals for the purpose of benefiting a client/patient of that psychologist; and consultation with other professionals in service to the psychologist's clients/patients.

I. Rate the following areas and provide any comments on an attached sheet. Written comments are **required** to be submitted for any below average ratings. **If** the total number of hours of supervision reported equals zero ("0"), ratings should be left blank, but the supervisor must sign below.

1. Supervisee's adherence to ethical, legal, and professional standards:

7                       6                       5                       4                       3                       2                       1  
excellent                      average                      very poor

2. Supervisee's technical skills and competence:

7                       6                       5                       4                       3                       2                       1  
excellent                      average                      very poor

3. Supervisee's utilization of supervision:

7                       6                       5                       4                       3                       2                       1  
excellent                      average                      very poor

4. Supervisee's ability to function independently or with reduced supervision:

7                       6                       5                       4                       3                       2                       1  
excellent                      average                      very poor

I attest that this Supervision Report has been shared with the supervisee, and that supervision has been provided in accordance with the Supervision Contract Form on file with the Board.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2

**DO NOT complete or sign this Section if a supervisor completed and signed Section 1 of this report.** Otherwise, this section must be completed by Psychological Associates whose activities were limited to those activities which do not require supervision--and by Provisional Licensed Psychologists and Applicants who were not involved in the practice of psychology--at the setting specified in #3 and during the time period specified in #5 of the Generic Information.

I certify that supervision was not required for the time period stated under #5 of the Generic Information for the following reason(s):

- I was not engaged in activities specified in G.S. § 90-270.5(e) or 21 NCAC 54 .2006 as requiring supervision.  
**[This option is NOT applicable to APPLICANTS or provisionally Licensed Psychologists since ALL activities comprising the practice of psychology MUST be supervised]**
- I was licensed by the North Carolina Board of Education as a school psychologist and my professional activities were limited to those duties for which I was a regular salaried employee of a local board of education or by the North Carolina State Department of Public Instruction.  
Name of local board of education \_\_\_\_\_
- I was engaged only in activities which constituted a part of my course of study.  
Name of educational institution \_\_\_\_\_
- I was unemployed.
- I was not practicing psychology in North Carolina.
- I was retired.
- Other (specify) \_\_\_\_\_

I agree that should my functioning, as indicated in my Supervision Contract Form on file with the Board, change in the future, I will notify the Board of the change and file the appropriate supervision contract form within 30 days of the change.

Licensee's/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Do **NOT** sign here if supervisor has completed Section 1.