



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Psychological Examiners
124 Halsey Street, 6th floor, P.O. Box 45017
Newark, New Jersey 07101



Application for Proposed Supervisors

Name: _____
First name Last name Middle initial

Degree: _____ N.J. License No. _____

Name of Practice (if other than your name): _____

Address(es) of all practice location(s) - Use additional sheet if necessary:

Address: _____
Street address City State ZIP code

Telephone number: _____ (include area code)

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Street address City State ZIP code

Telephone number: _____ (include area code)

Describe the nature of your current practice.

Theoretical orientation:

Nature of clientele:

Types of professional services provided:

Names and permit numbers of all **current** (not pending) permittees:

Name: _____ No. _____

Name: _____ No. _____

Name: _____ No. _____

Name of your Malpractice Insurance Carrier: _____

Are your permit holders covered by your policy? Yes No

Fees - Your usual fee(s) for each of your usual service(s) - specify:

Candidate's name: _____
First name Last name Middle initial

The fee(s) clients will pay for services by the permit holder(s):

The fee(s) you will pay the permit holder(s) for services to clients:

The fee(s) that will be charged to the permit holder(s) for supervision:

Address of the office where it is anticipated that permit holder(s) will offer services:

Street address	City	State	ZIP code
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Will you screen (face-to-face) clients who will be served by permit holder(s)? Yes No

If "No," describe your alternative screening procedure(s) and the rationale for it (them):

(Pursuant to N.J.A.C. 13:42-3.6 and 13:42-4.4)

Enclose a copy of your current curriculum vitae.

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Certification

I certify that I have read and am familiar with the laws and rules governing the practice of psychology in New Jersey (N.J.S.A. 45:14B-1 et seq., N.J.A.C. 13:42-1).

I understand that I am primarily responsible for all clients served by permit holder(s) under my supervision; that I will maintain and retain the originals of all client records and that I will collect all fees for services provided.

I further certify that I will supervise no more than three permit holders at any one time.

I understand and agree that I am to file reports on the work of the permit holder(s) with the Board every six months for the duration of the supervision.

Signature of proposed supervisor

Date

(Required by resolution of the State Board of Psychological Examiners, 5-22-95)